## **Better Care Fund 2024-25 Update Template**

ite Template



2. Cover

Version 1.0.0

## <u>Please Note:</u>

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. 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 BCE) 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 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.

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Completed by:	Maria Shepherd	
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Has this report been signed off by (or on behalf of) the HWB at the time of		
submission?	Yes	
If no please indicate when the HWB is expected to sign off the plan:		

		Professional Title (e.g. Dr,			
	Role:	Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Heather	Codling	Heather.codling1@westbe rks.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Nick	Broughton	nick.broughton1@nhs.net
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	Local Authority Director of Adult Social Services (or equivalent)		Paul	Coe	paul.coe@westberks.gov.u k
	Better Care Fund Lead Official		Maria	Shepherd	maria.shepherd@westber ks.gov.uk
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Please add further area contacts					
that you would wish to be included					
in official correspondence e.g.					
housing or trusts that have been part of the process>					

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 <a href="mailto:england.bettercarefundteam@nhs.net">england.bettercarefundteam@nhs.net</a> 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		
4.2 C&D Hospital Discharge	Yes		
4.3 C&D Community	Yes		
5. Income	Yes		
6a. Expenditure	Yes		
7. Narrative updates	Yes		
8. Metrics	Yes		
9. Planning Requirements	Yes		

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