

# IPS Resource Pack— May 2021

Adult Mental Health Team, NHS England and Improvement

Topic	Slide Number
Purpose of this guidance	3
IPS background	4
NHS Long Term Plan investment	8
Job retention within IPS Services	16
Delivering good fidelity IPS services to achieve better outcomes for service users	20
Community mental health transformation and the role of IPS	24
Reporting IPS activity through the Mental Health Services Data Set (MHSDS)	28
Useful resources	35
Key messages – summary	38

## The purpose of this guidance

To support the delivery of the NHS Long Term Plan ambition to increase access to Individual Placement and Support (IPS) to a total of 55,000 people per year by 2023/24. This guidance has been developed for NHSE/I regional teams, ICS leads and commissioners and IPS providers to provide an overview of the resources and frameworks that support commissioning and delivery of high fidelity IPS services.

2021/ 22 is a key transition year for IPS, with a number of changes including:

- Funding for IPS has moved from transformation funding to CCG Baselines
- Assurance processes will also change in 2021/22 and data on referrals, access and outcomes will need to be flowed via the Mental Health Services Data Set (MHSDS)
- Fidelity review scores will be monitored regionally, with a new national approach to delivery and moderation of reviews.

# IPS Background

# Making the case for IPS and supporting evidence

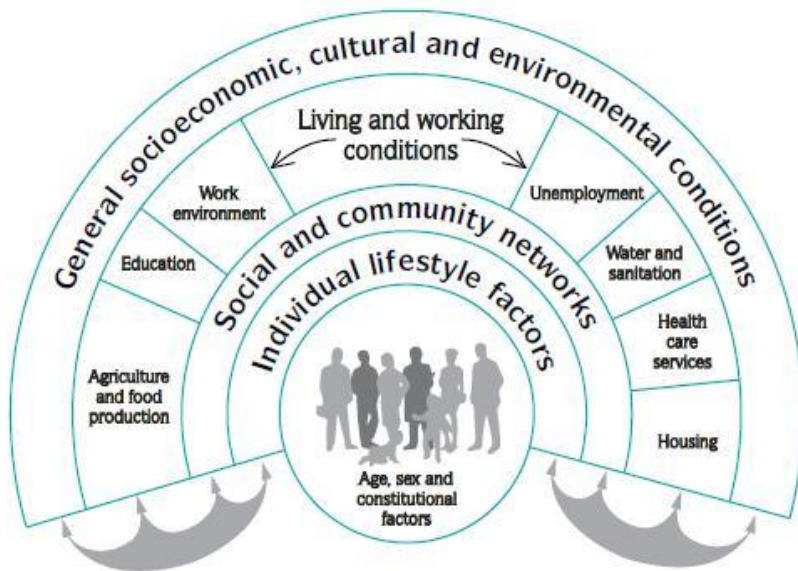
- Unemployment has consistently been found to have a negative impact on a range of health outcomes including depression, anxiety, and self-esteem. This impact on mental health has been heightened as a result of Covid-19
- Only 8% of people with SMI are employed, compared to 75% of the general population. But we know that 50-80% of people with SMI want to be in work. IPS is a solution that will enable local systems to fulfil their duties to tackle this inequality.
- Unemployment can lead to poverty, low self-esteem and social isolation - which is a particular concern during lockdown.
- The IPS approach is internationally recognised as the most effective way of supporting people with mental health problems to gain and keep paid employment. It is based on over 20 years of research, including around two dozen successful randomised controlled trials
- There is strong evidence that IPS is the most effective method of helping people with SMI to achieve sustainable competitive employment.
- The *IPS in Europe: The EQOLISE trial* indicated that:
  - IPS clients are twice as likely to gain employment than those looking for work on their own (55% v. 28%) and they work for significantly longer;
  - The total costs for IPS were generally lower than standard employment services over the first 6 months;
  - Individuals who gain employment have reduced hospitalisation

**“Going to work is the best cure or medication I can have.”  
“It keeps you motivated and stops you losing everything- it  
gives me hope.”**

[CNWL Mental Health Trust Service User]

# The benefits of IPS to local systems

- IPS is a core component of community mental health transformation and should be integrated into new models
- Employment is key to rehabilitation and mental health wellbeing
- IPS contributes to the local economy by reducing unemployment
- Studies show that IPS can reduce welfare and health spend in the local systems
- IPS services also support job retention, which is more important than ever as the economic pressures of Covid-19 are played out
- IPS provides a pipeline for recruitment to emerging health roles including peer support workers (key workforce in community and crisis transformation)
- IPS services link to a range of other public services including housing, education and welfare and debt advice



The Dahlgren and Whitehead model 1991, pictured above, shows the factors that affect our health.

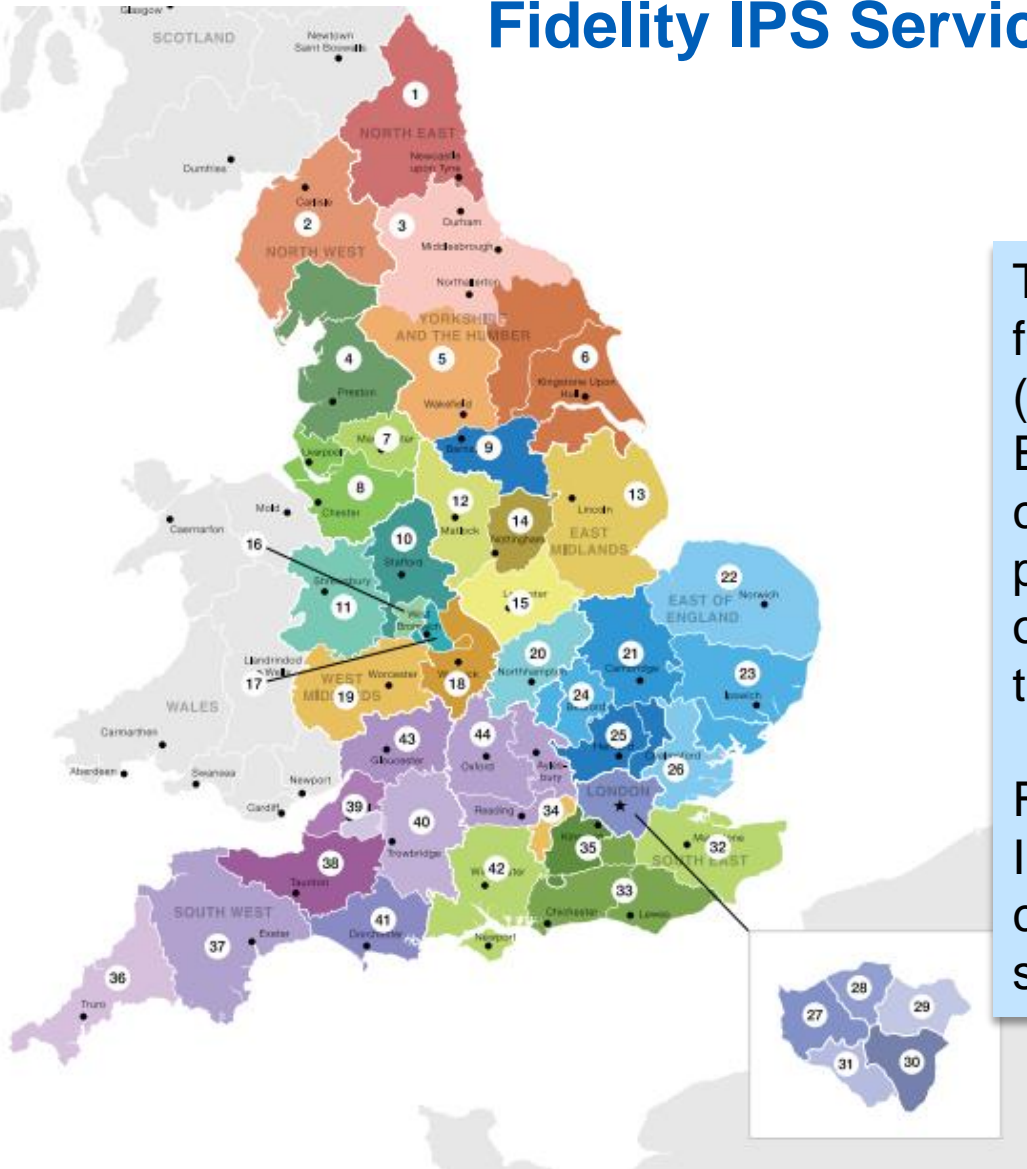
## IPS continues to support people into work during the pandemic:

"I've had quite a few different jobs, but in the last five or six years I haven't been working after I lost a job and got depression. I had some family problems and I wasn't coping with anything. When things got really bad my GP referred me to mental health services and I had a nurse come to see me for about 6 months. He helped me to deal with some problems and asked me about going back to work. I wanted to get back into a job, but I thought employers would be put off because of the gap in my work history.

I was introduced to Kelly, an employment specialist. She asked me what I wanted to do and with her help I got a job in a warehouse. Kelly told my manager about me and I know that I can call her any time and she will help with any problems I am having at work. I know that I would never have got this job without Kelly's help and she has helped me believe that I do have the skills to do it."

*(Reflection from an IPS client)*

# Integrated Care Systems are responsible for Commissioning High Fidelity IPS Services



The NHS and local councils have formed Integrated Care Systems (ICSs) in 42 areas covering all of England to improve health and care, with each area developing proposals built around the needs of its whole population, not just those of individual organisations.

From April 2021, each of the 42 ICS areas will need to commission high fidelity IPS services for people with SMI.

# IPS Long Term Plan investment

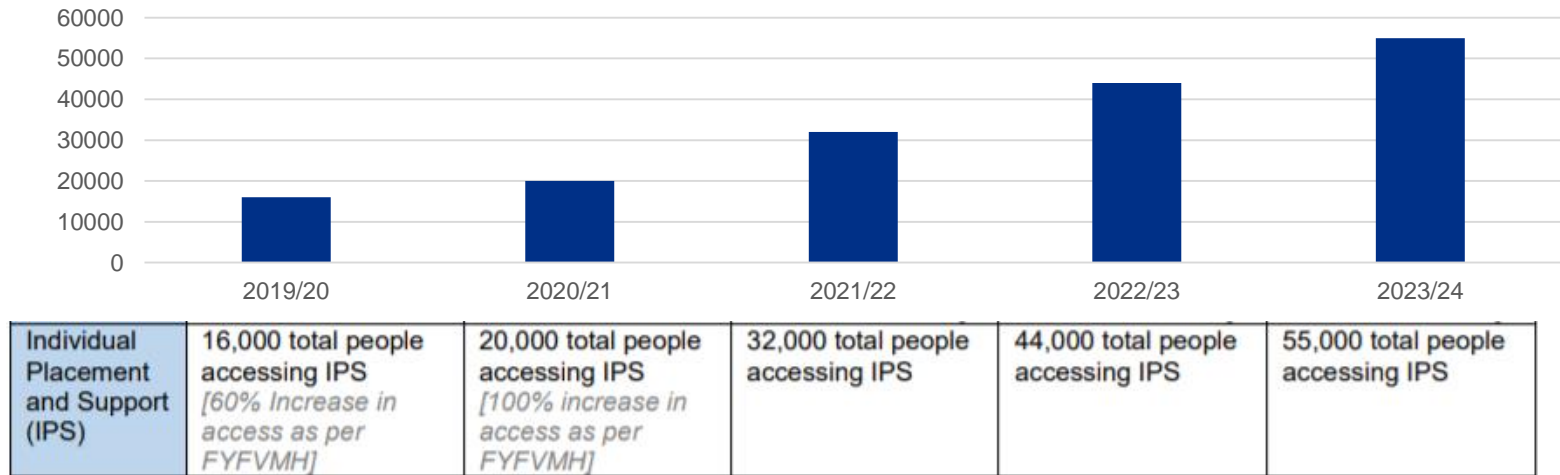


# In the Long term Plan, the NHS has committed to supporting 55,000 people with SMI through IPS services



- Through increasing access to IPS, the NHS will support an additional 35,000 people with severe mental illnesses where this is a personal goal to find and retain employment by 2023/24, a total of 55,000 people per year... By 2028/29, we aim to extend this to 50% of the eligible population to benefit up to 115,000 people. [NHS Long Term Plan – page 117](#)
- Before Covid-19, NHSE/I was on track to double access to IPS by 20/21 - a commitment from the Mental Health Five Year Forward View (MHFYFV) : *By 2020/21, access to Individual Placement and Support (IPS) will be doubled, enabling people with severe mental illnesses to find and retain employment*
- A total of 55,000 people a year will have access to IPS services by 2023/24 - NHS Mental Health Implementation Plan 2019/20 – 2023/24, page 6
- The access targets increase year on year up to 2023/24 and the most significant increase comes between 2020/21 and 2021/22 where the target increases by 60% [Long Term Plan + Five Year Forward View for Mental Health + baseline activity].
- As part of the MHFYFV and LTP, NHSE/I commissioned national implementation support programme called IPS Grow.

IPS Access Targets



Individual Placement and Support (IPS)	16,000 total people accessing IPS <i>[60% Increase in access as per FYFVMH]</i>	20,000 total people accessing IPS <i>[100% increase in access as per FYFVMH]</i>	32,000 total people accessing IPS	44,000 total people accessing IPS	55,000 total people accessing IPS
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# MH Implementation Plan: Adult SMI funding profile and access targets

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Individual Placement and Support*	Central / Transformation	13	30	23	Funding included in Adult SMI pot from 2021/22 onwards		
	CCG baselines	0	0	0			
	Total	13	30	23			
Adult Severe Mental Illnesses (SMI) Community Care Total	Central / Transformation	13	61	75	147	370	456
	CCG baselines	14	103	265	279	326	519
	Total	27	165	341	426	696	975

- For the past three years, NHSE/I has provided transformation funding via ICSs 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 mental health budgets to pay a continued and larger expansion of IPS services.
- The total uplift to mental health services will be worth in real terms at least an additional £2.3 billion per year by 2023/24.
- **CCG Baseline Uplift** - is an additional amount added to CCG baselines from April 2021 for specific deliverables including IPS - This is paid as a component of the Adult Community Mental Health funding. This funding totals:
  - 2021/22: £279m
  - 2022/23: £326m
  - 2023/24: £519m

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
<b>Fixed</b>					
Individual Placement and Support (IPS)	16,000 total people accessing IPS <i>[60% Increase in access as per FYFVMH]</i>	20,000 total people accessing IPS <i>[100% increase in access as per FYFVMH]</i>	32,000 total people accessing IPS	44,000 total people accessing IPS	55,000 total people accessing IPS

Above are the fixed IPS ambitions and indicative trajectories towards the 2023/24 objective, showing the total number of people accessing IPS services [LTP + FYFVMH + baseline activity]

In 2019, all ICSs completed a Long Term Plan planning exercise which set out their local access targets for IPS over the next five years. While covid-19 has impacted referrals and access to services, all ICSs will need to recover IPS activity to meet their 2023/24 targets.

# MH Implementation Plan: IPS national indicative workforce profile

Note this is additional to the existing requirements specified in [Stepping forward to 2020/21: the mental health workforce plan for England](#).

Adult Mental Health (SMI) Community Care Staff group	Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24
Psychiatrist - consultant	10	30	60	120	170
Pharmacist	20	50	90	180	260
Nursing	90	310	530	1,070	1,540
Psychologist	40	150	260	520	750
Psychotherapists and psychological professionals	10	40	70	140	210
Occupational Therapists	10	40	70	150	220
Physician Associates	8	30	50	100	140
Support to clinical staff / other therapists – including employment support	240	790	1,350	2,740	3,930
Social worker	20	70	120	250	360
Admin	30	110	180	370	530
Peer support worker	170	560	950	1,930	2,780
<b>Total</b>	<b>650</b>	<b>2,180</b>	<b>3,720</b>	<b>7,570</b>	<b>10,880</b>

- An **indicative, cumulative, workforce profile** that could support delivery of **LTP** ambition.
- Aims to cover Employment Specialists and Team Leaders (WTE) needed for LTP IPS service expansion.

# The LTP Analytical Tool provides data to show what resources are required to deliver the LTP ambitions

- Indicatively apportioned mental health activity, workforce and funding of LTP ambitions **at an ICS level** (based on weighted MH population).
- Indicative, not prescriptive.

(1) 'Guidance' tab: Overall summary of how to use the tool

Choose Region >

East of England

Choose STP >

Bedfordshire, Luton and Milton Keynes STP

## NHS Long Term Plan - Mental Health ambitions and workforce requirements summary

NHS Five Year Forward View		NHS Long Term Plan				
Year 4	Year 5	Year 1	Year 2	Year 3	Year 4	Year 5
2021/22	2022/23	2019/20	2020/21	2021/22	2022/23	2023/24

(2) 'Summary' tab: the tool

Ambition		Year 1	Year 2	Year 3	Year 4	Year 5	
Workforce		Year 1	Year 2	Year 3	Year 4	Year 5	
minimum number of people with serious mental illness receiving physical health checks		4,363	4,363	4,706	5,392	6,077	
minimum number of adults accessing Individual Placement and Support (IPS) services				516	711	891	
minimum number of adults and older adults accessing integrated models of primary and community mental health care				2,040	4,163	5,995	
additional required to deliver LTP (cumulative)	Psychiatrist- consultant	Uplifts for community mental health are in CCG baseline funding increases in 19/20 and 20/21.			0.9	1.9	2.7
	Other medical staff	Transformation funding in 19/20 and 20/21 is not split via STP fair shares. Selected STPs will receive transformation funding in 19/20 and 20/21 to test and implement new models based on specific staffing and workforce plans, which may significantly affect overall staffing and activity ambitions. We have therefore not included trajectories for 19/20 and 20/21 here.			1.5	3.2	4.5
	Nursing/midwifery	These STPs consist of			8.5	17.3	24.9
	Psychologist			3.3	6.8	9.8	
	Psychotherapist			1.1	2.3	3.3	
	Support to clinical staff/ other therapists			22.9	46.7	67.3	
Social worker			2.0	4.1	5.8		

[Adult SMI - integrated models of primary and community mental health care](#)

**Guidance - Adult SMI**

received funding to develop and begin delivering new models of integrated primary and community care for adults and mental illnesses, incorporating care for people with eating disorders, mental health rehabilitation needs and complex associated with a diagnosis of a 'personality disorder', among other groups. These new models of care will span both and also dedicated services, where the evidence supports them, and they will be built around Primary Care Networks STP/ICS will have at least one new model in place, with care provided to at least 370,000 adults and older adults greater choice and control over their care, and supporting them to live well in their communities. SMI will receive a physical health check. will have access to Individual Placement and Support services. chosis (EIP) access standard will be maintained and 95% of services will achieve Level 3 NICE concordance. r for 0-25 year olds that reaches across mental health services for CYP and adults

a fair shares split across STPs using the allocations formula weighting for FYFVMH and LTP cumulative 'dance tab, CCG costs and funding will vary due to a range of factors so local areas will need to I within their resources. a year-on-year increase in baseline funding to bolster community mental health provision. mentation of new models of community mental health care is available to all STPs on a fair shares ven included within this tool from 2021/22 onwards only.

total workforce growth required to deliver LTP (and is not inclusive of FYFVMH workforce nation funding on a fair shares basis from 2021/22 onwards on top of their CCG baseline s formula weighting, it is important that workforce decisions take into consideration

CYP
  **Adult SMI**
 Adult crisis
  IAPT
  Therapeutic acute
  Suicid...

(3) 'Adult SMI' tab: Assumptions/how to interpret and use the tool

# LTP Analytical Tool – example ICS

ICS indicative IPS activity

Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24
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Ambition		Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24
minimum number of people with serious mental illness receiving physical health checks		4,363	4,363	4,706	5,392	6,077
minimum number of adults accessing Individual Placement and Support (IPS) services				516	711	891
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Workforce additional required to deliver LTP (cumulative)	Psychiatrist- consultant	Uplifts for community mental health are in CCG baseline funding increases in 19/20 and 20/21.		0.9	1.9	2.7
	Other medical staff	Transformation funding in 19/20 and 20/21 is not split via STP fair shares. Selected STPs will receive transformation funding in 19/20 and 20/21 to test and implement new models based on specific staffing and workforce plans, which may significantly affect overall staffing and activity ambitions. We have therefore not included trajectories for 19/20 and 20/21 here.		1.5	3.2	4.5
	Nursing/midwifery	Those STPs in receipt of transformation funding in 19/20 and 20/21 will need to consider how their plans affect trajectories in future years, and will need to update their ambitions accordingly.		8.5	17.3	24.9
	Psychologist		3.3	6.8	9.8	
	Psychotherapist		1.1	2.3	3.3	
	Support to clinical staff/ other therapists		22.9	46.7	67.3	
	Social worker		2.0	4.1	5.8	
	Admin		2.9	6.0	8.6	
	Peer support worker		15.3	31.2	45.0	
Pharmacist		1.5	3.0	4.3		
Funding total additional funding provided through both the	CCG baseline funding	£1,433,342	£4,045,333	£4,281,006	£5,037,348	£8,189,305




Adult SMI - integrated models of primary and community mental health care


ICS indicative IPS staff


ICS indicative IPS funding (as portion of total Adult SMI pot)


# Core considerations and resources for IPS


## Commissioners


- 

1. How the ICS will meet the target access number
- 

2. How the ICS will achieve equitable coverage across the area
- 

3. The workforce required to deliver on these targets
- 

4. The associated cost of this provision and how this will be met through the CCG baseline allocations
- 

5. How the ICS will ensure services achieve high fidelity
- 

6. How the ICS will monitor and report the outcomes of their service



### IPS Grow Commissioner Toolkit

- [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 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.

# Job Retention and IPS - responding to local need

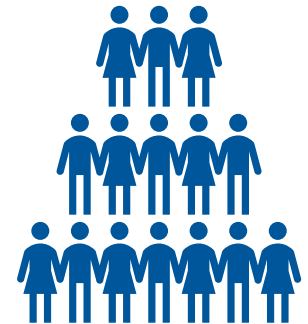


## Job Retention – increased local need

As the NHS continues to rapidly increase access to IPS and more people with SMI are supported into paid employment, the demand for job retention support will rise. In fact, many IPS services are already receiving referrals where the client is employed, on sick leave (because of a mental health problem) and at risk of losing their job. Covid-19 has exacerbated the need for job retention support too.

While supporting unemployed clients into paid employment should remain a priority, we do not expect any IPS service to reject a referral simply because a client is already employed – this would be detrimental to that person’s recovery.

In response to this emerging need, NHS England & Improvement and IPS Grow have developed the following guidelines and considerations for IPS services which accept job retention cases as part of their local commissioning arrangements.



# Guidance on delivery and fidelity

## **Caseload :**

- An IPS Employment Specialist's caseload should consist of no more than 10-15% job retention support.
- As these cases are often more time-consuming and complex, any proportion above this risks decreasing the time spent on employer engagement, potentially resulting in fewer employment outcomes for traditional IPS clients.
- Good supervision of job retention cases should be provided by Team Leaders to ensure that Employment Specialists are not embroiled in complex legal or disciplinary matters.
- Job retention cases should fall within the parameters of 'in work support' provided to IPS clients.

## **Fidelity:**

- In order to achieve 'good' fidelity, there must be an 85% + focus on unemployed clients across the service.
- Where the demand for and complexity of job retention support exceeds the parameters of IPS support, a separate job retention service/team may be more appropriate to ensure clients needs are met.

# How to report job retention activity locally and nationally

## **Outcomes:**

- IPS Grow has developed a KPI guidance document, which includes job retention outcomes. This is available via the IPS Grow website or the [IPS Grow Future Collaboration Platform](#)

## **Reporting:**

- When reporting nationally via the Mental Health Services Data Set (MHSDS), IPS services can record their clients as 'employed' at referral in the employment table. Visit the IPS Grow Future Collaboration Platform for IPS specific [MHSDS guidance](#).
- KPIs for job retention will be determined locally, but services should endeavour to split out their employed clients accessing IPS, from their unemployed clients accessing IPS, so that they can effectively monitor local population needs.

## **IPS Performance and Outcomes Framework:**

- IPS Grow have developed high level [guidance](#) on the recommended Key Performance Indicators and outcomes for new and mature IPS services. It is intended that these guidelines should inform discussions with commissioners and IPS teams.

# Delivering good fidelity IPS services to achieve better outcomes for service users

IPS – All areas are to have IPS services in place that operate in line with fidelity to the established, evidence-based model.

“NHS Mental Health Implementation Plan 2019/20 – 2023/24”

# What is IPS Fidelity?

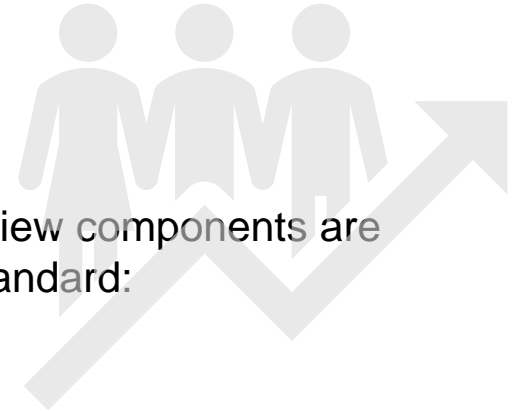
The IPS Fidelity Scale is an internationally recognised assessment tool that scores the implementation of evidence-based practice in IPS services to:

- Improve outcomes for clients – getting more people into paid, meaningful work
- Embed a service improvement methodology over time
- Identify best practice across the IPS community
  - IPS Grow – [Fidelity Resources](#)
  - Centre for Mental Health [Fidelity Resources](#)

Services are scored out of 125 points and the following review components are weighted the highest to IPS services meet the minimum standard:

- Integration with clinical teams
- Employer engagement
- Clients moving into paid employment (At least 30%)

Services must score a minimum of 74 points to be considered an IPS service. Anything below that is deemed 'not supported employment'.



# Fidelity reviews with follow up technical support deliver rapid improvement in IPS services

The table below shows the increase in fidelity scores following two reviews of transformation funded IPS services, six months apart, following the implementation of an associated action plan. Fidelity scores increased by an average of 26% within a year (across a total of 7 services)

Service	Classification	Round 1 score (position)	Level of fidelity achieved in Round 1	Round 2 score (position)	Percentage change over time	Level of fidelity achieved in Round 2
Service 1	Expanding	87 (3)	Fair	106 (3)	22%	Good
Service 2	Aligning	59 (7)	Not supported employment	98 (5)	66%	Fair
Service 3	New	72 (5)	Not supported employment	93 (4)	29%	Fair

## Service classifications –

- **New** IPS service: a new IPS service where no other services exist;
- **Aligning** IPS service: an existing employment services which is aligning to IPS principles to work with the SMI cohort;
- **Expanding** IPS service: existing IPS services expansion.

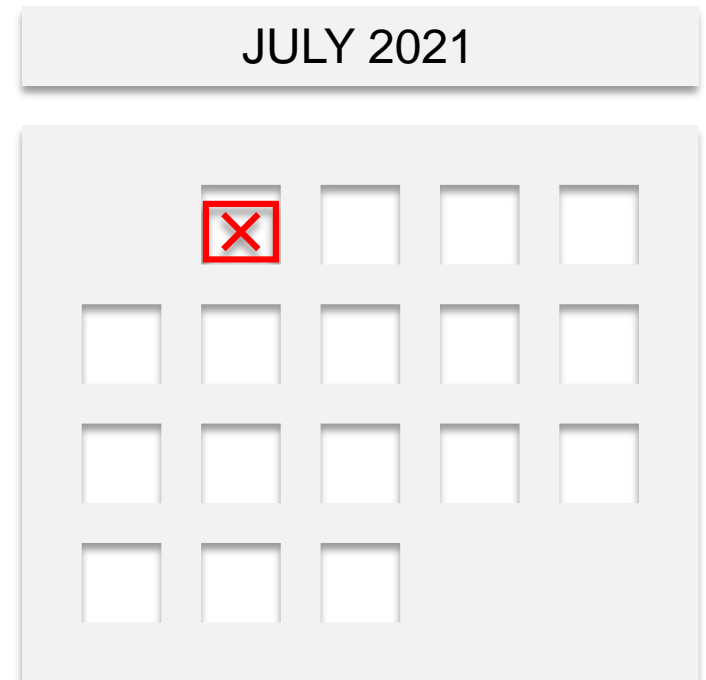
Note: The levels of fidelity are ‘not supported employment’ (score 73 and below), ‘fair’ (score 74-99), ‘good’ (score 100-114), ‘exemplary’ (score 115-125).

# Service fidelity reviews

- It is good practice for IPS commissioning organisations to ensure that IPS services have an independent fidelity review every 2 years and a guided self-assessment each year in between
- The costs of the reviews should be met from IPS funding provided as part of the Adult Mental Health monies in CCG Baselines
- IPS services should have an independent fidelity review within 2 years of the service last having a fidelity review or from the contract start date if a review has not previously been completed.

## Assurance - Commissioning organisations are suggested to:

- Ensure that IPS services undertake the review within the two year period
- Sign-off the fidelity action plan and support the delivery of actions
- Report the fidelity scores for IPS services to NHSE/I to support transparency



**Further information on providers of fidelity reviews and support teams can receive to undertake fidelity reviews will be shared in the summer 2021.**

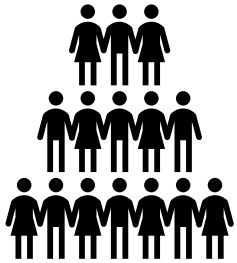
# Key links to Community Mental Health Transformation



# In the Long Term Plan, we have committed to improving care for adults and older adults with severe mental illnesses

At least

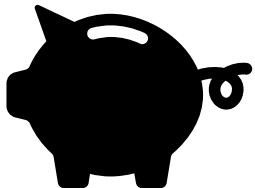
# 370,000



Adults and older adults who have severe mental illnesses will be supported to access new and integrated models of primary and community mental health care per year by 2023/24, so that they will have greater choice and control over their care, and be supported to live well in their communities.

# £975m

extra per year




Will be invested into community mental health services per year by 2023/24 to achieve this vision

# The Long Term Plan includes ambitious targets for community mental health

New funding for community mental health will flow to local systems, to invest in recruiting new members of the community mental health workforce and commissioning new VCSE services.

We are aiming to provide better care to people already receiving mental health support in the community, and increase access to these services.

## Key deliverables in the Long Term Plan by 2023/24

Core model	Dedicated focus	Physical health	IPS 	EIP
<p>A new, inclusive generic community-based offer based on redesigning community mental health services in and around Primary Care Network, contributing to 370k minimum access number by 23/24</p>	<p>Improving access and treatment for adults and older adults with a diagnosis of 'personality disorder', in need of mental health rehabilitation and eating disorders, contributing to 370k minimum access number by 23/24</p>	<p>Increasing the number of people with SMI receiving a comprehensive physical health check to a total of 390,000 people per year</p>	<p>Supporting a total of 55,000 people a year to participate in the Individual Placement and Support programme</p>	<p>Maintaining the 60% Early Intervention in Psychosis access standard and ensuring 95% of services achieve Level 3 NICE concordance</p>

# Transformation – lessons learnt from Early Implementer sites

- Transformation will deliver a new community-based offer that will encompass access to psychological therapies, improved physical health care, personalised and trauma informed care, medicines management and support for self-harm, coexisting substance use and employment support (IPS).
- 12 IPS early implementer sites (with representation from each region) received £70 million of funding to pilot the new models of care as part of a two-year testing phase, over 2019/20 and 2020/21. These sites are:
  - Cambridgeshire and Peterborough ICS
  - Cheshire and Merseyside ICS
  - Frimley Health and Care ICS
  - Herefordshire and Worcestershire ICS
  - Hertfordshire and West Essex ICS
  - Humber, Coast and Vale Health and Care Partnership
  - Lincolnshire ICS
  - North East London ICS
  - North West London ICS
  - Somerset ICS
  - South Yorkshire and Bassetlaw ICS
  - Surrey Heartlands Health and Care Partnership

## Learning from EI sites embedding IPS in new Community Mental Health (CMH) models:

- IPS staff are more integrated into multi-disciplinary teams
- IPS services are more connected across CMH pathways
- The new models enable IPS services to achieve high fidelity
- Adequate system investment is needed to deliver Long Term Plan access targets
- Improved partnership working between the third sector and NHS
- Increased referrals – supporting people with SMI and complex mental health needs.

# Reporting IPS activity through the Mental Health Services Data Set (MHSDS)

# Reporting to NHSE/I from April 2021

- From April 2021, all NHSE/I reporting for IPS will be via the MHSDS (not the IPS Grow Tool or monitoring template), BUT areas can continue to use local systems or the IPS Grow Tool to report locally and monitor their service. Systems should continue to monitor the achievement of access targets and IPS job outcomes.
- Services and ICSs will need good quality local data to compare to their MHSDS data via the MHSDS [dashboard](#) to drive up data quality and enable accurate reporting of achievement of the NHS Long Term Plan IPS access targets.

## The role of IPS Commissioners / ICSs

- To ensure that the IPS services they commission are flowing data to the MHSDS or remove any blockages to enable them to do so (including having access to clinical systems).
- Ensure the quality of data submitted as part of the contract monitoring discussion with the IPS provider.

## The role of Providers

- To ensure you submit all referral, access and outcome data via the MHSDS; guidance is available [here](#)
- To use your local data to directly compare data submitted to the MHSDS [dashboard](#). IPS Grow, NHS Digital and NHSE/I can support you with data quality needs.
- Flag any persistent barriers to flowing data to your system leaders.

## The role of NHSE/I Regions:

- Monitor and support ICSs with LTP performance
- Support systems to improve the quality of data submitted via MHSDS
- Ensure that all IPS services are flowing to the MHSDS

NHS Digital > [Data and information](#) > [Information Standards](#)  
> [Information standards and data collections \(including extractions\)](#) > [Publications and notifications](#)  
> [Standards and collections](#) > [DCB0011: Mental Health Services Data Set](#)

## DCB0011: Mental Health Services Data Set

### Page contents

[Summary](#)

[About this information standard](#)

[Current release](#)

[Previous release](#)

### Summary

The Mental Health Services Data Set (MHSDS) (DCB0011) is a national data set, covering mental health and learning disabilities.

### About this information standard

The MHSDS is a patient level, output based, secondary uses data set which is delivering robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services. As a secondary uses data set re-uses clinical and operational data for purposes other than direct patient care. It defines the data items, definitions and

<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0011-mental-health-services-data-set>

# How to submit your data



**1. Understand what data you need to collect and submit**



**2. Register for an Organisation Data Service (ODS) code**



**3. Gain access to a Health and Social Care Network (HSCN) connection (not required from May 19 onwards)**



**4. Ensure the appropriate information governance policies and practices are in place**



**5. Register a Senior Information Risk Owner (SIRO) for your organisation**



**6. Request access to the Bureau Service Portal (BSP)**



# Understand what data you need to collect and submit

## CHECKLIST

- Review the submission requirements
  
- Ensure the required data items can be collected locally and submitted to the MHSDS, ensuring data items are submitted in the required format
  
- Understand the monthly submission dates
  
- Understand the submission file format (how to use the Intermediate Data Base which is a Microsoft Access database)
  
- Understand who/ which team will be responsible for submitting data each month
  
- Understand what equipment will be needed to submit the data .e.g. laptop



# Submission requirements

## Formal Information Standard documents:

<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0011-mental-health-services-data-set>

- [Requirements specification](#) – requirements of the information standard notice for the MHSDS
- [Implementation guidance](#) – how to approach implementation within your organisation - IG, consent, processes

## Supporting documents:

<https://digital.nhs.uk/Mental-Health-Services-Data-Set-specifications-and-guidance>

- [MHSDS v5.0.4 Technical Output Specification](#) – defines what needs to be submitted
- [MHSDS v4.1.2 User Guidance](#) – Further help - mandatory tables, interpretation and scenarios
  - [MHSDS guidance](#)
  - [MHSDS dashboard](#)

# Keep up-to-date

## Monthly Newsletter:

Please subscribe to the NHS Digital mental health information update to keep up-to-date on latest guidance and news related to the MHSDS

## Further queries:

For further detailed guidance about the portal and submission process, please contact the Open Exeter Helpdesk at:

Tel: 0300 303 4034

Email: [exeter.helpdesk@nhs.net](mailto:exeter.helpdesk@nhs.net)

For all other queries relating to MHSDS please contact the Community & Mental Health team via the NHS Digital contact centre at:

Tel: 0300 303 5678

Email: [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

# Useful Resources

# IPS Grow

Commissioned by NHS England and DWP to support the national expansion of IPS, by providing support across three areas:

## Implementation Support



National IPS Lead and 8 IPS Regional Leads



NHS Collaboration platform



Communities of Practice

## Workforce Development



Recruitment and marketing Lead



IPS Curriculum / ES and TL competencies



E-learning materials

## Data availability



Outcomes data management system



Benchmarking tool



Feedback process

# Useful Resources created by IPS Grow

1. [Commissioning Guidance for IPS](#)
2. [The case for investing in IPS](#)
3. [Implementation Planning Calculator](#)  
(estimates the workforce, cost and outcomes per access numbers)
4. [Procurement guidance](#)
5. [Model service specification](#)
6. [10 step guide to setting up an IPS service](#)
7. IPS [KPI document](#)

## Regional IPS Grow leads

Jan Hadfield, IPS Grow Lead – South West  
[Jan.Hadfield@nhs.net](mailto:Jan.Hadfield@nhs.net)

Carolyn Storey Senior IPS Grow Lead – North  
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Adele Marshall - IPS Grow Lead – Midlands  
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Joanne Barber - IPS Grow Lead - East of England  
[Joanne.Barber@socialfinance.org.uk](mailto:Joanne.Barber@socialfinance.org.uk)

Please get in touch with us on [support@ipsgrow.org.uk](mailto:support@ipsgrow.org.uk). You can also visit our website, [www.ipsgrow.org.uk](http://www.ipsgrow.org.uk), where you can find information and practical tools for commissioning and delivering IPS.

# Key messages for:

- IPS providers
- IPS commissioners
- Regional NHSE/I teams

# Key messages for IPS providers

- Use the Long Term Plan commissioning resources, including the [IPS Grow workforce and outcomes calculator](#) to inform your local commissioning discussions. All services should have agreed [KPIs](#) in line with guidance as part of local contracting arrangements.
- Provide job retention support to those in need, with cases comprising 15% of your total caseload.
- Embed regular self, peer and independent fidelity reviews and action planning into your practise as a means to drive quality improvement and achieve better outcomes for your clients. Contact your local IPS Grow lead (slide 37) for support.
- Engage with local system leaders and IPS Grow lead to ensure your service is involved in community mental health transformation implementation.
- Use your good quality local data (via the [IPS Grow tool](#) or other systems) to compare and improve the quality of your MHSDS data, using the [dashboard](#). If your data is missing or incorrect, the ICS will be missing key activity to demonstrate they are meeting their LTP targets.
- Continue to engage with IPS Grow, the Centre for Mental Health and members of your IPS learning community to share best practise and develop your service.

- Use the Long Term Plan commissioning resources, including the [IPS Grow workforce and outcomes calculator](#) to inform your local commissioning discussions. All services should have agreed [KPIs](#) in line with guidance as part of local contracting arrangements.
- Ensure your IPS service can provide job retention support to those in need, with cases comprising 15% of the total service access. Where the demand for and complexity of job retention support exceeds the parameters of IPS support, a separate job retention service/team may be more appropriate to ensure clients needs are met.
- Embed regular fidelity reviewing as part of contract management and as a means to drive quality improvement, ultimately achieving better outcomes for your population. Contact your local IPS Grow lead (slide 37) for support.
- Support your IPS service(s) to be involved in the implementation of community mental health transformation.
- Use good quality service data (via the [IPS Grow tool](#) or other systems) to compare and improve the quality of your MHSDS data, using the [dashboard](#). If any service or CCG area data is missing or incorrect, the ICS will be missing key activity to demonstrate they are meeting their LTP targets.
- Continue to engage with IPS Grow, the Centre for Mental Health for commissioning support and guidance.



## Key messages for regional NHSE/I teams

- Direct system leaders to the Long Term Plan commissioning resources, including the [IPS Grow workforce and outcomes calculator](#) to inform local commissioning discussions. All services should have agreed [KPIs](#) in line with guidance as part of local contracting arrangements.
- Monitor job retention demand regionally, is this exceeding 15% of all activity?
- IPS Grow and the Centre for Mental Health will share a fidelity dashboard (to be developed) with all service data for the region. Please support independent reviews to happen every two years and that services not reaching 'good fidelity' are supported with their action plan.
- Ensure local system leaders to involve IPS services in community mental health transformation implementation.
- Monitor performance against IPS targets using the MHSDS [dashboard](#). Check to see that data is provided from all services within an IPS, and engage with systems where performance appears poor (this could be due to missing/poor quality data).
- Continue to engage with IPS Grow and the Centre for Mental Health to support IPS services in your region.