

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Leicestershire

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| Has the section 75 agreement for your BCF plan been finalised and signed off? | Yes |
| If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off | |

| Confirmation of National Conditions | | |
|--|--------------|---|
| National Conditions | Confirmation | If the answer is "No" please provide an explanation as to why the condition was not met in the quarter: |
| 1) Jointly agreed plan | Yes | |
| 2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer | Yes | |
| 3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time | Yes | |
| 4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services | Yes | |

| Checklist Complete: |
|---------------------|
| Yes |
| Yes |
| |
| Yes |
| Yes |
| Yes |
| Yes |

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