

**Better Care Fund 2022-23 Capacity & Demand Template**

2.0 Cover

Version 1.0

Health and Wellbeing Board: Barnsley

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Has this report been signed off by (or on behalf of) the HWB at the time of submission? Yes

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: Place Director – Health & Care Barnsley Barnsley MBC & South Yor

Name: Wendy Lowder

How could this template be improved?

Question Completion - Once all information has been entered please send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

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