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| **Service** | **Individual Placement and Support Service Herefordshire region** |

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| **1. Population Needs** |
| 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 themost effective approach for supporting people with mental health problems to find andsustain paid employment. It is based on 8 principles and a 25 point fidelity scale. IPSalso has more evidence than voluntary work or supported training schemes.  1.1 IPS has been identified by both the DWP and NHS England as good practice in addressing recovery and unemployment, these include:  1.2. ***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/>  1.3 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.  1.5. While most people with a mental health issue want to work, employment rates for this group remain low. Supporting more people with mental health issues into appropriate work not only leads to health and wellbeing benefits, but also increases financial independence, promotes social inclusion and self-esteem. The potential positive impact on an individual’s mental health may also help protect physical health.  1.6. Aside from the individual benefits, unemployment among people with mental health conditions drives significant cost for wider society. DWP estimate that the cost of economic inactivity from people with ill health being out of work is £50 billion per year. That includes £19 billion in welfare benefits and £7 billion in additional costs to the NHS. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   | **Domain 1** | **Preventing people from dying prematurely** |  | | --- | --- | --- | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** |  | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  | | **Domain 4** | **Ensuring people have a positive experience of care** |  | | **Domain 5** | **Treating and caring for people in a safe environment and protecting them from avoidable harm** |  |   **2.2 Expected outcomes**   * Increased numbers of people with mental health problems supported to formulate their vocational goals through individual plans (100% of accepted referrals to the service) * Increased numbers of people with mental health problems finding paid employment or self-employment: (50% of accepted referrals find paid employment) * Increased number of people with mental health problems retaining employment at 3/6/9/12+ months (50% of individuals placed into employment retaining employment) * Increased numbers of people with mental health problems entering **time-limited** vocational training, voluntary work, work experience or other activity that helps them move towards employment (50% of accepted referrals). * A named Employment Specialist closely integrated into each community team. This involves physical co-locating with the team; a dedicated caseload for that team, attending referral meetings, and involved in decision-making. * Increased numbers of individuals receiving services from clinical teams moving towards employment. * Improved awareness of the employability of people with mental health problems within all mental health community teams, acute in-patient teams and other agencies. * Increased awareness of mental health issues among local employers and their readiness to employ individuals with mental health problems. * The service will be expected to assess its performance against the fidelity scale using an independent assessor with training and experience in fidelity assessments. The provider will be expected to achieve a score of 100 (“good”) out of 125 within 12 months. * The service will also be expected to assess their fidelity every six months to identify areas for improvement. This assessment could potentially be completed by the service itself. |
| **3. Scope** |
| **3.1 Aims and objectives of service**  3.1.1 The overall vision for this service is to enable people with mental health problems to be able to enjoy a good quality of life, reduce health inequalities, remain independent and in control, be included as members of society and, most importantly, realise their potential for recovery.  3.1.2 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, which will include:   * Enabling individuals to formulate, achieve and sustain their vocational goals, in a supportive and empowering environment. * Supporting individuals to gain and retain quality, sustainable employment. * Providing directly, or through partner organizations, careers advice and accurate benefits information to enable people to make informed decisions about taking up and keeping employment. * Acting as one of the key links between mental health and employment providers. * Providing employment advice to care coordinators, employers and other interested partners where necessary. * Utilising local resources, employment agencies, Jobcentre Plus, Citizens Advice Bureaux, local colleges. * Working as an integral member of the mental health clinical teams. * Advising individuals on benefits, e.g., in-work benefits, permitted work.   **3.2 Service description/care pathway**  3.2.1 The service will deliver time-limited Individual Placement and Support (IPS). The service will adhere to the 25-point IPS fidelity scale adapted for time-limited support  3.2.2 The service will deploy employment specialists (ES’s) into the Neighbourhood Mental Health and Early Intervention Teams. The ES’s will provide employment support in line with the principles of Individual Placement and Support (IPS).  3.2.3 The IPS approach is based on eight key principles:   * The Employment Specialist is integrated into the clinical team. * It aims to support people to access competitive paid employment. * Job search is rapid i.e. within 30 days. * There is an emphasis on service users deciding when it is the right time to return to employment, rather than the clinical team. * Job search is based on service user choice. * There is an emphasis on building relationships with employers in order to access the hidden labour market. * Benefits counselling is provided to support the person through the transition from benefits to paid work. * Availability of time-unlimited support.   3.2.4 The integrated IPS service will:   * Raise expectationsaround service user employment aspirations and capabilities. * 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. * Attend relevant employment and mandatory training as required. * Produce monthly, quarterly and annual monitoring reports as required.   3.2.5 The service will be expected to assess its performance against the fidelity scale using an independent assessor with training and experience in fidelity assessments. The provider will be expected to achieve a score of 100 (“good”) out of 125 within 12 months.  3.2.6 The service will also be expected to assess their fidelity every six months to identify areas for improvement. This assessment could potentially be completed by the service itself.  3.2.7 IPS defines competitive employment as a job that any person can apply for regardless of disability status. These jobs may be full or part time. Self-employment is also included. Workers in these positions should earn at least minimum wage, and receive similar wages and benefits as their co‐workers. Volunteering, training, and work placements are not considered to be outcomes but may in specific cases be activities that help an individual to get a competitive, paid job.   * 1. **Role of each organisation**   3.3.1 The External IPS Provider will:   * Recruit and employ the ES posts in partnership with Herefordshire and Worcestershire Health and Care Trust. * Provide a Contract Manger to over-see the project. * Lead the production of monitoring reports and provide them on a monthly / quarterly basis to the host Trust and external commissioner.   3.3.2 The Mental Health Trust will:   * Host the Employment Specialist post(s) who will be integrated into the Neighbourhood Mental Health and Early Intervention teams and receive clinical supervision. * Ensure that the ES is considered part of the MDT skill mix, and will ensure that the ES has access to clinical systems.   **3.4 Management of the ES Post(s)**  Each ES will have two levels of management. These are:  3.4.1 Senior Management  The IPS Service and the clinical team will recruit the post jointly.  The IPS Service will be the substantive line manager of the post and be responsible for terms and conditions of service. If there are problems with performance management, sick leave, disciplinary issues the individual would be subject to Service x policies and practices.  3.4.2 IPS Team Manager will   * Provide day to day line management: * Be responsible for the management of the workload of the ES and for all aspects of the workers’ role as a team member, including management of client referrals, leave, and health and safety, and a joint staff appraisal with the Trust. * Lead the employment team to implement IPS, 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 e.g. 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. * Spend time in the clinical team to support effective implementation of IPS practice in partnership with the local supervisor.   1. **Role of the Teams**   3.5.1 Role of the external IPS 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. This will include negotiating job opportunities in the hidden labour market. * 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 e.g. 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 and share with clinical teams, clients and carers. * Commit to co-producing service developments wherever possible e.g. 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   3.5.3 The host clinical team will:   * Ensure there is an 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.   **3.6 Population covered**  People aged 18 years and over who are on the caseload of the Neighbourhood Mental Health and Early Intervention Teams who are currently out of work [or at risk of losing their jobs].  **3.7 Any acceptance and exclusion criteria and thresholds**  Patients under 18 years old |
| **4. KEY PERFORMANCE INDICATORS** |
| **4.1 *Key Performance Indicators for individual for the Team***  ***Year 1 (pro rata)***   * At least 141 people to access the service per annum * At least 64 people entering work. * At least 88 paid outcomes to be achieved (based on multiple outcomes) * At least 38 people achieving 13-week job sustainment (>16 hrs/week)   ***Year 2***   * At least 178 people access the service. * At least 64 people entering work. * At least 88 paid outcomes (based on multiple outcomes). * At least 38 people achieving 13-week job sustainment (>16 hrs/week)   ***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 i.e. % 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 Applicable national standards (e.g. NICE)**  **4.2 *Service User Satisfaction****:*   * + Positive rating from service users who complete an annual confidential questionnaire.   **4.3 *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 ‘good’ rating from the Fidelity Review within 18 months.   + All actions on the Fidelity Action Plan completed after the Review achieved. |
| **5. LOCATION OF PROVIDER PREMISES** |
| **5.1** **The Provider’s Premises are located at:**   * Unit D, 178 Widemarsh Street, Hereford, HR4 9HN * 27a St Owen Street, Hereford * The Knoll, Gloucester Road, Ross-on-Wye * Rose Cottage, Belle Orchard, Ledbury * 62 Etnam Street, Leominster |
| **6. CO-PRODUCTION** |
| 6.1 The service will demonstrate its commitment to working with people with mental health needs through outcomes, practices, policies, and procedures in design, delivery, and evaluation of all services.  6.2 The principles of equality, diversity, accessibility, and reciprocity will be essential when co-producing services with people. The service will ensure:   * service users are represented and play an active role in consultation, service planning and delivery; * it adopts the model of co-production, whereby the service is planned and delivered in mutually beneficial ways that acknowledge and reward local ‘lay’ experience while continuing to value professional expertise; * service users are regarded as an asset and encouraged to work alongside professionals as partners in the delivery of the service; * the service is operated and provided in a way which requires professionals and service managers to move out of traditional roles as ‘experts’ and ‘providers’ into partnership models that work with ‘individuals’ and ‘communities’ in order to enable them to achieve agreed outcomes; * it adopts and employs approaches that build on and/or strengthen social networks; * it engages with service user networks of friends and families; and * it develops and uses service specific measures to ensure service user involvement. |
| **7. SAFEGUARDING** |
| The service provider must comply with the Trusts Safeguarding Policy (Appendix 1) or have robust policies and procedures in place to ensure that Children and ‘adults with care and support needs’ are protected from harm and their welfare is promoted. National and local policies and procedures with regard to Safeguarding Children and ‘adults with care and support needs’, including those of WSC Partnership (formerly Worcestershire Safeguarding Children Board) and the Worcestershire Safeguarding Adults Board must be adhered to.  All staff must be subject to Disclosure and Barring Service (DBS) and Independent Safeguarding Authority (ISA) checks as applicable to their role and undertake relevant Safeguarding training (ISA checking requirements become mandatory from November 2010). |