

Better Care Fund 2025-26 Capacity & Demand Template

2. Cover

Version 1.1

Health and Wellbeing Board:	Leicestershire
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>

Once complete please send this template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'C&D - Name HWB' for example 'C&D - County Durham HWB'. Please also copy in your Better Care Manager.

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