

**Memorandum of Agreement
Section 256 or 257 transfer**

Reference number: 2014/15 Social Care Allocation

Title of Scheme: Funding Transfer from NHS England to Social Care – 2014/15

1. How will the section 256 or 257 transfer secure more health gain than an equivalent expenditure of money on the National Health Service?
2. Description of scheme (in the case of revenue transfers, please specify the services for which money is being transferred).

Financial details (and timescales)

3. Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed).

Year(s)	Amount	Capital	Revenue
2014/15	£5.902m	N/A	£5.902m

In the case of the capital payments, should a change of use outlined in direction 4(1)(b) of the National Health Service (Conditions Relating to Payments by NHS bodies to Local Authorities) Directions 2013 occur, both parties agree that the original sum shall be recoverable by way of a legal charge on the Land Register as outlined in direction 4(4) of those Directions.

4. Please state the evidence you will use to indicate that the purposes described at questions 1 and 2 have been secured.

Signed:for the NHS England

..... Position

..... Date

Signed:for the Local Authority

..... Position

..... Date

**Section 256 or 257 Annual Voucher
Leicester City Council**

PART 1 STATEMENT OF EXPENDITURE FOR THE YEAR 31 MARCH 2015
(if the conditions of the payment have been varied, please explain what the changes are and why they have been made)

<u>Scheme Ref. No and Title of Expenditure Project</u>	<u>Revenue Expenditure</u>	<u>Capital Expenditure</u>	<u>Total</u>
	£5.902m	£0	£5.902m

PART 2 STATEMENT OF COMPLIANCE WITH CONDITIONS OF TRANSFER

I certify that the above expenditure has been incurred in accordance with the conditions, including any cost variations, for each scheme approved by the Clinical Commissioning Group in accordance with these Directions.

Signed:

Date:

Director of finance or responsible officer of the recipient (see paragraph 5(3) of the Directions).

Certificate of independent auditor

I/We have:

- examined the entries in this form (which replaces or amends the original submitted to me/us by the authority dated)* and the related accounts and records of the and
- carried out such tests and obtained such evidence and explanations as I/we consider necessary.

(Except for the matters raised in the attached qualification letter dated)* I/we have concluded that

- the entries are fairly stated: and
- the expenditure has been properly incurred in accordance with the relevant terms and conditions.

Signature

Name (block capitals)

Company/Firm

Date

* Delete as necessary