


Delegated Decision Notification (DDN)

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 to 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 directorⁱ:	Director of Adults and Health
Subjectⁱⁱ:	Request that a fee uplift be applied to Independent Sector Care Homes for Older People.
Decision detailsⁱⁱⁱ:	<ol style="list-style-type: none"> 1. The Director of Adults and Health approved a fee uplift (as stated in Table 1, section 3.11 of the report) for older peoples residential and nursing care homes for the period 1st April 2018 to 30th June 2018 for the interim framework arrangement extension period. 2. The Director of Adults and Health is approved a fee level (as stated in Table 2, section 3.13 of the report) for older people's residential and nursing care homes for the new overarching framework arrangement which will commence 1st July 2018 and expire 31st March 2023. 3. The Director of Adults and Health approved that the fee level for the initial 9 month period shall be as stated in section 3.11 of the report and that this shall be reviewed on an annual basis with any adjustments to be implemented from the 1st April 2019 and in each subsequent year in accordance with the terms and conditions of the framework arrangement.
Type of decision:	<input checked="" type="checkbox"/> Key decision (executive) Is the decision eligible for call-in? ^{iv} <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the decision exempt from call-in? ^v <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Significant operational decision (council or executive ^{vi} – not subject to call-in) <input type="checkbox"/> Administrative decision (council or executive ^{vii} – not subject to publication or call-in)
Notice^{viii} or call-in (key decisions only):	Date the decision was published in the list of forthcoming key decisions: 30.3.18 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: If exempt from call-in, the reason why call-in would prejudice the interests of the council or the public:
Affected wards:	All Wards

Details of consultation undertaken:	<table border="1"> <tr> <td data-bbox="437 181 730 331">Executive Member</td> <td data-bbox="730 181 975 331">Date consulted: 13.4.18</td> <td data-bbox="975 181 1495 331">Interest disclosed?^{ix} <input type="checkbox"/> Yes Date of dispensation: <input checked="" type="checkbox"/> No</td> </tr> <tr> <td data-bbox="437 331 730 481">Ward Councillor</td> <td data-bbox="730 331 975 481">Date consulted:</td> <td data-bbox="975 331 1495 481">Interest disclosed? <input type="checkbox"/> Yes Date of dispensation: <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="437 481 730 680">Others^x please specify:</td> <td data-bbox="730 481 975 680">Date consulted:</td> <td data-bbox="975 481 1495 680">Interest disclosed? <input type="checkbox"/> Yes Date of dispensation: <input type="checkbox"/> No</td> </tr> </table>			Executive Member	Date consulted: 13.4.18	Interest disclosed? ^{ix} <input type="checkbox"/> Yes Date of dispensation: <input checked="" 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
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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 type="checkbox"/> No (If yes, you must complete the Approval box below)											
Capital Injection approval	Name: Title:		Capital scheme number: XXXXX / XXX / XXX Date:									
Contract details (procurement decisions only)	Contract reference number	Contract title										
		Supplier										
Implementation (key decisions only)	Officer accountable for implementation Commissioning Manager (Adults and Health) Timescales for implementation ^{xi} Following the completion of the call in process.											
Contact person:	Michelle Atkinson	Telephone number ^{xii} : 0113 3783848										
Decision maker or authorised signatory^{xiii}:	Name: Steve Hume 		Date: 20/4/18									