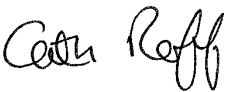


Delegated Decision Notification

This form is used both to give notice of an officer's intention to make a Key decision and to record any delegated decision which has been taken. The decision set out on this form therefore reflects the decision that it is intended will be made, or that has been made. Although set out in the past tense a decision for which notice is being given may be subject to amendment or withdrawal.

LEAD DIRECTOR ⁱ :	The Director of Adults and Health
SUBJECT ⁱⁱ :	Approval of the Director of Public Health's Sub-Delegation Scheme
DECISION DETAILS ⁱⁱⁱ :	<p>The Director of Adults and Health has approved the sub-delegation scheme attached as Appendix 1 to the attached report.</p> <p>The fact that a function has been delegated to an officer does not require that officer to give the matter his/her personal attention and that officer may arrange for such delegation to be exercised by an officer of suitable experience and seniority.</p>
TYPE OF DECISION:	<input type="checkbox"/> Council function (not subject to call-in) <input type="checkbox"/> Executive decision (Key) Is the decision eligible for call-in? ^{iv} <input type="checkbox"/> Yes <input type="checkbox"/> No Is the decision exempt from call-in? ^v <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Executive decision (Significant Operational ^{vi} – not subject to call-in) <input type="checkbox"/> Executive decision (Administrative ^{vii} – not subject to publication or call-in)
NOTICE ^{viii} / CALL-IN (KEY DECISIONS ONLY):	<p>Date the decision was published in the List of Forthcoming Key Decisions: Not applicable</p> <p>If not on the List of Forthcoming Key Decisions for at least 28 clear days, the reason why it would be impracticable to delay the decision:-</p> <p>If exempt from call-in, the reason why call-in would prejudice the interests of the Council or the public:-</p>
AFFECTED WARDS:	None.

DETAILS OF CONSULTATION UNDERTAKEN:	Executive Member	Date consulted: May 2019	Interest disclosed? ^{ix} <input type="checkbox"/> Yes (Date of dispensation:) <input type="checkbox"/> No
	Ward Councillor	Date consulted:	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input type="checkbox"/> No
	Others ^x (please specify:)	Date consulted:	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input type="checkbox"/> No
CAPITAL INJECTION APPROVAL REQUIRED:	Injection approval required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, you must complete the Approval box below)		
CAPITAL INJECTION APPROVAL	(Name:) (Title:)	Capital Scheme Number: XXXXX / XXX / XXX Date:	
IMPLEMENTATION (KEY DECISIONS ONLY)	Officer accountable for implementation Timescales for implementation ^{xi}		
CONTACT PERSON:	Ian Cameron	Telephone number ^{xii} : 0113 37 88653	
DECISION MAKER / AUTHORISED SIGNATORY ^{xiii} :	 Name: Cath Roff, The Director of Adults and Health	Date: 24/5/2019	