# Mental Health Application Form Part A - Integrated IAPT Programme 2017-2018

**Use this form to apply for transformation funding for Integrated IAPT in 2017/18, applications should be no longer than 12 pages.**

*Brackets indicate reference to questions within the appraisal criteria.*

| **CCGs included in this bid (add rows as necessary)** |
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| **Providers included in this bid (add rows as necessary)** |
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| **Other partners included in this bid (add rows as necessary)** |
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| **Confirm STP lead(s) support for this bid** |
| --- |
| [insert name, title and email address] |

**Lead contact details for the bid**

| **Name of lead contact** |  |
| --- | --- |
| **Job title** |  |
| **Email address** |  |
| **Telephone number** |  |

**Bid submission must be via STP.** Where the application covers multiple CCGs and/or providers or other partners, the application should have been agreed via the appropriate governance processes with each partner for a bidding process of this nature and a lead CCG identified. The chief officer of the lead organisation should confirm below that this has taken place.

**I confirm that all organisations which are partners to this bid have agreed to support it though their relevant governance processes for bids of this nature**

**Name:**

**Role:**

**Organisation:**

| (1) Which long term conditions and medically unexplained pathways will be included in the proposed integrated services? What is the rationale for your choice of long term conditions / medically unexplained symptoms pathways? (*Dashboard question 2*) |
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| (2) How many extra people will access treatment through integrated IAPT services? What will this mean in terms of delivery at scale or increased prevalence? (For this purpose use existing prevalence figures)? (*Dashboard question 1*)

|  | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| --- | --- | --- | --- | --- | --- |
| Extra number of people accessing treatment |  |  |  |  |  |
| Total prevalence met |  |  |  |  |  |

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| (3) How will you involve people who will use the service in the design of new services? (*Dashboard question 5*) |
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| (4) How do you plan to meet the following service standards in the new integrated IAPT services? (*Dashboard questions 3, 4, 6*) |
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| NICE-recommended therapies delivered by appropriately trained practitioners for an appropriate number of sessions. People are offered a choice of therapy when NICE recommends several alternatives. |  |
| Treatment delivered cost-effectively, including stepped-care when appropriate for the person being treated. |  |
| Appropriate therapy rooms and equipment (computers & recording devices) available. |  |
| Short waiting times: for initial and subsequent treatment appointments, and for moving between interventions in a stepped care model. |  |
| Clinical leaders have the right expertise, support the welfare of staff, and create a collaborative climate in which performance data is seen as a facilitator of service development and innovation. |  |
| Practitioners receive weekly case supervision and ongoing Continuing Professional Development (CPD) is available for practitioners. |  |
| All patients have their clinical outcomes recorded, and included in national data collections. IT systems for services support supervision as well as outcome monitoring. |  |
| Primary and secondary healthcare utilisation data is collected before and after psychological therapy in order to demonstrate savings (minimum measures specified by national team and included in IAPTUS & PCMIS data systems for collection). |  |
| Physical and mental healthcare provision is co-located, and psychological therapies services are integrated into existing medical pathways and services. These may be either primary or secondary care services. |  |
| Services promote genuine interactions between professionals, allowing mutual education, support, and the exchange of ideas. |  |

| (5) How you will actively maintain and improve the quality of the core IAPT service? (*Dashboard question 7)* |
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| (6) How do local plans for Integrated IAPT fit into STP plans? (*Dashboard question 17*) |
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| (7) How will you identify and track reductions in demand against projections and physical healthcare savings from this initiative? (*Dashboard question 9*) |
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| (8) How will the service be continued and funded in 2018/19, including funding existing trainees from April 2018? (*Dashboard question 8*) |
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| (9) How will you ensure that a sustainable workforce is in place for ongoing delivery of a high quality service in both core and integrated IAPT? (*Dashboard question 10*) |
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| (10) What are the risks in delivering this proposal in relation to delivering outcomes and implementation? How will you mitigate them? (*Dashboard questions 13, 14, 15 and 16*)  |
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| (11) What governance arrangements will you put in place to oversee the project? (this will be taken into consideration when scoring your overall bid with particular reference to questions 13, 14, 15, 16 on the dashboard). |
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| **Resources (*Dashboard questions 11 and 12*)** |
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| Total funding requested in 2017/18 |  |
| Local funding contribution for 2017/18 |  |
| Of the total funding for this new service, specify funding on clinical staff (backfill and new roles). |  |
| Of the total funding, specify cost of salary support for trainees (this will be costs from the course start date to the end of the financial year). |  |
| Number of trainees | High intensity practitioners:  |  | Psychological wellbeing practitioners: |  |
| Number of therapists for CPD training (course fees do not need to be costed). | High intensity practitioners: |  | Psychological wellbeing practitioners: |  |
| Estimated gross savings (total savings from new integrated service). | 2017/18 | 2018/19 | 2019/20 |
|  |  |  |
| Please describe your savings assumptions.For example:* % reduction in length of stay for people with co-morbid mental health problems and physical health conditions.
* Reduction in outpatient appointments and investigations.
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