

Better Care Fund 2026-27 Numerical Template

Social Care

Local Government

11/11/2025

2. Cover

Version 1.0

Please Note:

- The BCF numerical 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:	Lisa Carter
Role and organisation:	Integration Service Manager
E-mail:	Lisa.Carter@leics.gov.uk
Contact number:	1163050786
Documents submitted (please select from drop down) In addition to this template the HWB are submitting the following:	Narrative

	Role:	Professional title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and wellbeing board chair(s) sign off	Health and wellbeing board chair	Cllr	Michael	Squires	Michael.squires@leics.gov.uk	Local Authority
	Health and wellbeing board chair	Mr	Matt	Gaunt	m.gaunt@nhs.net	ICB
Named accountable person	Local authority chief executive	Mrs	Jane	Moore	Jane.Moore@leics.gov.uk	Local Authority
	ICB chief executive 1	Mr	Toby	Sanders	toby.sanders1@nhs.net	ICB
	ICB chief executive 2 (where required)					
	ICB chief executive 3 (where required)					

Finance sign off	LA section 151 officer	Mr	Declan	Keegan	Declan.Keegan@leics.gov.uk	Local Authority
	ICB finance director 1	Mr	Matt	Gaunt	m.gaunt@nhs.net	ICB
	ICB finance director 2 (where required)	Ms	Kitty	Tsui	Kitty.Tsui@nhs.net	ICB
	ICB finance director 3 (where required)					

Area assurance contacts <i>Please add any additional key contacts who have been responsible for completing the plan</i>	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 lead 1	Ms	Kerryjit	Kaur	kerryjit.kaur2@nhs.net	ICB
	ICB place lead 2 (where required)					
	ICB place lead 3 (where required)					

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(s).

	Complete:
2. Cover	Yes
3. Income	Yes
4. Expenditure	Yes
5. Metrics	Yes
6. National Conditions	Yes

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