Better Care Fund 2025-26 Planning Template	I I IIVI GOVEITIITIETIL
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2. Cover

Version 1.5

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, MHS England) to inform policy 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:	Lisa Carter
Role and organisation:	Integration Service Manager (BCF Lead)
E-mail:	<u>Lisa.Carter@leics.gov.uk</u>
Contact number:	1163050786
Documents Submitted (please select from drop down)	
In addition to this template the HWB are submitting the following:	
	Narrative
	C&D National Template

	Role: Health and Wellbeing Board Chair	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname: Richardson	E-mail: Louise.richardson@leics.gov.u	Organisation
Health and wellbeing board chair(s) sign off	Health and Wellbeing Board Chair				<u>k</u>	
	Local Authority Chief Executive ICB Chief Executive 1			Sinnott Trevithick		Local Authority
Named Accountable person	ICB Chief Executive 2 (where required) ICB Chief Executive 3 (where required)	Mrs	Rachna	Vyas	rachna.vyas@nhs.net	ICB
	LA Section 151 Officer	Mr	Declan	Keegan	Declan.Keegan@leics.gov.uk	Local Authority

	ICB Finance Director 1	Mr	Robert	Toole	robert.toole@nhs.net	ICB
Finance sign off						
	ICB Finance Director 2 (where required)	Ms	Kitty	Tsui		
	ICB Finance Director 3 (where required)					

	Local Authority Director of Adult Social Services	Mr	Jon	Wilson	Jon.Wilson@leics.gov.uk	Local Authority
	DFG Lead	Ms	Julia	Smith	julia.smith@blaby.gov.uk	Local Authority
	ICB Place Director 1	Ms	Rachel	Dewar	rachel.dewar@nhs.net	ICB
Please add any additional key contacts who have been responsible for completing the plan	ICB Place Director 2 (where required)	Ms	Kerryjit	Kaur	kerryjit.kaur2@nhs.net	ICB
	ICB Place Director 3 (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.		
		Yes	
National Condition Two: Implementing the objectives of	The HWB is fully assured that the BCF plan sets out a joint system		
the BCF	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.		
		Yes	
National Condition Three: Complying with grant and	The HWB is fully assured that the planned use of BCF funding is in		
funding conditions, including maintaining the NHS	line with grant and funding conditions and that funding will be		
minimum contribution to adult social care (ASC)	placed into one or more pooled funds under section 75 of the NHS		
	Act 2006 once the plan is approved		
		Yes	

		The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.		
١			Yes	
- [National Condition Four: Complying with oversight and	The HWB is fully assured that there are appropriate mechanisms in		
	support processes	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		
			Yes	

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

For discharge ready dates metrics there is a lack of historical data with which to accuratley determine targets. This has also made it difficult to predict and changes in data due to seasonality.

A lag in population statistics makes it difficult to determine performance against ASC metrics, however data from previous years' has been taken into consideration in determining targets.

Population data also impacts on quality of targets for admissions to long-term care homes data. Using actuals as opposed to rates have been initially calculated to form activity data.

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.

	Template Completed		
	Complete:		
2. Cover	Yes		
4. Income	Yes		
5. Expenditure	Yes		
6. Metrics	Yes		
7. National Conditions	Yes		

<< Link to the Guidance sheet

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