

# 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

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

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

<Insert extra rows for additional CCGs as required>

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

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

### **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*

### **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*