

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:	Southampton
Completed by:	Moraig Forrest-Charde
E-mail:	moraig.forrest-charde@nhs.net
Contact number:	7769640375
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:	
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:	HWB Chair and Cabinet Member for Health, Adults and Lesiure
Name:	CLr Lorna Fielker

	Role:	Professional Title (e.g. Dr, CLr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	CLr	Lorna	Fielker	Fielker, Lorna (CLr) <Councillor.L.Fielker@southampton.gov.uk>
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Maggie	MacIsaac	maggie.macisaac@nhs.net
	Additional ICB(s) contacts if relevant		Maggie	MacIsaac	maggie.macisaac@nhs.net
	Local Authority Chief Executive	Mr	Mike	Harris	Mike.Harris@southampton.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Vernon	Nosal	Vernon.Nosal@southampton.gov.uk
	Better Care Fund Lead Official	Mrs	Moraig	Forrest-Charde	moraig.forrest-charde@nhs.net
	LA Section 151 Officer	Mr	John	Harrison	John.Harrison@southampton.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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