

**WILTSHIRE COUNCIL**

**AGENDA ITEM**

**CABINET**  
**20 June 2017**

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**Proposed Alignment of Council Structure to the New Business Plan**

**Purpose**

1. The purpose of this report is to seek Cabinet's approval to take steps to make changes to the senior management structure of the council at tier 1 following discussion with the current corporate directors to ensure the necessary strategic capacity is in place to deliver a proposed new business plan for 2017-2027.

**Background.**

2. Since 2009, when Wiltshire Council was formed, we have been focused on a single vision to deliver stronger and more resilient communities and on three priority areas that have supported delivery of the vision, and which have been firmly embedded in everything we do. These priorities are:
  - i. Protecting those who are most vulnerable
  - ii. Growing the local economy
  - iii. Working closely with our communities to encourage and enable them to do more for themselves
3. This vision and the priorities have driven an environment in the council that has encouraged innovation and change and whilst we have had little choice but to do things differently, and be more innovative, the challenges we have faced has enabled us to think differently, significantly reduce costs and achieve a huge amount.
4. The challenges continue. A continued reduction in funding from central government, and the increasing demands that we face for our key frontline services, means that a proposed new business plan for 2017 – 2027 will continue to focus on the vision that has been driving the achievements we have made since 2009, and will also shape a portfolio of work to improve how we deliver services for the people and businesses across Wiltshire set against 4 new priorities, which are:
  - i. Growing the economy
  - ii. Strong communities
  - iii. Protecting those who are most vulnerable
  - iv. An innovative and effective council
5. The new business plan sets out goals that describe how we will deliver these priorities, and key to all of this is ensuring the council has a structure that is aligned with these priorities and visions and has the resilience to continue to meet the

challenges that we will continue to face.

6. Currently there is an interim structure in place at the top tier, corporate director level following the departure of one corporate director in 2016. However the substantive and agreed structure has been in place since 2013 and consists of 3 corporate directors and 13 associate directors, which was a significant reduction from 2009 when the new council employed a chief executive, 5 corporate directors, a joint director for public health and 22 service directors. This reduction has delivered approx. £2m savings annually from staffing costs. (This annual saving is inclusive of the index linked pay increases that would have applied from 2009 to date to provide a realistic impact of the savings this reduction has delivered).

### **Main considerations for Cabinet**

7. The current structure has been successful, has delivered significant outcomes for the council, and has met all of the financial challenges. The leadership of the council has been effective and great strides have been made in developing the collaborative working that is now key to the delivery of the council's vision.
8. As outlined the new business plan sets out the priorities that will enable us to meet the continued reduction in funding from central government, and the increasing demands that we face for our key frontline services. There are significant challenges ahead, and a key aspect of this is the further development of our collaborative work, which includes the integration of our adult social care services with health, so that we protect those that are the most vulnerable, and to further develop the economy for Wiltshire. As a result I have now reviewed the senior management structure to take account of these challenges.
9. This review has highlighted the need for more resilience and strategic capacity at the top tier, and I am now proposing a new senior management structure.
10. I am proposing a senior management structure that means an increase in the number of corporate directors from 3 to 4. This proposed 4 corporate director model aligns with the new priorities to give more resilience in the structure, and creates greater strategic capacity at the top tier of the council.
11. The proposed structure, which includes a draft outline of how services will align with the proposed 4 corporate director model, is shown in appendix 1 and, in summary, is based on the following alignment of service responsibilities:
  - I. Children & Education (statutory Director Of Children's Services (DCS))
  - II. Adult Social Care & Health (joint statutory Director Of Adult Social Services (DASS) and Chief Accountable Officer for the CCG)
  - III. Growth, Investment & Place
  - IV. Communities, Resources & Transformation, Returning Officer (RO) and Electoral Registration Officer (ERO))
12. In my proposal the corporate director role, with responsibility for adult care & health, will be a joint post with the CCG (Clinical Commissioning Group). I am making this proposal following agreement with the CCG about the need for us to work together to integrate our services with health, with the aim of developing a seamless provision of services, which supports the priorities in our new business

plan. This supports our vision for integrated services and has identified significant merit in a joint appointment. Appendix 2 provides further information about the vision for the integration of health and social care in Wiltshire, and the rationale for this proposed joint role.

13. The CCG governing body has already approved a recommendation to appoint a joint Director of Adult Social Services (DASS) and CCG Accountable Officer and if this proposal is approved by Cabinet the details of this joint appointment will be explored with the CCG. This will include full consideration of the implications for both the council and the CCG of this joint role and the constitutional and operational implications of the decision.
14. In my proposal the statutory responsibility for children's social care will be allocated to the corporate director for children & education and for adult social services it will be allocated to the corporate director for adult care & health, who will also have statutory responsibility as the Chief Accountable Officer for the CCG in this joint role.
15. In respect of the statutory role of director of public health I am proposing that this will be the responsibility of an associate director at tier 2, which is a change from the current substantive structure where this responsibility was previously with one of the corporate directors.
16. I am proposing that the statutory responsibility as the Returning Officer and Electoral Registration Officer is allocated to the corporate director for communities, resources & transformation.
17. In respect of the role of head of paid service the Council has a statutory duty under Section 4 Local Government and Housing Act 1989 to designate this role to one of its officers. The head of paid service has a duty, where they consider it appropriate to do so, to prepare a report to the council setting out their proposals in respect of the following matters:
  - The manner in which the discharge of the different functions of the council is coordinated;
  - The number and grades of staff required by the council for the discharge of its functions;
  - The organisation of the council's staff; and
  - The appointment and proper management of the council's staff.
18. Under statutory rules incorporated in the council's constitution the appointment and dismissal of, and taking disciplinary action against staff, other than specified senior officers, must be discharged on behalf of the council by the head of paid service, or by an officer nominated by him.
19. The current designation of this role has been in place since November 2013 when Council agreed that the role of head of paid service should sit with the then three corporate directors on a rotational basis, with each corporate director taking on the responsibility for 4 months. The current arrangement in place based on the interim structure is that this role is rotated every 6 months.
20. Whilst the rotation of the role has operated well the proposal to increase the

number of corporate directors to 4 for the reasons outlined in paragraphs 7 & 8 of this report means that I am now proposing that this role is designated to one role in order to strengthen the governance of the council, and to remove the risk of overlap in responsibilities if the role continues to rotate between four corporate director roles.

21. As a result I have now sought legal advice on the options in terms of where this role can be designated, and the advice I have received says that the role of head of paid service may be discharged by any officer, other than the monitoring officer. Full details of this advice is provided in appendix 3.
22. Having now taken account of this advice, and the statutory responsibilities of the role of head of paid service, I am now proposing that this is designated to the associate director role with responsibility for HR, and this is currently the associate director for people & business. This proposal has the advantage of providing, together with the monitoring officer and Section 151 Officer, appropriate checks and balances, and these roles combined will provide sound governance of the council as part of the council's senior leadership team.
23. I recognise that this proposed designation of the head of paid service role to a post below the most senior level in the organisation, though lawful, could be seen to create a challenge for the post holder in discharging the role. However, in common with the other statutory roles outlined above, which also sit at associate director level, the role will have direct access to senior decision makers on any issues where the statutory role is being exercised as a member of the senior leadership team. I believe that this designation will work effectively within the context of the structure that is proposed which will require the four corporate directors to work on an equal footing in the overall corporate management of the council, a responsibility that is designated to them in Part 3 of the constitution (paragraph 3.3).
24. The proposed designation of the above statutory roles must be approved by Full Council and the constitution amended accordingly.
25. I have discussed my proposal with the two current corporate directors, who are fully supportive of the proposal to increase the number of corporate directors from 3 to 4, and if this proposal is approved by cabinet my intention is that following formal consultation on the proposal with the corporate directors, and all staff at the council, I will take steps to redeploy and appoint to roles in the structure.
26. The appointments policy & procedure for chief and senior officers outlines the redeployment process that should apply. In line with previous cases of redeployment where there are the same or more roles available than candidates a redeployment meeting will take place with the corporate directors to identify which role in the new structure is deemed to be suitable alternative employment. A report to the Officer Appointments Committee will make a recommendation to appoint them to a role in the new structure and the committee will decide if an offer of an appointment should be made. In line with the policy any decision to appoint cannot be ratified until Cabinet have been notified and no objection to the appointment received.
27. However, one of the current corporate directors, Mrs Carolyn Godfrey, has outlined her intention to give notice of her retirement from the council with her employment ending in October 2017. As a result I am proposing that steps are taken to redeploy

Mrs Godfrey into an interim role as a corporate director while recruitment to the corporate director roles for adult care & public health (DASS) and for children & education (DCS) takes place. As well as ensuring that our statutory responsibilities continue to be met while these roles are filled, Mrs Godfrey will also be able to support the transition to the new structure, which will see a number of new appointments to roles in the top tier if this proposed change to the structure is approved.

28. This means that my proposal to increase the number of corporate directors to 4 means that there will be at least 3 vacant posts once the redeployment process is complete, and the notice of retirement has been received from Mrs Godfrey. It is my intention therefore to take steps to advertise these vacant posts after the redeployment process is complete.
29. In the case of the proposed joint post with the CCG this will be advertised externally in line with NHS requirements once a decision on who the host employer of this role will be. The appointment to this role will be done jointly with the CCG but the process will be in line with the policies, procedures and constitutional requirements relevant to the host employer.
30. For the other remaining vacancies these posts will be advertised internally only in the first instance. This is in line with the councils recruitment and selection policy which states that vacancies should be advertised internally only in the first instance where the skills, knowledge, experience and qualifications are available in our workforce, and I believe this to be the case. If it is not possible to appoint an internal candidate then I will take steps to advertise the posts externally, and consideration will be given to procuring the services of an executive search and selection agency to manage this process.
31. The appointments policy & procedure for chief and senior officers outlines the process for these appointments which will be led by the Officer Appointments Committee, who will decide if an offer of an appointment should be made.
32. In addition, and as outlined in appendix 1, the services that will be line managed by the corporate directors in the proposed structure do not all align with the current service responsibilities that associate directors have. Steps to review how services are aligned at tier 2, associate director level, will be taken once this proposal is agreed and appointments to the corporate director posts are complete. The re-alignment of services, and therefore a re-structure at tier 2, will be the responsibility of the four corporate directors following consultation with The Leader and Cabinet, and with the head of paid service. I anticipate that a report will be provided to Cabinet in early autumn on the progress of this re-structure.

### **Overview and Scrutiny Engagement**

33. Overview and scrutiny will have the opportunity to comment about the proposal as part of the formal consultation with the corporate directors and staff and will be kept informed about the implementation.

### **Safeguarding Considerations**

34. The proposed changes to the structure maintains separate statutory responsibility for adult social services and children's social care, and the expectation that all

corporate and associate directors have a role in promoting safeguarding within their specific areas continues.

### **Public Health Implications**

35. There are no public health implications as a result of the proposals outlined.

### **Environmental and Climate Change Considerations**

36. There is no environmental or climate change impacts as a result of the proposals.

### **Equalities Impact of the Proposal**

37. There is no equalities impact as a result of the proposals outlined. The council has in place robust policies and procedures to support change to structures all of which have been subject to an equalities impact assessment.

### **Risk Assessment**

38. In proposing the senior management re-structure a number of risks have been considered, namely:

- I. **Financial risks**, details in paragraphs 40 - 42
- II. **Legal risks**, details in paragraph 43 - 45
- III. **Delivery of the business plan**: The risk is that if the new structure is not implemented the council may not be able to deliver the new business plan (2017 – 2027).

The proposed new business plan (2017 – 2027) outlines the council's vision and four new priorities against which a number of goals outline how these priorities will be delivered. This relies on the council having a strong and resilient structure and means that we now require an increase in the strategic capacity at the top of the organisation, and will need to ensure services are aligned in a way that that supports the new proposed 4 corporate director model to deliver these priorities.

- IV. **Short term impact on delivery**: The risk is that there will be a short term disruption to focus and activity due to uncertainty whilst posts at the top tier (corporate director) are filled and due to an anticipated reorganisation of services and changes in reporting lines at tier 2 (associate director).

39. Based on the risks outlined above the overall risk is assessed as medium, but will be kept under review.

### **Financial Implications**

40. The current 2017/18 base budget approved by Full Council in February 2017 allows for a gross pay budget of £0.695m for 3 corporate directors posts at, at least mid-grade point and other associated costs. As the Council and CCG will jointly fund the adult care and health corporate director post the base budget, with partner contributions, is sufficient for 3.5 fte posts. This means that there would be an overall increase overall of 0.5 fte.

41. It is proposed that the gap of 0.5 fte will be funded from a draw down from reserves, and whilst a one off fund there is sufficient in reserves to fund a number of years. Alternatively and ideally the following year costs would be funded from savings found elsewhere. The proposal therefore, as set out in this report, is fully costed and funded.
42. There may be costs associated with the recruitment of new corporate directors, but these costs will not be determined until steps to advertise vacant posts externally are taken. No additional costs will apply for any post that is filled by an internal candidate.

### **Legal Implications**

43. Legal advice will be provided at each stage to ensure that the proposed new structure is implemented lawfully and in accordance with the requirements of the council's policies and procedures, and the constitution.
44. Partnership agreements under section 75 NHS Act 2006 allow budgets to be pooled between local health and social care organisations and authorities. Resources and management structures can be integrated and functions can be reallocated between partners. A section 75 agreement will need to be developed and agreed between Wiltshire Council and the CCG to cover the funding for the proposed joint post and provide a suitable governance framework to enable the joint appointment to work efficiently and effectively. This includes addressing governance and legal issues, such as the process for dealing with disputes or potential conflicts of interest, given the fact that the CCG and Council will remain two separate legal entities with their own distinct statutory roles and responsibilities. The existing agreement with the CCG on children's services commissioning is due to be refreshed soon so can take place alongside this if appropriate. Additionally section 113 of the Local Government Act 1972 enables local authority staff to be placed at the disposals of certain NHS bodies and visa versa.
45. The terms of any agreement between the council and the CCG will be an important vehicle for mitigating risks associated with making joint appointments – including: the different regulatory arrangements for the council and CCG; the top-down nature of the NHS; and the CCG acting as a commissioner but the council acting as a commissioner and provider of services. Similarly, staff concerns may need addressing, including messages on future options for co-location.

### **Options Considered**

46. The other option considered was to make no changes to the current structure and maintain 3 corporate director roles, with steps taken to recruit to the current vacant post. However an opportunity to further develop the collaboration with partners and to work more jointly with the CCG has arisen. This proposal therefore includes a corporate director post with joint responsibility with the CCG for adult care & health, and I am clear that this additional responsibility will require an increase in the strategic capacity at the top of the organisation and cannot be absorbed into the current structure.

### **Proposals**

47. I am proposing that cabinet:

- I. Approve the proposed changes to the structure of the council at the top tier (corporate director) and as outlined in appendix 1 and paragraphs 10 & 11, on the understanding that the alignment of services below that level will be determined by corporate directors following discussion and agreement with the head of paid service, and after consultation with the Leader and Cabinet.
- II. Recommend that Full Council approves the proposed changes to the designation of the statutory roles outlined in paragraphs 14 – 22.

48. If approved I propose that cabinet note that:

- I. Initial consultation on proposals to implement a new structure will start week immediately.
- II. Once a new structure is confirmed following consultation, that steps to redeploy the current corporate directors into posts in the new structure will take place.
- III. That Mrs Carolyn Godfrey, corporate director, has outlined her intention to retire from the council in October 2017. As a result she be redeployed into an interim corporate director role as part of the redeployment process while steps to recruit to the corporate director roles for adult care & public health (DASS) and corporate director children & education (DCS) take place. Mrs Godfrey will remain in this interim role until October 2017 while recruitment to these roles takes place.
- IV. Steps to advertise the vacant posts will be taken following completion of the redeployment process and, with the exception of the joint post with the CCG, the vacancies will be advertised internally only in the first instance, in line with the council's recruitment & selection policy and procedure, following which an external recruitment exercise will take place if there are no suitable internal candidates.
- V. In the case of the joint corporate director for adult care & health this post will be advertised externally in line with NHS requirements. The appointment will be done jointly with the CCG governing body in line with the relevant policies, procedures and constitutional requirements, and an agreement will need to be developed to provide a governance framework for such a working arrangement.
- VI. A further report to Cabinet in the autumn will provide an update on the progress of a re-structure at tier 2 to align services with the new tier 1 senior management structure and proposed new business plan for 2017 – 2027.

**Baroness Jane Scott of Bybrook, OBE**  
**Leader of the Council**

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## **Appendices**

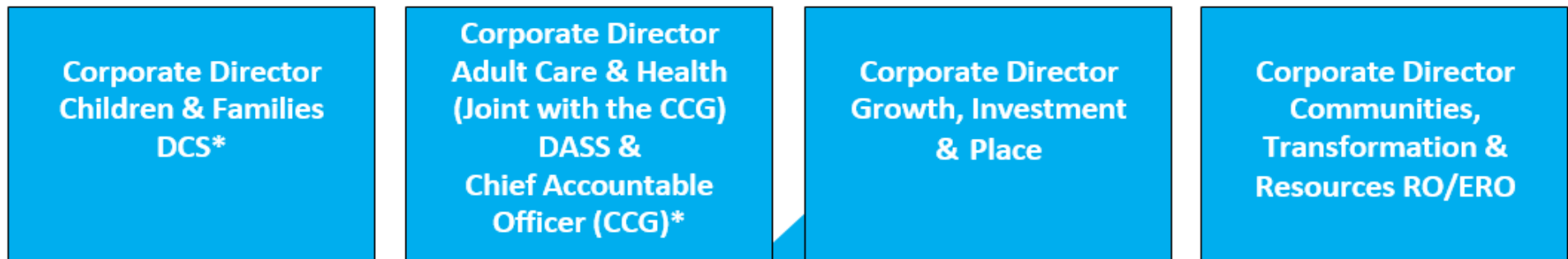
Appendix 1 – Proposed tier 1 structure

Appendix 2 – A vision for integration of health and social care in Wiltshire

Appendix 3 - Proposed Senior Management Restructure - Constitutional Issues

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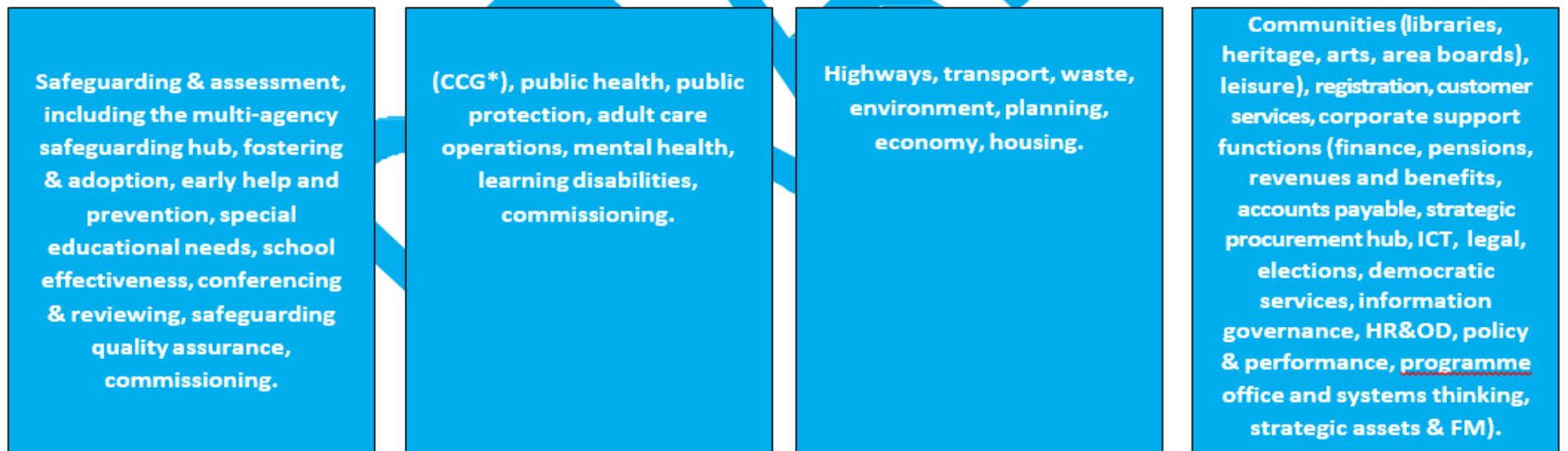
PROPOSED NEW COUNCIL STRUCTURE



\*Carolyn Godfrey will be retained in an interim capacity as a corporate director while recruitment to these roles takes place.



DRAFT ALIGNMENT OF SERVICES



## A vision for integration of health and social care in Wiltshire

### National background

NHS England's Five Year Forward View has noted that:

*“The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three.*

*Over the next five years and beyond the NHS will increasingly need to dissolve these traditional boundaries. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected ‘episodes’ of care. There is consensus that:*

- *Increasingly we need to manage systems – networks of care – not just organisations.*
- *Out-of-hospital care needs to become a much larger part of what the NHS does.*
- *Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.”*

NHS England recently published “Delivering the Forward View”, which asks all NHS organisations to work together across local geographies to produce Sustainability and Transformation Plans (STPs), which will cover the period to March 2021. This encourages health systems to explain how they will move towards new models of care over the next few years. STPs are an approach to delivering place-based accountable care but without organisational restructuring. The intention is that STPs cover primary, secondary and specialist healthcare together with mental health, public health and integration with social care and encourage the development of a coordinated care system, in some cases accountable care organisations (ACO) and accountable care systems (ACS).

An accountable care organisation (ACO) is a concept which emerged in the US, where the ACO agrees to take responsibility for all care for a given population for a defined period of time, under a contractual arrangement with a commissioner. This is characterised by a payment and care delivery model that ties provider reimbursements to quality and reductions in the total cost of care for an assigned population of patients. In this way ACOs are incentivised to deliver outcomes rather than activity.

Within the context of the NHS, other similar approaches are being developed to achieve similar ends. The term ‘Accountable Care System’ (ACS) is being used to describe new care models that bring providers together, offer more co-ordinated and patient-centred care, and incentivise outcomes rather than activity. Here, ACSs are essentially a partnership between primary, acute, community, social care and third sector providers who have agreed to take responsibility for providing all care for a given population for a defined (and long) period of time. Most importantly, the partnership is held to account for achieving a set of pre-agreed quality outcomes within a given budget.

The possibilities of this model may be significant as deeply embedded barriers and dysfunctional incentives currently in place in the NHS could be replaced by a shared set of values and a chance to build a stable set of relationships with a common set of objectives. It should incentivise providers to allocate funding to cost-effective parts of the system – shifting the focus acute to primary and community care and, in turn, to prevention and population health; whilst disinvesting in wasteful and ineffective interventions. It could also help to

eliminate the micro-management of processes of care and allow clinicians and professionals to focus on long term outcomes.

There are different degrees of formality/legally binding structures available ranging from development of a single lead organisation, to an alliance of providers in a partnership agreement to a less formal network arrangement. In all models, the need for a coherent strategic commissioning function is clear, however.

### **Wiltshire context**

Within the Sustainability and Transformation Partnership (STP) footprint that covers Wiltshire, the STP Leadership Group have agreed that the STP plan is likely to be implemented most effectively at a local level through 3 accountable care structures: one for B&NES, one for Swindon and one for Wiltshire.

Although there are a number of strategic initiatives and concepts at play across the health and social care arena, whether it be Sustainability and Transformation Plans (STPs), the NHS Five Year Forward View (5YFV) or Accountable Care Systems/Organisations, the overarching strategic imperative in order to deliver better outcomes for our population is to better integrate health and social care services.

In Wiltshire, over the past three years we have made very significant progress in the production and mobilisation of our shared Better Care Fund (BCF) plan, the successful establishment and functioning of both Health and Wellbeing Board and the supporting Joint Commissioning Board, and the appointment of a shared Director overseeing BCF developments. We have also made strong progress in agreeing the structure and composition of a shared team with responsibility for Mental Health and Learning Disabilities.

Building on this, Wiltshire Council and Wiltshire Clinical Commissioning Group have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population. This will place prevention at the heart of our vision to increase the healthy and productive life years of people living in Wiltshire. It will be delivered through an integrated approach, based on sound evidence with a focus on population needs; better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support across organisational and geographical boundaries.

To achieve this Wiltshire Council and Wiltshire CCG have agreed to progress steps to combine leadership to;

- Align strategies and plans with an emphasis on shifting the focus from acute to primary and community care and, in turn, to prevention and population health;
- Share the risks and rewards of investment locally, moving over time to commissioning on the basis of whole population health outcomes (capitated payments) rather than a system which rewards increased contact;
- Have a shared and transparent Governance structure;
- Establish joint outcomes and evidence based provision;
- Provide a multi-skilled and joined up workforce.

This vision is fully supported by our partners in the acute and mental health sectors and Wiltshire Health and Care (which brings together the three acute hospitals to deliver community care).

The current situation whereby both the Council's Corporate Director with statutory responsibility as the Director of Adult Social Services (DASS) and the CCG Accountable Officer (AO) post are vacant, provides an opportunity for Wiltshire to take the next step on the integration journey, and appoint a single individual to fulfil both roles.

The perceived benefits of driving towards better integration of health and social care are in short to provide more efficient, effective and coherent services to our population enabled by a single source of strategic commissioning intentions. Improved outcomes should be achieved by such joint commissioning, since it would allow better cohesion and collaboration across the sector, enabling strong market management, better use of resources against local priorities and it would drive unerring focus on the right outcomes for our people, which can become obscured when services are divided on budgetary lines.

Naturally, any such arrangement would need to be properly regulated and governed, with very clear lines of accountability and authority to allow the incumbent to fulfil their statutory duties and responsibilities, to ensure due propriety and safeguard each organisation (and the incumbent) from accusations of any improper interventions. The experience from elsewhere in the country is that this is achievable, although a detailed agreement is vital as an operating framework, as is acceptance and understanding of the functions and lines of accountability. It is particularly important to note that agreement to appoint a joint Council DASS/CCG AO would not alter or change the statutory obligations or imperative to deliver for either the Council or the CCG. Organisational independence would remain for all statutory functions, and the shared management resource would be required to service obligations within each of the partner organisations, and in effect answer to more than one Board, depending on the subject matter at hand.

Within Wiltshire Council, the role of Corporate Director, jointly with the other three CDs and the statutory functions of DASS:

- Overarching Corporate Strategy
- Council communication
- Council Financials
- Transformation Programmes such as ASC, Public health
- Operational Planning
- Commissioning for adult care, mental health and learning difficulties
- Older Persons Service including Assessment & Support teams, Sensory Impairment, Physical Disability
- Social Work / OT field work
- Learning Disabilities
- Adult Safeguarding & Professional Standards
- Residential Services
- Adult Mental Health
- Independent Wellbeing
- Carers

It is envisaged that the joint post holder would retain over-arching responsibilities within the CCG for:

- Overarching Strategy
- CCG Financials
- Transformation Programmes such as STP
- Operational Planning
- Commissioning for planned care, urgent care, primary care; mental health & LD services, children, continuing healthcare, and community/out of hospital care
- Health system performance management and assurance
- Quality, Safety and Safeguarding
- Emergency Planning
- Communications & Engagement
- Patient and Public Engagement

Before an appointment to a joint post is made steps will be taken to develop and finalise all the necessary governance and framework agreements.

## Confidential and Legally Privileged

### Proposed Senior Management Restructure - Constitutional Issues

1. This note deals with some constitutional points arising from the proposed senior management restructure, particularly in relation to the appointment of the Head of Paid Service.

#### Statutory Position of Head of Paid Service

2. The Council has a statutory duty under Section 4 Local Government and Housing Act 1989 to:
  - (a) designate one of its officers as the head of its paid service;
  - (b) provide that officer with such staff, accommodation and other resources as are, in their opinion, sufficient to allow their statutory duties to be performed.
3. The head of paid service has a duty, where they consider it appropriate to do so, to prepare a report to the council setting out their proposals in respect of the following matters:
  - The manner in which the discharge of the different functions of the council is coordinated;
  - The number and grades of staff required by the council for the discharge of its functions;
  - The organisation of the council's staff; and
  - The appointment and proper management of the council's staff.
4. Under statutory rules incorporated in the council's constitution the appointment and dismissal of, and taking disciplinary action against staff, other than specified senior officers, must be discharged on behalf of the council by the head of paid service or by an officer nominated by him.
5. The role of head of paid service may be discharged by any officer, other than the monitoring officer.

#### Constitutional Position

6. Responsibility for confirming the appointment of the head of paid service is reserved to full Council (Part 3 – Paragraph 1.9 of the Constitution). Any change would also involve amending the Constitution, which is likewise reserved to the Council (Part 3- Paragraph 1.4) An interim appointment could, if necessary, be made by a Corporate Director in consultation with the Leader under the emergency powers provisions of the Officers' Scheme of Delegation.
7. Appointment of the statutory directors for Childrens' Services and Adult Care and Pubic Health are not specifically reserved to full council, but details of the holders of these offices are set out in the Constitution so any changes require

approval by full council under paragraph 1.4 of the Constitution.

## Background

8. In November 2011 as part of a senior management restructure involving the dismissal of the Chief Executive on the grounds of redundancy, the statutory role of head of paid service was designated to the Service Director Human Resources and Organisational Development. The reasons for this were that this position aligned closely with the role of head of paid service and provided appropriate checks and balances together with the Monitoring Officer and Section 151 Officer within the corporate leadership team.
9. This arrangement was reviewed in November 2013 when Council agreed that the role of head of paid service should sit with the then three corporate directors on a rotational basis with each corporate director taking on the responsibility for 4 months. The reasons for this change was to reflect statutory guidance on the council's safeguarding responsibilities and to further strengthen the organisational leadership role of the corporate directors. The arrangement provided that oversight of the work of the chair of the Local Safeguarding Children's Board (LSCB) would be undertaken by the other two corporate directors when the Corporate Director with statutory responsibility for children's services was discharging the duties of the head of paid service.

## Options

10. There are various options open to the Council in the designation of the Head of Paid Service role under the proposed leadership model. These include:
  - a. Maintain the current practice of rotating the role between the corporate directors for an agreed period, which could be for the whole or part of a year;
  - b. Designate one of the corporate directors as the head of paid service until such time as this is reviewed by the Council;
  - c. Appoint the head of paid service annually at the Council's AGM ;
  - d. Designate a post other than one of the corporate directors (and the Monitoring Officer) to be the head of paid service e.g. the Associate Director People and Business, in line with the arrangements operated previously as outlined in 8 above.
11. It will be for the Leader to propose the option that best meets the objectives of the proposed senior management structure. As already stated any proposal will be subject to the approval of full Council.