**Service Specification**

**IPS Model**

(Individual Placement and Support in secondary mental health services)

Internal service

1. ***Service objectives***

1.1 The overall vision for the service is to enable people with complex mental health problems to be able to enjoy a good quality of life, reduce health inequalities, remain independent and in control, achieve paid employment, and support each individual’s recovery.

* 1. This will be achieved via the implementation of the evidenced based IPS employment approach to increase access to paid employment for people with complex mental health problems accessing secondary mental health services.
  2. The service will contribute to improve performance on:

1. Public Health Outcome Framework (1:8): Employment for those with long-term health conditions including adults with a learning disability who are in contact with secondary mental health services.
2. Adult Social Care Outcomes framework (1F): The proportion of adults in contact with secondary mental health services in paid employment.
3. Health and Wellbeing strategy
4. NHS Outcomes Framework (2.5): Enhancing quality of life of people with mental illness / Employment of people with a mental health difficulty.
5. ***Service Model – Individual Placement and Support (IPS)***

2.1 IPS is an evidenced based practice, developed in the USA in the 1990s and has been implemented across the world. International clinical trials have confirmed it is the most effective approach for supporting people with mental health problems to find and sustain paid employment. It is based on 8 principals and a 25 point fidelity scale. IPS also has more evidence than voluntary work or supported training schemes.

2.2 IPS has been identified by both the DWP and NHS England as good practice in addressing recovery and unemployment.These include:

1. **The NHS 5 Year Forward View:** Employment is now a key part of the NHS Forward Plan, with a commitment to increasing funding to expand access to the evidenced based employment model within mental health secondary care services in 2018. This will build on the work of the national IPS Centres of Excellence programme sponsored by the Centre for MH (of which CNWL Employment Services is a founding member). <https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/>
2. In addition it is identified as good practice in the DWP/DOH Command Paper Improving working lives: the future of work, health and disability 2018.

2.3 The approach is based on 8 evidence based principals:

1. The Employment Specialist is integrated into the clinical team
2. It aims to support people to access competitive paid employment
3. Job search is rapid within 30 days
4. There is an emphasis on service users deciding when it is the right time to return to employment, rather than the clinical team.
5. Job search is based on service user choice.
6. There is an emphasis on building relationships with employers in order to access the hidden labour market.
7. Benefits counselling is provided to support the person through the transition from benefits to paid work.
8. Availability of time unlimited support
9. ***The service will:***

* Raise expectationsaround service user employment aspirations and capabilities.
* Be based within secondary mental health services and work as part of a multi-disciplinary team.
* Work in partnership with clinical staff to support service users to access paid employment.
* Ensure that the clinical team have a clear understanding of the IPS model, and their role in both having employment conversations with people accessing services, and providing interventions to support people to both access and retain paid employment.
* Ensure that where Employment Specialists working across a locality will be part of a virtual employment team.

(In line with IPS fidelity this will include weekly team meetings to support team work, case reviews and employer engagement strategies. As well as regular service wide meetings for professional development and information sharing to ensure a co-ordinated approach to employer and external agency relationships).

* Attend relevant employment and mandatory training as required.
* Produce quarterly and annual monitoring reports as required.

1. **Location of Posts**

**e.g.:**

1. wte Band 6 – will be located in …..
2. wte Band 5 – will be located in …….
3. wte Band 5 – will be located in …..
4. **Role of the Teams**

5.1 Role of the Employment Team

* Work closely with mental health staff to raise the profile of the importance of access to employment (education and training) by providing information, advice and guidance on both assessment and placement, and resources available locally.
* Conduct joint meetings with clinical staff and service users to support engagement with the service.
* Attend clinical team meetings as required.
* Implement evidenced based practice in line with the IPS Fidelity scale.
* Complete a vocational profile for each individual accessing the service to enable service users to make an informed choice about their return to work goal, and support all phases of the return to work.
* Carry out labour market analysis as required to enable service users to become competitive for employment.
* Support individuals to manage personal information in relation to returning to work or education.
* Actively involve clinical staff in supporting the return to work process, which will include joint action plans which will address any clinical issues that need to be managed as part of the return to work.
* Build effective relationships with local employers to set up appropriate open/mainstream employment opportunities and provide information, training and support to employers and staff as required.
* In partnership with the clinical team and employer provide in-work support to individuals once they are placed in paid employment to ensure the job is sustained eg around managing the transition into work, preparing for the social demands of the workplace, travelling to work and planning the first day, managing anxieties around return to work, performance management etc. This will include support for the employer, and helping individuals to develop natural supports in the workplace and externally.
* Negotiate access to quality independent Benefits advice, related to employment.
* Attend any strategic/partnership meetings related to employment in the local area as required.
* Aim to see service users in natural settings wherever possible. (This may involve spending up to 65% of their time in the community seeing clients/engaging with employers).
* Provide all key stakeholders with quarterly and annual employment monitoring reports.
* Be involved in gathering information from service users around their satisfaction with the service, and how it can be improved.
* Gather recovery stories from people who have accessed the service.
* Commit to co-producing service developments wherever possible eg presentations, training, marketing materials etc.
* Market the service directly to service users via leaflets, posters in waiting rooms, and information sessions etc.
* Enter progress notes and assessments onto the clinical system

5.2 The CNWL Employment Team Leader will:

* Provide line management and employment professional supervision for each ES
* Lead the employment team to implement IPS across secondary care, ensuring that ES posts are well integrated into clinical teams and deliver high quality, high performing IPS practice against target.
* Complete regular audits of the work of Employment Specialists in line with Employment Services policies to support good practice.
* Provide at least 1:1 monthly line management and professional fidelity-based employment supervision and annual appraisals for the Employment Team in partnership with the clinical team.
* Provide field mentoring and coaching in order for staff to develop their IPS practice and manage any cases where there are complex barriers.
* Co-ordinate the development of local employer, training and employment agency relationships.
* Ensure that the service follows all Trust and Employment Service policies and protocols.
* Commit to co-producing service developments wherever possible eg presentations, training, marketing materials, service improvements etc.
* Co-produce and implement an annual service improvement plan for the employment team and people who access the service
* Produce employment reports for stakeholders.

1. ***The host clinical team will:***

* Ensure there is and MDT team approach to the implementation of the IPS model wherever possible, ensuring that the ES is considered an equal member of the clinical team.
* Offer clinical supervision to ensure that the ES has a voice in the team, is provided with both practical support, but also an opportunity to explore any clinical issues that are impacting on the return to work.
* Include ES in clinical and business meetings as appropriate.
* Ensure that the ES has use of a hot desk, computer and mobile.
* Ensure that the ES receives appropriate information to enable risk assessment and management procedures are followed.
* Work with the ES to develop an appropriate referral process which minimises waiting time and ensures an effective use of resources. (Ensuring there is a zero exclusion approach to referrals).
* Offers the ES access to meeting rooms (where possible) so that they can meet with clients.
* Enable a senior member of staff (where possible the Manager or Senior Practitioner) to support and champion the role of the ES within the team, and challenge any team practice issues that are getting in the way of delivery of the model.
* Meet regularly with Snr Employment staff to review the effectiveness of the service and support the development of the model.
* Ensure that clinical staff play an active role in supporting the employment journey of individual service users.
* Ensure that employment issues are discussed within clinical meetings.
* Provide an induction and support to manage any clinical issues involved in supporting service users to return to work.

1. ***Staff Recruitment and skills***
   1. The service will recruit staff with experience of supporting people to return to employment, and can also demonstrate the right aptitudes and qualities. These include:

Passion – driven to make a positive difference to people’s lives and a belief that anyone with mental health problems can work. Self-starters with initiative, compassion, optimism, drive and energy, team work skills, strong organisational skills, good verbal and written communication skills, able to work creatively, administration and data management skills. As well as a commitment to self-reflection, self-development and contributing to team work.

ES need to be able to work in a target driven environment, have strong interpersonal skills; and will spend a high proportion of their time developing employer relationships to negotiate paid work opportunities in the hidden labour market.

* 1. A recruitment assessment centre will be co-facilitated with people who have accessed IPS services, to ensure we recruit the right employment staff. This will be followed by a structured training, induction and probation period.
  2. All staff will complete relevant IPS training, and mandatory Trust training.

1. ***Quality control and improvement***
   1. A number of strategies will be utilised to ensure service quality these include:

* Robust supervision and full caseload review mechanisms provided by an Employment Team Leader
* Observations of staff and field mentoring to ensure IPS practice is being followed, and to support any challenging cases.
* On-going training and personal development plans in place for each team member
* Monthly audits of the quality of work
* Review of performance data
* Feedback from service users, clinical teams and employers
* Co-production of service developments
* A Quality Assurance Fidelity Review will be completed within 18 months of the service being established to measure how closely the evidence base is being followed, and identify service improvement needs.

1. ***Data and evaluation of the project***
   1. Data monitoring reports (in line with the current national IPS minimum date set) will also provide fidelity based data e.g. around rapid job search and first face to face contact with an employer. This will provide evidence of adherence to IPS practice which will be reviewed in supervision, and local team meetings. In addition an annual service user satisfaction survey will be completed to gain feedback from service users on their experience of accessing the service, and any ideas for service improvement.
2. **Key Performance Indicators for the project**

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| ***Key Performance Indicators for individual for the Team***  ***Year 1 – based on 1.0 wte***   * At least 35 people to access the service per annum (pro rated based on when the ES starts in the financial year. * At least 17 paid outcomes to be achieved (based on multiple outcomes)   **Year 2 – based 1.0 wte**   * At least 45 people access the service * At least 22 paid outcomes are achieved (based on multiple outcomes)   ***The following fidelity practice will be monitored via reports:***   * Average no of days from initial assessment to first face to face employer contact * New Employment starts by time spent in IPS services from initial assessment to employment i.e. less than 6 months, 6-12 months, and more than 12 months * Number of sustained employment outcomes ie % of service users who stay in work for less than 13 weeks and more than 13 weeks. * Number of people still being supported to sustain employment from the previous financial year.   **For more detailed information please refer to the IPS Grow KPI and Outcomes Framework** |

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| **Service User Satisfaction**:   * + Positive rating from service users who complete an annual confidential questionnaire |
| **Measuring IPS Fidelity:**   * + A Fidelity Quality Assurance 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 100 ‘good’ rating from the Fidelity Review within 18 months   + All actions on the Fidelity Action Plan completed after the Review achieved |