

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0



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 treating 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 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board: Oxfordshire

Completed by: Ian Bottomley

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Contact number: 7952132975

Has this plan been signed off by the HWB (or delegated authority) at the time of submission? No

If no please indicate when the HWB is expected to sign off the plan: Thu 06/10/2022 << Please enter using the format, DD/MM/YYYY

If using a delegated authority, please state who is signing off the BCF plan: Karen Fuller

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title: Corporate Director of Adults and Housing
Name: Karen Fuller

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Liz	Leffman	liz.leffman@oxfordshire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Dr	James	Kent	jameskent99@nhs.net
	Additional ICB(s) contacts if relevant		Matthew	Tait	m.tait@nhs.net
	Local Authority Chief Executive		Stephen	Chandler	stephen.chandler@oxfordshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Karen	Fuller	karen.fuller@oxfordshire.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 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 england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

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

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