Better Care Fund 2025-26 Planning Templ	ate
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2. Cover

Version 2.0		

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 England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. 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 Better
- Care Exchange) 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 (MHCLG, DHSC, NHS England) 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.

Governance and Sign off	
Health and Wellbeing Board:	Leicestershire
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	Yes
If no indicate the reasons for the delay.	
If no please indicate when the HWB is expected to sign off the plan:	
Submitted by:	
Role and organisation:	
E-mail:	
Contact number:	
Documents Submitted (please select from drop down)	
In addition to this template the HWB are submitting the following:	

Health and wellbeing board chair(s) sign off	Role: Health and Wellbeing Board Chair Health and Wellbeing Board Chair	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
	Local Authority Chief Executive					
Named Accountable person	ICB Chief Executive 1					
	ICB Chief Executive 2 (where required)					
	ICB Chief Executive 3 (where required)					

	LA Section 151 Officer			
	ICB Finance Director 1			
Finance sign off				
· · · · · · · · · · · · · · · · · · ·	ICB Finance Director 2 (where required)			
	ICB Finance Director 3 (where required)			
	Local Authority Director of Adult Social Services			
	DEC. 1			
Area assurance contacts	DFG Lead			
	ICB Place Director 1			
	ICB Place Director 1			
Please add any additional key contacts who have been	ICR Place Director 2 (where required)			
responsible for completing the plan	CB Flace Director 2 (where required)			
responsible for completing the plan	ICB Place Director 3 (where required)			
	(where required)			

Assurance Statements

National Condition	Assurance Statement	Yes/No	If no please use this section to explain your response
National Condition One: Plans to be jointly agreed	The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.		

National Condition Two: Implementing the objectives of the BCF	The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.		
National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved		
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.		
National Condition Four: Complying with oversight and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner		

Data Quality Issues - Please outline any data quality issues that have impacted on planning and on the completion of the plan				

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.

r lease see the checklist belo	w for further details on incomplete fields
	Commission

	Complete:
2. Cover	No
4. Income	No
5. Expenditure	No
6. Metrics	No
7. National Conditions	No

<< Link to the Guidance sheet

^^ Link back to top