

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	<Please select a Health and Wellbeing Board>
Completed by:	
E-mail:	
Contact number:	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	<Please Select>
If no please indicate when the HWB is expected to sign off the plan:	

Complete:

No
No
No
No
No
No

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair				
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off				
	Additional ICB(s) contacts if relevant				
	Local Authority Chief Executive				
	Local Authority Director of Adult Social Services (or equivalent)				
	Better Care Fund Lead Official				
	LA Section 151 Officer				

No
No
No
No
No
No
No

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	No
4. Capacity&Demand	No
5. Income	No
6a. Expenditure	No
7. Metrics	No
8. Planning Requirements	No

[<< Link to the Guidance sheet](#)

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