Discharge i	fund 20	199 99 E	ading To	manlata







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".
- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.
- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Leeds			
Completed by:	Helen Lewis and Caroline Baria			
E-mail:	helen.lewis5@nhs.net			
Contact number:	07723 758140			

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

	F		
ı			
ı	Confirm that use of the funding has been agreed (Yes/No)	Yes	
ı	Job Title:	Director of Adults and Health	
	Name:	Cath Roff	

	If the following contacts have changed since your main BCF plan was submitted, please update the details.					
		Professional				
		Title (e.g. Dr,				
	Role:	Cllr, Prof)	First-name:	Surname:	E-mail:	
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Fiona	Venner	fiona.venner@leeds.gov.uk	
	Integrated Care Board Chief Executive or person to whom they	Mr	Tim	Ryley	tim.ryley@nhs.net	
	have delegated sign-off					
	Local Authority Chief Executive	Mr	Tom	Riordan	tom.riordan@leeds.gov.uk	
	LA Section 151 Officer	Ms	Victoria	Bradshaw	Victoria.bradshaw@leeds.g	
					ov.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>						

When all yellow sections have been completed, 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.