



Department
of Health &
Social Care

SPECIFICATION

Individual Placement and Support Technical and Implementation Support and Fidelity Reviews

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1. Background to the requirements

- 1.1. Individual Placement and Support (IPS) is a supported employment model that follows a “place and train” approach. It consists of intensive, individual support and rapid job search followed by placement into paid employment. It can also provide time-unlimited in-work support for both the employee and the employer¹. It is the best evidenced way to help people with severe mental illness (SMI) to return to, or remain in, employment.
- 1.2. The Department for Health and Social Care (DHSC) and DWP have committed to expand access to IPS provision in community drug and alcohol treatment until at least 2025. These expansion plans require IPS services to be established very quickly and it is unlikely that we will be able to achieve this without having implementation support.
- 1.3. The challenges for expansion of IPS for drug and/or alcohol dependence include:
 - 1.3.1. The need for consistent implementation of evidence-based practice to maximise outcomes.
 - 1.3.2. The short time frame for expanding existing services and mobilising new ones.

¹ Time unlimited support is not available as part of IPS provision for individuals accessing community drug and alcohol treatment

- 1.4. The limited current experience of, and expertise in, IPS among providers and potential providers especially those delivering to new cohorts.
- 1.5. Without a coordinated implementation support package, there is a significant risk that the expansion of IPS services will be unsustainable. The table below provides some background on the planned scale up of IPS in different settings
- 1.6. There are currently 82 Local Authorities that provide IPS in community drug and alcohol treatment. The programme will be scaled up to all 150 upper tier/unitary local authorities in England by 2024-2025.

2. Scope of the Procurement

- 2.1. The aim of this contract is to provide implementation and capability support to help IPS service providers to successfully offer an expanded IPS service. New and existing IPS providers will need support with recruitment and training, mobilisation, stakeholder engagement, marketing and caseload management, and working towards at least 'good' IPS fidelity. This support will enable existing services to continue to perform effectively, and new services to become established and effective faster than if this support was not in place.
- 2.2. The Supplier will deliver the following key elements of implementation support:
 - a) Operational support for mobilisation and quality improvement
 - b) Delivery of independent fidelity reviews
 - c) Workforce development support
 - d) Support the effective reporting and monitoring of access and outcomes through access to an appropriate data tool

3. Requirements

- 3.1.1. The Supplier will provide implementation and capability support to IPS providers delivering in community drug and alcohol treatment centres.
- 3.1.2. The Supplier must understand the challenges faced by this expansion of IPS to additional cohorts in a real-world UK clinical and commissioning context.
- 3.1.3. The ability to mobilise immediately upon contract award is essential. This requires all EISMs to be in place as soon as possible. Mobilisation will require a robust project plan agreed with OHID and DWP within four weeks of contract award.

Operational support – mobilisation and quality improvement

- 3.2. The aim of this support is to ensure that:
 - New IPS services are mobilised in community drug & alcohol treatment, and

- Ensure that there is a focus on equity within IPS delivery and that providers deliver a high-quality service to individuals with protected characteristics

The activities carried out under this work-stream will include:

- Providing support in the planning and execution of mobilisation activities
- Ensuring compliance with quality standards and protocols by conducting audits, inspections, and quality checks, and identifying areas for improvement.
- Monitoring operational performance metrics and recommending corrective actions to ensure continuous quality improvement.
- Developing and implementing training programs to enhance the skills and capabilities of the workforce, as well as promoting a culture of continuous learning and improvement. Providing effective coaching and on-site support to services to improve fidelity (e.g. around employer engagement and clinical integration).
- Maintaining effective communication channels with stakeholders (including the Buyer) to ensure the timely resolution of issues and the alignment of goals and objectives.
- Participating in the development and review of policies and procedures to ensure adherence to regulatory and IPS Fidelity requirements.
- Collaborating across IPS teams to drive initiatives that promote process optimisation, innovation, and the delivery of high-quality services.
- Hosting and facilitating communities of practice to share knowledge and best practice amongst services
- Supporting data quality for IPS services to flow activity to national datasets
- Delivering communities of practice.

Overall, the workforce's main responsibility would be to ensure that implementation of new IPS teams is executed efficiently, effectively, and in compliance with established standards and providing hands-on operational support to individual IPS services across the country in drug and alcohol treatment services

3.3. The Supplier will be required to, at a minimum, have the following in place:

- A team of IPS Expert Implementation and Support Managers (EISMs) with an appropriate management and support structure. EISMs will be dedicated to working with either NHS or D&A and health led trial services within their area.
- The placement of personnel will be determined by the distribution of IPS services in each region, taking into account their geographical coverage and number.

Delivery of fidelity reviews

- 3.4. Deliver approximately 40 Fidelity Reviews annually and guided self-assessments to evaluate how well the program and/or service adheres to the principles and best practices of the IPS model. Fidelity reviews must be delivered in a consistent way with appropriate moderation in place
- 3.5. Developing specific action plans for services to improve outcomes and fidelity. Leads are likely to pick a small number of sites for intensive work at one time, rather than working with all sites
- 3.6. The findings of the IPS Fidelity Reviews should be utilised to pinpoint areas for improvement and to assist providers in enhancing their program planning and implementation.

Workforce development support

- 3.7. The Supplier will need to assist in the challenge of recruiting and training a large number of IPS Employment Specialists and Senior Employment Specialists to what is a highly skilled non-clinical role, as well as the need to train clinical staff in IPS to support effective integration of IPS within clinical teams.
- 3.8. The Buyer envisages participating, alongside the supplier, in a wider workforce strategy encompassing IPS in other settings (e.g. SMI and primary care).
- 3.9. The aim of this workforce development support is to:
 - Promote IPS as an attractive career option and support the growth of the Employment Specialist and Senior Employment Specialist roles to meet the increased demand for staff as services expand
 - Support the professionalisation of the sector, including raising the profile of the role within the health and employment support sectors
 - Support services to market vacancies and fill recruitment gaps
- 3.10. The activities carried out under this work-stream will include:
 - Maintaining and servicing a recruitment hub
 - Ensuring services are aware of recruitment support and materials available
 - Maintaining e-learning materials and producing additional materials as needed
 - Developing/supporting the development of a small number of ad hoc additional IPS marketing and recruitment materials as deemed useful for services
- 3.11. The Supplier will deploy an appropriately capable and experienced team to:
 - a. Develop and maintain strategies to grow and support the IPS workforce
 - b. Develop any future workforce or marketing resources that may be needed

- c. Support the delivery of the communications and branding plan including producing communications such as newsletters and branded documents
- d. Managing social media channels

Effective reporting and monitoring

- 3.12. The contractor must maintain effective reporting mechanisms and transparently communicate results, while identifying and addressing any issues or risks that may arise during the contract period.
- 3.13. The aim of this element of support is to:
 - Support services to use the IPS Grow standard spreadsheet to record data in a consistent way
 - Ensure the reporting of access, consent and modality data in the National Drug Treatment Monitoring System (NDTMS)
 - Maintain, promote, and refine the IPS benchmark Key Performance Indicators based on UK and international experience
 - Champion effective data usage by IPS providers to improve quality of delivery, ensuring services work effectively for people with protected characteristics
 - Gather feedback via surveys and focus groups on provider use of the tool and other potential tools, guidance, or support that would help providers to better use data to drive quality and outcomes
- 3.14. The Supplier will deploy an appropriately experienced and capable team, including third party contractors, to:
 - Provide technical and practical support for the IPS Grow reporting tool
 - Collaborate with OHID and DWP on future tool developments to reflect service need and IPS fidelity based on budget availability
 - Work with all stakeholders to improve reporting and ensure the best use of National Drug Treatment Monitoring System (NDTMS) data
 - Maintain national performance framework for IPS services and support services to collect data and track outcomes in line with the framework
 - Improving data quality and the use of data for the purposes of reporting via the data tool referred to above and improving service quality
 - Delivering standardised check in calls with each provider at least bi-monthly. Gathering data from all services according to schedules agreed with OHID.

4. Constraints and Dependencies

- 4.1. The Supplier will be required to maintain use of the data tool to complement and add value to OHID systems. A good understanding of OHID reporting systems and procedures in community drug and alcohol treatment is required.

- 4.2. All IPS providers are expected to use clinical systems to record IPS data as part of submissions to NDTMS. IPS commissioners and providers often look to collect a more extensive set of data to help them in managing their services and report on outcomes.
- 4.3. As we expand IPS provision, the number of users accessing IPS services will increase. To assist this expansion, the Supplier will support IPS providers to deliver high quality, effective IPS employment support to a range of groups.
- 4.4. Overall project management of the support programme will be undertaken by OHIDNHS England. This will mean regular monitoring and check-ins with the Supplier to ensure ongoing maintenance of delivery.

5. Personnel Skills and Knowledge

The following experience, skills and competencies are essential:

- The Supplier shall ensure that all Supplier Staff are suitably vetted, experienced, skilled and/or qualified to deliver the Services for which they are employed.
- Knowledge of health and employment support services for people with alcohol and/or drug dependency issues.
- A comprehensive understanding of the IPS model.
- Experience in engaging with local authority commissioners, IPS providers, treatment and healthcare providers, Jobcentre Plus, and other stakeholders to assess the level and type of support they may need to successfully grow IPS in their local context.
- Ability to recruit and deploy appropriately skilled EISMs.
- Knowledge of requirements of curriculum development and accreditation.
- Development, maintenance, and delivery of effective training resources that translate into tangible improvements in the commissioning and delivery of IPS.
- Experience in developing learning collaboratives to share and learn from good practice.
- Experience in developing, maintaining, and updating effective reporting and monitoring tools, to complement and add value to existing systems.

6. Location

- 6.1. This contract will support IPS in England. The Supplier will ensure that EISMs are geographically dispersed and embedded in their areas and coordinated nationally.

7. Roles and Responsibilities

- 7.1. OHID will let and provide overall management of this contract. However, the Department of Health and Social Care, DWP and NHS England will have key roles in contract

management governance.

8. Contract Management & Governance

- 8.1. The Supplier shall provide a suitably qualified Lead manager. The Lead manager shall have a detailed understanding of the contract and shall have experience of managing contracts of similar size and complexity. Any changes to the lead manager shall be communicated to the Buyer no less than 1 month in advance of any planned changes.
- 8.2. The lead manager shall be the primary point of contact between the Supplier and the Buyer and shall be responsible for managing the relationship with the Buyer which shall include:
- Contract administration
 - Provision of management information
 - Attending contract review meetings
 - Resolution of complaints and queries
 - Service planning, monitoring and continuous improvement.
 - Escalating any issues that cannot be resolved between the Supplier and the Buyer.

Quarterly reviews:

- 8.3. The Supplier contract management contacts, OHID technical team and a representative from the DWP, NHS England and, where required, DHSC commercial directorate will meet at the end of every financial year quarter. Quarterly contract management will focus to formally performance review against milestones, payments, risks and any other ad hoc issues raised by the parties.

Ad hoc meetings

- 8.4. Either the Buyer or Supplier may request an ad hoc meeting if there is any specific issue that requires attention, and it should be dealt with without delay.

9. Contract Term and extensions

- 9.1. The contract is scheduled to begin in either July or August of 2023 and run until March 31, 2025. Additionally, the Buyer reserves the right to exercise an optional extension for up to 18 months at their sole discretion, subject to their internal approval process.
- 9.2. If the Buyer decides to extend the contract, they may either continue with the provision of all services as outlined in the specification or extend for the delivery of only a portion of the specification. In either case, the estimated value of the extension will not exceed £400,000.

10. Budget

- 10.1. The total contract value is estimated to £1,145,000 (inclusive of VAT).

11. Payment Schedule

- 11.1. The Buyer will pay the cost of the services quarterly in arrears. The payment period will follow the financial year quarters. (Q1 April-June; Q2 July-Sep; Q3 Oct-Dec; Q4 Jan-March. The initial payment will cover the period from the start of the contract to the end of that quarter.
- 11.2. The supplier will be required to evidence in their quarterly progress report what activities they have completed.

12. Key Performance Indicators

- 12.1. In order to secure maximum effectiveness from the contract in terms of delivering against its overarching objectives, the Supplier's performance will be monitored against relevant quality outcomes indicators.

#	Indicator	Frequency	Good (=Target)	Approaching Target	Requires Improvement	Inadequacy (=Critical Service Level Failure)
1	Employment of minimum 4.5 FTE IPS Expert Implementation and Support Managers (EISMs)	Qtr.	>95%	95-90%	<90-80%	<80%*
2	Number of (tbc)training/ learning/ sharing/ networking / cop events.	Qtr.	95%	95-90%	<90-80%	<80%
4	40 fidelity reviews/GSAs completed	Yr.	>60%	60-50%	<50-40%	<40%
5	Percentage of Service User feedback on surveys that rates satisfaction as good or excellent	Yr.	>85%	85-80%	<80-75%	<75%

- 12.2. If the progress report presented on any of the quarterly review meeting shows any relevant KPI (*) with a threshold of Inadequacy, the supplier will need to submit a Remedial Action Plan (Schedule xxxx).
- 12.3. If the progress report presented on any of the quarterly review meetings shows any relevant KPI (*) with a threshold 'Requires Improvement' the supplier may be requested to submit a Remedial Action Plan (Schedule xxx).
- 12.4. If the Supplier submits a Remedial Action Plan under paragraph 12.2 or 12.3, the Buyer will have the right to retain 5% of the quarterly payment until the tasks included for that quarter shows a performance of at least 'approaching target'.

13. Social Value

- 13.1. The COVID-19 pandemic has exacerbated existing economic and social challenges and created many new ones. Social value provides additional benefits which can aid the recovery of local communities and economies, especially through employment, re-training and return to work opportunities, community support, developing new ways of working and supporting the health of those affected by the virus.
- a) The DHSC follows the Social Value model created by the Government and that includes 5 themes and 8 policy outcomes which flow from these themes, as follows:
 - b) Theme 1 COVID-19 recovery: Help local communities to manage and recover from the impact of COVID-19
 - c) Theme 2 Tackling economic inequality: Create new businesses, new jobs and new skills; Increase supply chain resilience and capacity
 - d) Theme 3 Fighting climate change: Effective stewardship of the environment
 - e) Theme 4 Equal opportunity: Reduce the disability employment gap; Tackle workforce inequality
 - f) Theme 5 Wellbeing: Improve health and wellbeing; Improve community cohesion
- 13.2. This contract will support theme 4 Equal Opportunity: Tackle workforce inequality
- MAC 6.1: Demonstrate action to identify and tackle inequality in employment, skills and pay in the contract
- 13.3. The Supplier will develop and maintain a plan throughout the life of the contract detailing how the Supplier will contribute to the overall achievement of our Social Value priorities. The Supplier must manage, measure and report on the delivery of Social Value throughout the life of contract. The supplier will report on quarterly basis against the metrics target proposed.
- 13.4. The Buyer reserves the right to publish information on the delivery of Social Value through this contract and may request case studies for the purpose of increasing awareness and sharing knowledge.
- 13.5. The commitments and targets made in the contract will be monitored through the metrics on a quarterly basis. The Supplier acknowledges that the Buyer may make reasonable

adjustments to the SV KPIs and its measurements during the Term of the contract.

- 13.6. If the Supplier achieves <75% of the Social Value targets, the supplier will be requested to submit a Remedial Action Plan (Schedule xxx).

Key Performance Indicators=Milestones	Good (=Target)	Approaching Target	Requires Improvement	Inadequacy=Remedial Action
Social Value commitments	100%	>85% <100%	<85% >75%	<75%