

BOROUGH COUNCIL OF KING'S LYNN AND WEST NORFOLK

RECORD OF DECISION TAKEN BY OFFICERS UNDER DELEGATED POWERS

This is a record of a decision taken by an officers under delegated powers and where necessary taken in consultation with members and officers.

Delegated Power

Specify the particular delegated power being exercised by reference to the Delegation Scheme or Cabinet minute and date.

CAB 178 Planning Scheme of Delegation (March 2015)

'That the Chief Executive, in consultation with the Leader be given delegated Authority to make amendments to the Scheme following any changes to officer responsibilities and to resolve any anomalies which may occur.'

Decision Taken

Specify precise details of the decision taken

To amend the scheme so that the financial trigger before applications automatically go to committee is raised to £60,000, in line with the Council's affordable housing policy.

Reasons for the Decision

Specify all reasons for taking the decision

The Council's affordable housing policy requires the payment of a contribution to the Council in certain circumstances, that can be up to £60,000. The current restriction on £30,000 means administratively some applications which have the general support of the community (through Parish Councils), still have to be considered at Committee, when all they are doing is meeting the terms of our policy. This is an unintended consequence of the scheme and is a problem at present given the large number of applications we have received.

Options considered

Alternative could be to take no action. However there is a pressing need to reduce the size of the Planning Committee agendas, and therefore this action should be taken.

Any declarations of interest and details of any dispensations granted in respect of interests.

N/A

List of Background papers

Planning Scheme of Delegation
Cabinet minute from March 2015

Authorisation

Post Held *CHIEF EXECUTIVE*

Signature 

Date *10-03-2016*

Consultation with members/officers

If the decision is taken following consultation with the members/officers, please give details:

Signed by Member as consulted: 

Date

10/3/16

Pre-Screening Equality Impact Assessment

Borough Council of
**King's Lynn &
West Norfolk**



Name of policy/service/function					
Is this a new or existing policy/ service/function?		New / Existing (delete as appropriate)			
Brief summary/description of the main aims of the policy/service/function being screened. Please state if this policy/service rigidly constrained by statutory obligations					
Question	Answer				
<p>1. Is there any reason to believe that the policy/service/function could have a specific impact on people from one or more of the following groups according to their different protected characteristic, for example, because they have particular needs, experiences, issues or priorities or in terms of ability to access the service?</p> <p>Please tick the relevant box for each group.</p> <p>NB. Equality neutral means no negative impact on any group.</p>		Positive	Negative	Neutral	Unsure
	Age				
	Disability				
	Gender				
	Gender Re-assignment				
	Marriage/civil partnership				
	Pregnancy & maternity				
	Race				
	Religion or belief				
	Sexual orientation				
Other (eg low income)					
Question	Answer	Comments			
2. Is the proposed policy/service likely to affect relations between certain equality communities or to damage relations between the equality communities and the Council, for example because it is seen as favouring a particular community or denying opportunities to another?	Yes / No				
3. Could this policy/service be perceived as impacting on communities differently?	Yes / No				
4. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?	Yes / No				
<p>5. Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions?</p> <p>If yes, please agree actions with a member of the Corporate Equalities Working Group and list agreed actions in the comments section</p>	Yes / No	Actions:			
		Actions agreed by EWG member: Name			
Assessment completed by: Name					
Job title	Date				

Please Note: If there are any positive or negative impacts identified in question 1, or there any 'yes' responses to questions 2 – 4 a full impact assessment will be required.

