

Integration Transformation Fund

Draft Plan Submission Template

Local Authority

<Name of Local Authority>

Clinical Commissioning Groups

<CCG Name/s>

<CCG Name/s>

<CCG Name/s>

<CCG Name/s>

<CCG Name/s>

Boundary Differences

<Identify any differences between LA and CCG boundaries and how these have been addressed in the plan>

Date agreed at Health and Well-Being Board:

<dd/mm/yyyy>

Date submitted:

<dd/mm/yyyy>

Minimum required value of ITF pooled budget: 2014/15

£0.00

2015/16

£0.00

Total agreed value of pooled budget: 2014/15

£0.00

2015/16

£0.00

Authorisation and Sign Off

Signed on behalf of the Clinical Commissioning Group	
By	<Name of ccg>
Position	<Name of Signatory>
date	<Job Title>
	<date>

Signed on behalf of the Clinical Commissioning Group	
By	<Name of Signatory>
Position	<Job Title>
date	<date>

<Insert extra rows for additional CCGs as required>

Signed on behalf of the Local Authority	
By	<Name of Signatory>
Position	<Job Title>
date	<date>

Signed on behalf of the Health & Wellbeing Board	
By Chair of the HWB:	<Name of Signatory>
Position	<Job Title>
date	<date>

Service provider engagement

Please describe how health and social care providers have been involved in the development of this pla, and the extent to which they are party to it

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Patient, service user and public engagement

Please describe how patients, services users and the public have been involved in the development of this plan, and the extent to which they are party to it

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Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition