



# Guide for integration for Individual Placement and Support (IPS) in Primary Care Network (PCNs)

March 2025



## Table of Contents

<b><i>Introduction: Mental Health Transformation in the NHS</i></b> .....	<b>2</b>
<b><i>What is IPS?</i></b> .....	<b>2</b>
<b><i>Delivering IPS services within PCN teams</i></b> .....	<b>2</b>
<b>Step 1: Scoping</b> .....	<b>3</b>
<b>Step 2: Resource Planning</b> .....	<b>8</b>
<b>Step 3: Engaging Key Stakeholders</b> .....	<b>9</b>
<b>Step 4: Integration</b> .....	<b>10</b>
<b>Step 5: Review and Growth</b> .....	<b>11</b>
<b><i>Appendix 1 – Resources</i></b> .....	<b>13</b>
<b><i>Appendix 2 - Stakeholders</i></b> .....	<b>14</b>
<b><i>Appendix 3 - Contributors</i></b> .....	<b>16</b>

## Acknowledgments:

This guide has been developed by Dr Kevin Baker and the IPS Grow team as a practical guide for PCN staff as they plan their IPS integration journey. It should be seen as a complimentary guide to the larger document entitled [Extending What Works: Individual Placement and Support \(IPS\) in the Primary Care Context produced](#) in April 2023. IPS Grow and Kevin would like to thank all the experts who participated in the development of this guide (see Appendix 3).

## Introduction: Mental Health Transformation in the NHS

The NHS is undergoing a significant transformation in mental health services, driven by the need for more accessible, integrated, and person-centred care. This transformation aims to address the increasing demand for mental health services, improve patient outcomes, and ensure that services are responsive to the diverse needs of the population. Central to this initiative is the scale of the Individual Placement and Support (IPS) model, which aligns with the broader goals of enhancing mental health support by facilitating employment opportunities for individuals experiencing mental health challenges. An increase in IPS service delivery has been seen across the NHS, and ongoing work still needs to be done to ensure IPS services are fully integrated within Primary Care Network (PCN) teams, in line with the LTP ambition<sup>1</sup>. This guide aims to provide helpful support in successfully planning and implementing clinical integration. This guide compliments the IPS Primary Care briefing paper, and both are useful to support your focus.<sup>2</sup> The transformation model being implemented across England is often different by location, given regional or individual PCN requirements. This will have an impact on your integration of IPS and you need to consider this as you plan your IPS integration, given one size does not fit all in relation to successful implementation of IPS in PCNs. It is also important to consider the NHS stated five key transformation criteria as part of the integration process: access level, governance, workforce, holistic provision of care, and outcome measures<sup>3</sup>.

## What is IPS?

IPS is a supported employment approach, endorsed by the NHS for individuals with severe mental health conditions. Integrated within mental health teams, this evidence-based practice aims to help people secure and maintain meaningful employment. By empowering individuals to achieve their employment goals, IPS plays a crucial role in supporting recovery, promoting social inclusion, and enhancing quality of life for those facing mental health challenges.

## Delivering IPS services within PCN teams

To successfully deliver IPS within PCN teams<sup>4</sup>, services must adopt adaptable and creative approaches. Recognise that achieving high-performing, high-fidelity IPS services is a gradual process; patience and ongoing

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<sup>1</sup> [NHS England » Individual placement and support for severe mental illness](#)

<sup>2</sup> <https://s38158.pcdn.co/wp-content/uploads/Extending-What-Works-Individual-Placement-and-Support-IPS-in-the-Primary-Care-Context.pdf>

<sup>3</sup> <https://youtu.be/8x-WxYcSBo8?si=aiCipv8nBs-azSbb>

<sup>4</sup> [Primary Care Networks Explained | The King's Fund](#)

developmental focus are essential. To better support the integration of IPS services within PCN teams we suggest there are five steps to success.

## Step 1: Scoping

Begin by assessing the current stage of mental health transformation in your area. Engage with Integrated Care Board (ICB) leads, transformation leads, and executives to understand local progress. This might be achieved by identifying, and making links with, the Mental Health Transformation Lead within the Integrated Care Board and the Transformation Lead within the local Mental Health NHS Trust<sup>5</sup>. This engagement and buy-in at an early stage are crucial for integration success later on. Additionally, it may be useful to think about suggested pathways to target, and how to maximise the efficiency of these, e.g. some Trusts have their own versions of discharge pathways where there is a natural transfer from Secondary to Primary care and vice versa.

*Figure 1 Suggested stakeholders and potential roles in supporting the initial scoping of integration*

**Senior Executive Sponsors** - Support strategic initiatives and funding for IPS integration, advocating for necessary resources and policy changes.

**Primary Care Leads** - crucial to integration as they are responsible for overseeing and coordinating the delivery of primary care services within the network

**Clinical Directors** – Provide insight and feedback on planning the most appropriate integration model

**Local Authority Representatives** - Collaborate on community resources and policies that support employment and mental health initiatives

**Primary Care Physicians** - Collaborate in the overall health management of clients, ensuring physical health assessments are integrated into mental health care.

**Community (Mental) Health Team Managers** - Oversee the integration of IPS within teams, ensuring that staff are trained, and resources are available

**Data manager** – Oversees the work required to provide a holistic client view through system integration and managing data flows across the PCN networks, and broader NHS data systems such as SystemOne etc. We need to ensure all data flows into MHSDS.

It is important to determine at what stage of transformation your local services are at and embrace the opportunity to integrate IPS early in the transformation process, making it part of the service's core identity.

Here are some questions that can be asked with key stakeholders and help assess readiness for Individual Placement and Support (IPS) integration in PCN Teams:

- 1. Current Understanding:**

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<sup>5</sup> See Appendix 2 (page 14) for a full list of stakeholders

- What is your team's current understanding of the IPS model and its principles?
- How familiar are team members with the evidence supporting IPS effectiveness?
- 2. Staff Understanding:**
  - Have team members received any training related to IPS, employment support, or recovery-oriented practices?
  - What additional training or resources do you think are necessary for successful IPS integration?
- 3. Team Dynamics:**
  - How does your team currently collaborate on client care, and how well do team members understand and engage with interdisciplinary work?
  - Are there any existing roles within the team that align with the IPS model, such as social prescribers or peer support workers?
- 4. Client Engagement:**
  - How does your team currently engage clients in their recovery process, and what methods are used to incorporate their employment goals?
  - How receptive do you believe clients will be to the IPS approach?
- 5. Resource Availability:**
  - What resources (both human and material) are available to support IPS integration within your team?
  - Are there any barriers or limitations you foresee in implementing IPS, such as funding, space allocation, or staffing issues?
  - Is there access to clinical records? How can this be achieved?
- 6. Community Relationships:**
  - What existing partnerships does your team have with local employers, job training programs, or community organisations?
  - How do you envision leveraging these relationships to support IPS?
  - How would you manage clinical risk for any self-referrals or referrals from community organisations?
- 7. Outcome Measurement:**
  - How does your team currently measure client outcomes, and what metrics would be important to track for IPS effectiveness?
  - What systems are in place for collecting and analysing data related to client employment and recovery?
- 8. Leadership Support:**
  - What level of support does your team receive from management regarding IPS integration?
  - Are there champions or advocates within your organisation who can drive the IPS initiative forward?
- 9. Cultural Considerations:**
  - How does your team consider the diverse backgrounds and needs of clients when planning for IPS integration?
  - What strategies can be implemented to ensure IPS is delivered with cultural sensitivity and inclusivity across diverse populations?
- 10. Feedback Mechanisms:**
  - How does your team currently gather feedback from clients and staff about the effectiveness of services provided?
  - What processes could be established to continuously improve IPS integration based on stakeholder feedback? E.g. monthly reporting to the PCN on how many patients are already using IPS.

**Recovery oriented clinical risk ethos:**

The ethos of clinical risk management in primary care mental health hubs, as part of the broader mental health transformation, emphasises a shift from traditional risk assessments to a more holistic, person-centred approach i.e. in this instance where the PCN and IPS teams are jointly committed to collaboratively managing risk. The goal is to create a more responsive, integrated system that can address the full spectrum of mental health needs within the community, from mild to severe, ensuring no one falls through the gaps in service provision<sup>6</sup>. This new model focuses on safety planning and positive risk-taking, integrating care across primary care networks and specialist mental health services<sup>7</sup>. Particularly relevant for self-referrals to IPS or DWP/ local specialist charity referrals, it prioritises building strong therapeutic relationships, recognising these as crucial for positive outcomes<sup>8</sup>. The approach involves collaborative care planning, personalised interventions, and shared decision-making with service users and their families. Responsibilities lie jointly with IPS and PCN staff. All PCN members should understand that this model aims to provide seamless, community-based care, breaking down barriers between primary and specialist services<sup>9</sup>. It emphasises flexibility in assessment and intervention, using tools like Dialog+ and ReQoL-10, while also valuing clinical judgment and experience.

*Case study 1: IPS integration in transformation model – East Sussex*

**Integration of Individual Placement and Support (IPS) within Neighbourhood Mental Health Teams in Sussex**

**Step 1 & 2**

In Sussex, the integration of Individual Placement and Support (IPS) within the Neighbourhood Mental Health Teams represents a strategic evolution in mental health service delivery. This model aims to enhance support for individuals experiencing mental health challenges while fostering collaboration among various healthcare providers, including General Practitioners (GPs) and community services. The service is being delivered by Southdown Voluntary, Community and Social Enterprise (VCSE).

The IPS services currently operate effectively within secondary mental health care settings. Each team includes a "vocational champion" who provides support and clinical supervision to employment specialists, ensuring that the integration model reflects the successful elements of secondary care. The integration into primary care involves leveraging existing resources from secondary mental health services. This includes mobilising current employment specialists into the Neighbourhood Mental Health Teams, which consist of various professionals, including mental health practitioners and support coordinators. Referrals to the IPS services are initiated through primary care and secondary mental health sources. The model allows for a

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<sup>6</sup> [Mental health policy and services in England - House of Commons Library](#)

<sup>7</sup> [mental health and primary care network 2020.pdf](#)

<sup>8</sup> [NHS England » Culture of care standards for mental health inpatient services](#)

<sup>9</sup> [Primary care mental health service policy – Rotherham Doncaster and South Humber NHS Foundation Trust \(RDaSH\)](#)

seamless transition between different levels of care, facilitating access to employment support for clients regardless of their entry point into the system.

Key Features of the Sussex Neighbourhood Model include:

- Regular meetings, such as daily huddles and multi-agency access and teams meetings, are established to discuss client risk and coordinate care. These meetings foster communication among team members and ensure that referrals are managed effectively.
- Continuous education efforts are crucial for all team members, particularly regarding the role of IPS within the neighbourhood mental health model. The IPS team is responsible for providing training to other healthcare professionals to ensure they understand the employment support services available.
- The Neighbourhood Mental Health Teams embrace a person-centred approach, ensuring that clients receive comprehensive support tailored to their needs. This involves multiple professionals collaborating to address various aspects of a client's health and well-being, including mental health, employment, and social factors.

The aim is to have a fully operational Neighbourhood Mental Health Team model across Sussex by April 2025, with all systems and processes aligned by April 2026. This includes an emphasis on clear referral pathways and collaborative care. As the model expands, there will be a focus on developing training programs for GPs and other professionals to increase awareness of IPS services and facilitate effective referrals. Continuous evaluation of the integration process will be essential to identify areas for improvement and ensure that the model meets the needs of clients effectively.

Eduardo Aguilar, Manager, Operations, Mental Health & Housing Support, Southdown further highlighted:

“The integration of IPS within the Neighbourhood Mental Health Teams in Sussex presents a promising approach to enhancing mental health support across various services. By building on existing relationships and structures, the model aims to create a more cohesive system that addresses the diverse needs of individuals experiencing mental health challenges. As the implementation progresses, ongoing collaboration, education, and adaptation will be vital in overcoming challenges and achieving the model's objectives”.

#### **Services which have already integrated successfully suggest the following key activities:**

- Map existing services, their associated clinical Systems (e.g. EMIS, SystemOne etc)<sup>10</sup>, and where the gaps are, and which surgeries have capacity to support the introduction of IPS services and ensure employment specialists (ES) have access to the clinical systems

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<sup>10</sup> EMIS Web and SystemOne dominate the primary care clinical system market in England, with Vision used by a smaller percentage of practices. The review should focus on these three systems, with particular emphasis on EMIS Web and

- Be aware that different PCNs may have different system configurations, and this may complicate system integration
- Engage with relevant GP practices, and other stakeholders such as DWP and other relevant community charities, in these areas – this should be an ongoing process and could be facilitated through introductions from existing partners and practices within the wider health community (see example introductory email in Appendix 1 page 13)
- Suggest and provide support to ensure potential partners have all the knowledge and resources to understand how IPS services could be delivered through their practice and the associated implications around resources and manpower, systems integration, etc. (see example introductory PowerPoint in Appendix 1)
- Ensure practices begin to understand the complete support package available and the resources involved (check out the e-learning courses on the NHS collaborative platform: Click [HERE](#))
- Discuss Data Share Agreements and Honouree Contracts and how this work (see examples in Appendix 1).

Case study 2: Ewa Kalend, IPS Service Lead at CMHT Cumberland

## Integration of Individual Placement and Support (IPS) in Plymouth

### Step 1& 2

Initially, the IPS team consisted of one lead and two employment specialists. Operating primarily within community mental health teams, their reach was limited to two mental health services due to workforce constraints. The team faced challenges as clients expressed concerns about transitioning from secondary care to primary care, fearing a lack of support during the process.

Recognising the need for expansion, the team sought funding to hire additional employment specialists to work in primary care settings. However, this transition proved complex due to varying practices among GP surgeries and a lack of established communication channels. The team identified the necessity of understanding the local landscape, including available resources and partnerships, to effectively engage with primary care.

The team highlighted some challenges initially. Each GP surgery had its unique protocols for managing mental health referrals, leading to inconsistencies in service delivery. Navigating these differences required significant effort and adaptability. Furthermore, accessing patient records was complicated by consent barriers. Not all GP surgeries had protocols in place for sharing data with secondary care, creating gaps in information that hindered effective support. The team found that many clients were unaware of available services. To address this, they implemented self-referral mechanisms, including informational letters and posters with QR codes in GP waiting areas, leading to an increase in referrals. Establishing partnerships with

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SystemOne (Kontopantelis, E., Stevens, R.J., Helms, P.J., Edwards, D., Doran, T. and Ashcroft, D.M., 2018. Spatial distribution of clinical computer systems in primary care in England in 2016 and implications for primary care electronic medical record databases: a cross-sectional population study. *BMJ open*, 8(2), p.e020738).

other providers, such as the Department for Work and Pensions (DWP) and local mental health organisations, was crucial. This collaboration facilitated better identification of clients needing support and created a more integrated approach to care.

In overcoming these challenges, the team highlighted some useful strategies. The team conducted presentations at GP surgeries to educate staff about the IPS model, focusing on the benefits of collaboration and the potential for improved client outcomes. They established a generic referral process to streamline client intake, allowing for flexibility and responsiveness to individual needs. They highlighted the benefit of engagement with service managers and staff through presentations and information sessions which helped demystify the IPS model and encouraged collaboration. The integration of IPS in Plymouth has led to an increase in referrals and improved collaboration between mental health services and primary care. While challenges remain, such as the need for clearer referral criteria and data-sharing protocols, the initiative has laid a foundation for better employment support for individuals facing mental health challenges.

Ewa Kaland, IPS Service Lead, CMHT Cumberland suggested the following:

“The IPS integration in Plymouth exemplifies the importance of understanding the local context and fostering relationships among various stakeholders. Continued efforts to address systemic barriers and enhance communication will be essential for the sustained success of the IPS model in supporting individuals with mental health conditions in their pursuit of meaningful employment. We hope that our experiences can serve as a valuable resource for other regions looking to implement similar programs.”

## Step 2: Resource Planning

Work with potential partners, as highlighted from the previous service mapping exercise, to carefully consider who will undertake the work of integrating IPS into the PCN teams. Consider some data profiling using different available data sources, such as deprivation data<sup>11</sup>, serious mental health illness registers<sup>12</sup>, or physical health checks for people with severe mental illness<sup>13</sup>, to identify high priority sites for initial IPS integration. Integration requires dedicated time and effort; it should not be treated as a side project for Employment Specialists (ES), already heavily involved in other high-demand teams. Ideally, assign at least one full-time ES to each PCN teams. If some teams are less engaged, utilise ESs from quieter services to establish connections. Focus on piloting IPS in well-established teams first to avoid overwhelming resources. Build on the successes of early referrals.

- Support the practice to plan for the introduction of IPS services, including work on data integration and data sharing across all the partners involved in IPS service delivery

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<sup>11</sup> [NHS » Deprivation](#)

<sup>12</sup> Serious Mental Illness (SMI) registers are comprehensive lists maintained by primary care providers, specifically General Practitioners (GPs) in England, to track patients with severe mental health conditions

<sup>13</sup> [Physical health checks for people with severe mental illness \(PHSMI\) - NHS England Digital](#)

- Work with appropriate data teams within the Trust to ensure all data flows are set-up, including data flowing back into the MHSDS system (see appendix 1)
- Provide information and connect the practice with central support facilities such as NHS digital technology teams or patient record technology teams
- Utilise local buddy systems to explore ideas around how to manage your integration journey,
- Use online workshops/resources and attend meetings as required to support continued advocacy and ensure all practice members understand the anchors of fidelity and how by working towards them, higher access and outcome rates will be achieved.

In discussions with the broader mental health teams think how integration can support overall access targets and use this to support the business case for IPS integration in PCNs.

### Step 3: Engaging Key Stakeholders

Building relationships with key stakeholders is crucial for successful integration. Identify senior executive sponsors, transformation and ICB leads and request invitations to their meetings. Use existing relationships and these opportunities to connect with both leadership and frontline staff, understanding their roles, pressures, and transformation progress, which may be complete. Engage in these conversations with curiosity, prioritising the exploration of needs over a direct sales pitch for IPS integration; establishing rapport will create an environment where stakeholders feel heard and supported. Ensure you map out who within the IPS team is managing the different stakeholder relationships. Based on these conversations plan realistic integration plans for your IPS services in the chosen locations, driven by the data.

- Continuous engagement is key – make time to attend relevant meetings and ensure you have suitable opportunities to present on IPS and the possibilities offered through integration
- If you are unsure, you could explore ideas with your IPS Grow lead and buddy up with other IPS services trying to manage this and ask your buddy to attend and observe activities and provide you insights and recommendations on improvements and further support
- It is always useful to circulate good news stories to the PCN MDTs to evidence the positive changes IPS is making to their client's lives
- Invite key stakeholders to existing IPS steering groups and meetings.

#### *Case study 3: Co-locating IPS Services in Lancashire and South Cumbria PCN*

#### **Integration of Individual Placement and Support (IPS) in Lancashire and South Cumbria**

##### **Step 3 & 4**

In Lancashire and South Cumbria, the integration of Individual Placement and Support (IPS) into primary care represents a strategic approach to enhance mental health services. The IPS program, initiated in 2020, initially operated within secondary mental health care settings and has since expanded into primary care networks (PCNs) while maintaining a strong relationship with existing mental health services.

The IPS service began in early intervention psychosis hubs, where two employment advisors were embedded in each hub. This integration allowed for seamless collaboration with the clinical teams, utilising the Rio system for recording and managing client data. As the program grew, it expanded into broader secondary mental health services. While this transition has been successful, challenges arose in matching data to the Mental Health Services Data Set (MHSDS) due to reliance on external systems for data entry.

In preparing for expansion into PCNs the team used different data sources, including deprivation data and data from Serious Mental Illness (SMI) registers to select some initial sites to trial IPS integration in. As the IPS team began integrating into primary care, they encountered a diversity of electronic health record systems, notably EMIS and SystmOne, which complicated data sharing and referral processes. The close working relationships established by the team with the Primary Care Networks (PCNs) and the broader NHS Trusts facilitated system integration and adaptation, supported by teams such as the Commissioning Support Unit. To facilitate referrals from primary care, the IPS team adapted their systems and developed a detailed referral form on SystmOne that required GPs to provide thorough information about the clients they were referring. This was crucial to ensure that employment specialists had the necessary context before engaging with clients. Employment specialists are expected to actively engage with their local primary care networks and build relationships with various stakeholders, including GPs, social prescribers, and practice managers. This proactive approach is essential for generating referrals and integrating IPS into the broader healthcare systems framework.

Carolyn Watkins, Programme Manager Mental Health Transformation at NHS Lancashire and South Cumbria Integrated Care Board highlighted:

“The integration of IPS into our primary care networks illustrates a proactive approach to enhancing mental health support services. By building on existing relationships and focusing on community engagement, the IPS program aims to create a more cohesive and effective system that addresses the diverse needs of individuals experiencing mental health challenges. As the implementation progresses, ongoing collaboration, education, and adaptation will be vital in overcoming challenges and achieving the model's objectives”.

## Step 4: Integration

With established relationships in place, initiate discussions about integrating your ES into primary care services, either on-site or virtually. Emphasise the benefits of IPS for both clinicians and their clients, highlighting its potential to improve overall patient outcomes. Begin with achievable integration elements, such as having ESs attend Primary Care Network (PCN) multidisciplinary team (MDT) meetings, which are typically held at least biweekly. These meetings, where the group discusses patients with complex needs, provide an effective way to address the root causes of issues presented and can lead to quicker resolutions and more coordinated care. As the integration progresses, consider addressing more complex requests like office space allocation or data

system access. Throughout this process, remain mindful of the unique characteristics of primary mental health services, which may operate differently from secondary services, including their reliance on virtual meetings and community-based work.

- Ensure documentation is shared and platforms allow an integrated single client record. This may be a multi-staged process and IPS delivery can start before this is completely achieved.
- Ensure systems plans are in place and referral pathways and forms are developed and tested (see Appendix 1 for examples of Referral Forms and self-referral recruitment emails)
- **Confirm the patients to target with recruitment activities – NHS guidelines recommend focusing on clients who have a Serious Mental Illness which seriously impacts their daily life, persistent symptoms 6 months plus or an SMI diagnosis (see Appendix 1 for example brochures and self-referral letters).**

Figure 2 Challenges and Solutions Aligned with Fidelity Scale

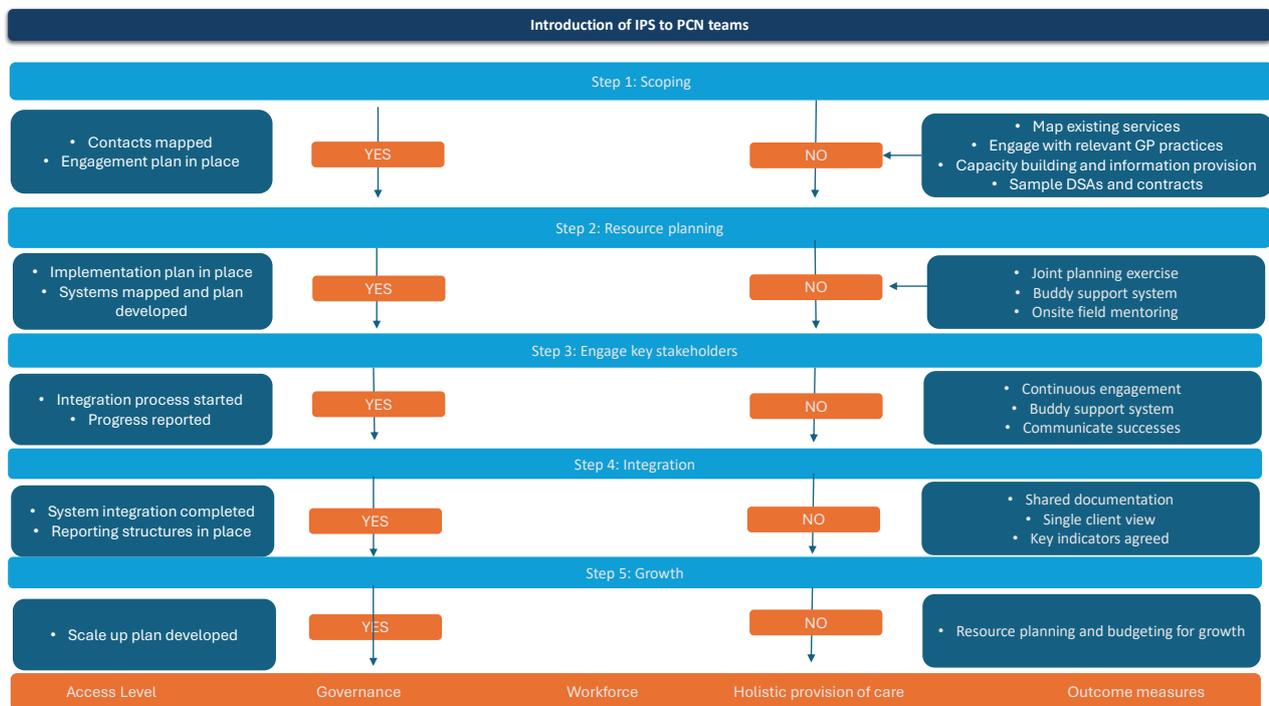
Challenge	Solution
Resistance to Change	<ul style="list-style-type: none"> <li>• Foster open communication and highlight the benefits of IPS for both clinical staff and patients</li> <li>• Find champions in your system to help advocate and support for change</li> </ul>
Limited Resources	<ul style="list-style-type: none"> <li>• Prioritise integration in teams that are well-established and can support initial ES deployment</li> <li>• Ensure PCN /MDT leaders and managers understand the minimal resource implications of integration to the practice</li> </ul>
Different Operational Models	<ul style="list-style-type: none"> <li>• Adapt approaches to fit the primary care context, utilising virtual platforms and community outreach.</li> <li>• Ensure systems requirement are adequately mapped and planned for across all PCNs being integrated</li> </ul>
Governance	<ul style="list-style-type: none"> <li>• Manage concerns about sharing of patient data</li> <li>• Use of data sharing agreements and honoree contracts may be needed (see appendix 1)</li> <li>• Ensure a link with MHSDS data flow (see appendix 1)</li> </ul>

## Step 5: Review and Growth

Once IPS is successfully piloted in one or two PCN teams, expand the programme to additional teams. Regularly update the ICB on your progress to advocate for further expansion and resources. Use the support of IPS Grow to facilitate these discussions. Ensure that all IPS team members have access to the online Future NHS

Collaboration Platform<sup>14</sup>, and it is being used as part of the integration. Ensure that there are regular review sessions, which allow all the relevant parties to review and discuss progress against the plan and adjust implementation as required. As PCN teams increasingly serve a larger proportion of patients with serious mental illness (SMI), ensure that your resources and workforce decisions reflect this growing demand.

Fig 1 Decision tree supporting IPS integration



By following these steps, services can effectively implement IPS within PCN Teams, ultimately enhancing support for individuals facing mental health challenges and improving their employment outcomes.

<sup>14</sup> [FutureNHS Collaboration Platform](#)

## Appendix 1 – Resources

Resource examples
<a href="#"><u>Example MOU</u></a>
<a href="#"><u>Example IPS Introductory PowerPoint</u></a>
<a href="#"><u>Example Introductory email to PCN staff and Managers</u></a>
<a href="#"><u>Example Referral Form</u></a>
<a href="#"><u>Example Self-Referral Letter</u></a>
<a href="#"><u>Example IPS Information brochure</u></a>
<a href="#"><u>Mental Health Services Data Set (MHSDS) considerations</u></a>

## Appendix 2 - Stakeholders

- 1. Advocacy Groups:** These organisations work to raise awareness about the IPS model, emphasizing its importance for diverse populations. They play a vital role in promoting understanding and ensuring that the services are inclusive and meet various community needs.
- 2. Clinical Directors:** Provide insight and feedback on planning the most appropriate integration model
- 3. Clinical Psychologists:** They provide assessments and therapeutic interventions for clients. Their expertise is crucial in identifying mental health conditions and determining how these may impact a client's ability to gain and maintain employment.
- 4. Community (Mental) Health Team Managers:** Responsible for overseeing mental health teams, these managers ensure that IPS is integrated into daily practices. They facilitate training and resource allocation, ensuring that all staff members are equipped to implement IPS effectively.
- 5. Data Analysts:** These professionals analyse data related to IPS outcomes, helping to assess the effectiveness of the program. Their insights inform decision-making and improve practices based on evidence gathered through data collection.
- 6. Data Managers:** These experts can support data integration and ensure that a holistic client record can be maintained across the various system involved in IPS integration.
- 7. Employment Specialists:** They focus specifically on job placements, working closely with clients to identify job opportunities that match their skills and preferences. They also provide ongoing support to help clients succeed in their roles.
- 8. Local Authority Representatives:** Collaborating with community organisations, these representatives help to align local resources and policies with IPS initiatives, ensuring that clients have access to the necessary support for employment and mental health.
- 9. Mental Health Nurses:** These nurses provide hands-on care to individuals with mental health challenges. They play a crucial role in engaging clients in IPS, monitoring their progress, and addressing any health-related barriers to employment.
- 10. Occupational Therapists:** They assist clients in building skills for everyday living and employment. Their tailored support helps clients overcome obstacles related to workplace integration and personal development.
- 11. Practice Managers:** This role involves providing insights on how best to plan the integration of IPS within a practice. They ensure that the model aligns with the overall operational strategy of the PCN.
- 12. Primary Care Leads** - crucial to integration as they are responsible for overseeing and coordinating the delivery of primary care services within the network
- 13. Primary Care Physicians:** These doctors play a critical role in the overall health management of clients. They ensure that physical health assessments are integrated into mental health care, supporting a holistic approach to treatment.
- 14. Psychiatrists:** They conduct medical assessments and provide treatment for mental health conditions. Their expertise ensures that clients receive appropriate medications and interventions as part of their IPS journey.
- 15. Senior Executive Sponsors** - Support strategic initiatives and funding for IPS integration, advocating for necessary resources and policy changes.
- 16. Service Users and Carers:** Their feedback is invaluable in shaping the IPS process. They provide insights on the effectiveness of services, ensuring that the approach is client-centred and responsive to individual needs.

- 17. Social Workers:** These professionals help clients navigate various social services and community resources. They work to eliminate barriers that may hinder a client's ability to find and maintain employment.
- 18. Social prescriber:** A social prescriber plays a pivotal role in the Individual Placement and Support (IPS) model by acting as a bridge between healthcare services and community resources.
- 19. Training and Development Leads:** They are responsible for developing and facilitating training programs related to IPS. Ensuring that staff are knowledgeable about IPS principles is vital for effective implementation and support.

## Appendix 3 - Contributors

We are very grateful to the members of the IPS teams around England who contributed to this guide and wanted to acknowledge them individually here:

1. **Becky Jarvis:** Clinical Director, East & Central Brighton Primary Care Network
2. **Caroline Castle:** Manager Operations, Mental Health – Primary Care & Health Intervention, Southdown
3. **Carolyn Watkins:** Programme Manager Mental Health Transformation NHS Lancashire and South Cumbria Integrated Care Board
4. **Deborah Cain:** PCN Team Manager, East & Central Brighton Primary Care Network
5. **Eduardo Aguilar:** Manager, Operations, Mental Health & Housing Support, Southdown
6. **Ewa Kalend:** IPS Service Lead, CMHT Cumberland
7. **Joanna Buckley:** Work and Wellbeing Team Leader, LiveWell
8. **Joanna Burton:** Quality Lead/Mental Health Nurse Practitioner, Primary and Community Mental Health Service, Primary Care Sheffield
9. **Lynsey Martin:** IPS Service Manager, Blackpool Council
10. **Mariana Law:** IPS Service Lead, Avon & Wiltshire Mental Health Partnership and Southern Health NHS Foundation Trust
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12. **Richard Bates:** IPS Service Manager – Calderdale, Kirklees & Wakefield, Calderdale Vocational Team Manager, Southwest Yorkshire Partnership NHS Foundation Trust
13. **Vanda De Freitas:** Head of Work and Health Programme, Blackpool Council

We also appreciate all the IPS Grow colleagues who supported this work so effectively:

1. **Laura Baines:** IPS Grow Regional Manager Midlands
2. **Holly Cooper:** IPS Grow Regional Manager East
3. **Gary Johnston:** IPS Grow Director of Research and Innovation
4. **David Venables:** IPS Grow Regional Lead – North