

# 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*

## Vision for Health and Care Services

*Please describe the vision for health and social care services for this community for 2018/19.*

- What changes will have been delivered in the pattern and configuration of services over the next five years?*
- What difference will this make to patient and service user outcomes?*

## Integration Aims & Objectives

*Please describe your overall aims and objectives for integrated care and provide information on how the integration transformation fund will secure improved outcomes in health and care in your area. Suggested points to cover:*

- What are the aims and objectives of your integrated system?*
- How will you measure these aims and objectives?*
- What measures of health gain will you apply to your population?*

## Description of Planned Changes

*Please provide an overview of the schemes and changes covered by your joint work programme, including:*

- 1. The key success factors including an outline of processes, end points and time frames for delivery*
- 2. How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care*

### **Implications for the Acute Sector**

*Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.*

### **Governance**

*Please provide details of the arrangements are in place for oversight and governance for progress and outcomes*

## National Conditions

### 1 Protecting social care services

*Please outline your agreed local definition of protecting social care services.*

*Please explain how local social care services will be protected within your plans.*

### 2 7-day services to support discharge

*Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy)*

*Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.*

### 3 Data-sharing

*Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.*

*If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by*

*Please confirm that you are committed to adopting systems that are based upon Open APIs and Open Standards (i.e. secure email standards, interoperability standards (ITK))*

*Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements , professional clinical practise and in particular requirements set out in Caldicott2.*

### 4 Joint-assessments and accountable lead professional

*Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional.*

*Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.*

## Outcomes and metrics

Please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

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Outcome measures- Examples only	Current Baseline (as at....)	14/15 Projected delivery (full year?)	15/16 Projected delivery (full year?)
<i>Delayed transfers of care</i>			
<i>Emergency admissions</i>			
<i>Effectiveness of reablement</i>			
<i>Admissions to residential and nursing care</i>			
<i>Patient and service-user experience</i>			
<Local measure>			
<Local measure>			
<Local measure>			



## Finance

Please summarize the total health and care spend for each commissioner in your area. Please

Organisation	2013/14 spend	2013/14 benefits	2014/15 spend	2014/15 benefits	2015/16 spend	
Local Authority Social Services						
CCG						
Primary Care						
Specialised commissioning						
Local Authority Public Health						
<b>Total</b>						

Please summarize where your pooled budget will be spent. NB the total must be equal to or more than your total ITF allocation

ITF Investment	2014/15 spend	2014/15 benefits	2015/16 spend	2015/16 benefits
Scheme 1				
Scheme 2				
Scheme 3				
Scheme 4				
Scheme 5				
<b>Total</b>				

Approximately 25% of the ITF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

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Contingency plan:		2015/16	Ongoing
<b>Outcome 1</b>	Planned savings (if targets fully		
	Maximum support needed for other		
<b>Outcome 2</b>	Planned savings (if targets fully		
	Maximum support needed for other		

## Key Risks

*Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers*

<b>Risk</b>	<b>Risk Rating</b>	<b>Mitigating Actions</b>
Risk 1		
Risk 2		
Risk 3		
Risk4		