

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	11J/0227
Service	<i>Dorset Work Matters-Individual Placement Support Service</i>
Commissioner Lead	NHS Dorset CCG
Provider Lead	Dorset HealthCare
Period	01 October 2018 – 30 September 2021
Date of Review	October 2019

1. Population Needs

1.1 National/local context and evidence base

People who experience serious mental illness are the least likely to be in employment and sustain employment and out of all the disabilities groups have the poorest employment outcomes. The NHS Five Year Forward View and Implementing the Five Year Foreward View presents the case to ensure that people who have a serious mental illness are able to work with support if needed and sustain employment.

There are several policy drivers for this approach:

- Socially excluded Adults Public Service Agreement (PSA 16)
- Valuing Employment Now (2009)
- Mental Health and Social Exclusion Report, 2004
- Choosing Health (White Paper)
- No Health without Mental Health (Improving outcomes for people with MH problems and more people with MH problems will recover etc.)
- The Five Year Forward View (FYFV) for mental health
- Implementing the FYFV

The evidence base for the IPS model is overwhelming in terms of enabling people who experience severe mental health problems to gain and maintain employment. The Eqlise Project (Burns et al 2007) compared IPS with other vocational / rehabilitation services in six European countries. It concluded that:

- IPS service users were twice as likely to gain employment (61% vs 28%) and worked for significantly longer
- Costs for IPS were generally lower than standard services over the first six months
- Service users who had worked for at least a month in the last five years had better outcomes
- Individuals who gained employment had reduced hospital admissions and shorter length of stay

The evidence suggests that it is better for people to gain paid employment in the first instance in a place and train model where possible and this is supported by evidence produced by the Centre for Mental Health.

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 safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

- To improve access to paid employment for people who have a serious mental illness and open to the Community Mental Health Teams

3. Scope

3.1 Aims and objectives of service

The IPS Model is an evidence-based model that supports people who experience serious mental illness into paid employment. The evidence is compelling for this type of service and the NHS is mandated to improve employment outcomes for people who experience serious mental illness.

In Dorset two services START (Dorchester and Bridport) and Community Resource Team (Weymouth and Portland) have been working together over the past year to implement IPS. In addition, Dorset Mental Health Forum a local peer led organisation who use many of the principles of IPS in their organisation and within their employment service. Dorset HealthCare has a strong partnership with Dorset MH Forum and the two other services already exist within DHC.

That staffing will be from existing resources in Dorset HealthCare and Local Authority, e.g. STR workers, Dorset Mental Health Forum Employment Service other existing third sector organisations who are supporting people with severe mental health problems. The developments formalise work that is already being done so no other service will lose out through these changes.

The proposal for the Dorset Work Matters IPS service is that it will be part of the established Wellbeing and Recovery Partnership Project (WaRP) between Dorset HealthCare and Dorset MH Forum. Dorset HealthCare being the lead provider. The merge will happen in stages. Initially Dorset MH Forum will deliver parts of the service alongside START and the Community Resource Teams and between the three the whole of Dorset will be serviced with IPS.

In stage two the three teams will merge into one cohesive IPS service delivering IPS to the whole county and then develop pathways with employment advisors in IAPT and EIS services. Dorset HealthCare will be accountable as the lead provider for the outcomes of the service. Bringing this together will ensure that wherever you are on the MH spectrum of mental health needs employment advice and support will be available and consistent.

In the first stage Dorset Health Care and Dorset MH Forum will jointly appoint a team leader who will support the implementation of IPS and ensure that all the elements are in place and joined up across the three existing teams.

Employing the team leader as a joint appointment hosted by the forum and having some of the employment specialists employed by the forum, working into services secures the lived experience element which will enhance the service and bring hope and supporting mental health training awareness training for Job centre and employers.

As the service will be part of the WaRP project by having a joint appointment hosted by the forum it means the service can be more community facing which means a more responsive service for people on an ongoing basis (including supporting people with employment past d/c from CMHT).

Having the team leader based with Dorset MH Forum means they will have the expertise and understanding to support lived experience and co-production throughout the implementation and service delivery.

The service will work with multiple agencies using a matrix management approach (where people are locally line managed but receive IPS supervision from the partnership) and having the team leader post as part of the WaRP appointment it puts partnership working at the heart of this approach and will provide understanding across statutory and third sector. The matrix management approach was recommended by the Centre for MH because it ensures that people have support from local managers and an overall IPS manager to maximise engagement and fidelity across all partners.

Having the post within the WaRP and also creates a more fluid boundary between the Recovery Education College and statutory services and other 3rd sector and employment services. It means the employment strand can link to all other developments which the partnership is involved in e.g. MH Acute Care Pathway, Rehab Review, and changes to the workforce including peer support workers in CMHT etc.

3.2 Service description/care pathway

Anyone open to Community Mental Health Teams whose aspiration it is to be in paid employment can be referred to the service.

Care coordinators will talk about paid employment to their clients/patients
If the client or patient says they wish to work the Care Coordinator will refer to the employment specialists.

When someone is open to the service they will have an employment specialist assigned to them who will work with them until they are in employment starting with job searching, interview preparation and anything else that supports an individual towards their paid work ambition.

People using services will also be able to refer themselves to the service.

3.3 Population Covered

Anyone age 18+ who has a serious mental illness who is open to Community Mental Health Services.

3.4 Any acceptance and exclusion criteria.

The service will not see people who do not wish to be in paid employment.

3.5 Interdependence with other services/providers

There are interdependencies with the Community Mental Health Teams and in the longer term with IAPT and EIS employment advisers.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

<https://www.nice.org.uk/guidance/cg178/Evidence>

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

None to date.

4.3 Applicable local standards

None to date.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

None

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

None

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement