

Version 1.0

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 2021-22.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board: Southampton

Completed by: Moraig Forrest-Charde

E-mail: moraig.forrest-charde@nhs.net

Contact number: 7769640375

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

Job Title: Chair of HWB and Cabinet Member for Health and Adult Social Ca

Name: Cllr Ivan White

Has this plan been signed off by the HWB at the time of submission? Delegated authority pending full HWB meeting

If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan: Wed 15/12/2021 << Please enter using the format, DD/MM/YYYY
Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Ivan	White	councillor.i.white@southampton.gov.uk;
	Clinical Commissioning Group Accountable Officer (Lead)		Maggie	MacIsaac	maggie.macisaac@nhs.net;
	Additional Clinical Commissioning Group(s) Accountable Officers		Maggie	MacIsaac	maggie.macisaac@nhs.net;
	Local Authority Chief Executive		Sandy	Hopkins	Sandy.hopkins@southampton.gov.uk;
	Local Authority Director of Adult Social Services (or equivalent)		Guy	Van Dichele	Guy.VanDichele@southampton.gov.uk
	Better Care Fund Lead Official		Moraig	Forrest-Charde	moraig.forrest-charde@nhs.net
	LA Section 151 Officer		John	Harrison	John.Harrison@southampton.gov.uk
<i>Please add further area contacts that you would wish to be included in official correspondence --></i>					

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

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.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

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

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