## Better Care Fund 2021-22 Template

2. Cover





## Version 1.0 Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by reating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.

Oxfordshire

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Completed by:	lan Bottomley		
E-mail:	ian.bottomley@oxfords	hire.gov.uk	
Contact number:	07532 132975		
Please indicate who is signing off the plan for submission on behalf of the H	IWB (delegated authority is	s also accepted):	
Job Title:	Corporate Director of Ac	dult Services	
Name:	Stephen Chandler		
Has this plan been signed off by the HWB at the time of submission?	Delegated authority per	nding full HWB meeting	
If no, or if sign-off is under delegated authority, please indicate when the	Thu 16/12/2021	<< Please enter using the format, DD/MM/YYYY	
HWB is expected to sign off the plan:	Thu 16/12/2021	Please note that plans cannot be formally approved and Section 75 agreements cannot finalised until a plan, signed off by the HWB has been submitted.	

		Professional			
		Title (where			
	Role:	applicable)	First-name:	Surname:	E-mail:
***************************************	Health and Wellbeing Board Chair	Cllr	Liz	Leffnan	liz.leffnan@oxfordshire.go
*Area Assurance Contact Details:					v.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Dr	James	Kent	jameskent99@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	Dr	James	Kent	jameskent99@nhs.net
	Local Authority Chief Executive		Yvonne	Rees	yvonne.rees@oxfordshire.
					gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Stephen	Chandler	stephen.chandler@oxfords
					hire.gov.uk
	Better Care Fund Lead Official		Pippa	Corner	pippa.corner@oxfordshire.
					gov.uk
	LA Section 151 Officer		Lorna	Baxter	lorna.baxter@oxfordshire.
					gov.uk
Please add further area contacts					
that you would wish to be included					
in official correspondence>					
·					

<sup>\*</sup>Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.

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. Income	Yes			
5a. Expenditure	Yes			
6. Metrics	Yes			
7. Planning Requirements	Yes			

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