## 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:	Shropshire		]
Completed by:	Penny Bason, Claire Sp	encer, Colin Thomas	
E-mail:	penny.bason@shropsh	ire.gov.uk	]
Contact number:	01743 252767		1
Has this plan been signed off by the HWB (or delegated authority) at the			
time of submission?	No	1	
If no please indicate when the HWB is expected to sign off the plan:	Thu 17/11/2022	<< Please enter using the format, DD/MM	1/YYYY
If using a delegated authority, please state who is signing off the BCF plan:			

## Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted): Job Title: Executive Director of People

Name:	Tanya Miles				
		Professional Title (e.g. Dr,			
	Role:	Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Mr	Simon	Jones	simon.p.jones@shropshire. gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Simon	Whitehouse	simon.whitehouse@nhs.ne t
	Additional ICB(s) contacts if relevant	Mr	Gareth	Robinson	gareth.robinson7@nhs.net
	Local Authority Chief Executive	Mr	Andy	Begley	Andy.Begley@shropshire.g ov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mrs	Tanya	Miles	tanya.miles@shropshire.go v.uk
	Better Care Fund Lead Official	Mrs	Laura	Tyler	laura.tyler@shropshire.gov .uk
	LA Section 151 Officer	Mr	James	Walton	james.walton@shropshire. 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.

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

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