

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	<Please select a Health and Wellbeing Board>
Completed by:	
E-mail:	
Contact number:	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	
If no, please indicate when the report is expected to be signed off:	
Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):	
Job Title:	
Name:	

How could this template be improved?	
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Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

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

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