Better Care Fund 2022-23 Template

2. Cover







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:	Walsall
Completed by:	Charlene Thompson
E-mail:	charlene.thompson@walsall.gov.uk
Contact number:	01922 653007
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	Tue 20/09/2022
If using a delegated authority, please state who is signing off the BCF plan:	N/A

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

1	Job Title:	N/A
	Name:	N/A

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Gary	Flint	cllr.gary.flint@walsall.gov uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	N/A	Geraint	Griffiths	geraint.griffiths@nhs.net
	Additional ICB(s) contacts if relevant	N/A	Pip	Mayo	pip.mayo@nhs.net
	Local Authority Chief Executive	Dr	Helen	Paterson	helen.paterson@walsall.g v.uk
	Local Authority Director of Adult Social Services (or equivalent)	N/A	Kerrie	Allward	kerrie.allward@walsall.go .uk
	Better Care Fund Lead Official	N/A	Tony	Meadows	tony.meadows@walsall.go v.uk
	LA Section 151 Officer	N/A	Deborah	Hindson	deborah.hindson@walsall gov.uk
Please add further area contacts that you would wish to be included in	Better Care Fund Lead Official	N/A	Tracy	Simcox	tracy.simcox@walsall.gov.
official correspondence e.g. housing or trusts that have been part of the process>	Better Care Fund Lead Official	N/A	Andy	Rust	andrew.rust@nah.net

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.

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

<< Link to the Guidance sheet

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