

# DRAFT SAVINGS PROPOSAL

<b>Proposal Title:</b>	<b>Integrated Commissioning staffing reductions</b>		
<b>Reference:</b>	SAV / HAC 004 / 21-22	<b>Savings Type:</b>	Service transformation
<b>Directorate:</b>	Health, Adults & Community	<b>Savings Service Area:</b>	Adult Social Care
<b>Directorate Service:</b>	Integrated Commissioning	<b>Strategic Priority Outcome:</b>	3. People access joined-up services when they need them and feel healthier and more independent
<b>Lead Officer and Post:</b>	Warwick Tomsett, Joint Director of Integrated Commissioning	<b>Lead Member and Portfolio:</b>	Cllr Rachel Blake, Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing

Financial Impact:	Current Budget 2020-21	Savings/Income 2021-22	Savings/Income 2022-23	Savings/Income 2023-24	Total Savings/Income
Budget (£000)	3,023	(202)	-	-	(202)

Staffing Impact (if applicable):	Current 2020-21	FTE Reductions 2021-22	FTE Reductions 2022-23	FTE Reductions 2023-24	Total FTE Reductions
Employees (FTE)	TBC	5	-	-	5

## Proposal Summary:

The Council and CCG, through the Tower Hamlets Together partnership have a shared vision, ambition and drive to become one of the best interconnected commissioners of provision for residents in the borough, supporting the delivery of joint planning and joint commissioning in order to ensure the best possible outcomes and maximum value for a collective investment

The design of new integrated care pathways and services requires a greater emphasis on high level strategic planning skills and knowledge and an ability to 'look across' a wider landscape; we need a structure that supports more integrated working and which reflects the need to work across organisational boundaries and commission and transform services that span health and social care. Integrated working adds complexity to the commissioning and contracting functions.

This proposal is to reduce the staffing levels within the integrated commissioning division and to create a more effective structure to ensure continued commissioning activity can take place as well as a focus on transformation in areas of adult social care commissioning.

The service began a restructure during 19/20 and carried out full consultation with staff and unions. The final structure was agreed in February 2020 but implementation has been delayed during Covid19, but will be completed during august 2020.

Staff FTE reductions have primarily been met through vacant posts, and 2 requests for voluntary redundancy. The new structure has already produced and in-year (20/21) underspend with a full year savings effect in 21/22.

## Revised Provision:

Although the demand for health and social care is increasing nationally, and will do so in Tower Hamlets as elsewhere, the resources are not increasing. At the same time, the way in which health and social care is commissioned is changing – as set out in the first paper, we need to work across an increasingly complex system with a number of providers at a local and NE London level. If we are to achieve our ambition – and deliver what is expected of us – we need to adapt our ways of working.

The revised structure has created additional capacity to focus on transformation, and has amalgamated previously separate roles that focussed on contract monitoring and commissioning support.

There are a total of 35 posts across the two parts of the service have been impacted by the restructure. Out of these, 20 posts were being deleted; 15 new posts created; 13 posts retained. The FTE reduction in posts is 5.

**Risk and Mitigations:**

A risk in the new structure is the reduction of capacity however this is mitigated by the re-allocation of portfolios of work to ensure an appropriate balance is maintained. This has already been put into place.

**Resources and Implementation:**

None – already achieved

## SAVINGS PROPOSAL – BUDGET EQUALITY ANALYSIS SCREENING TOOL

Trigger Questions	Yes / No	If Yes – please provide a brief summary of how this impacts on each protected characteristic as identified in the Equalities Act 2010. This will need to be expanded in a full Equality Analysis at full Business Case stage.
Does the change reduce resources available to address inequality?	No	
Does the change reduce resources available to support vulnerable residents?	No	
Does the change involve direct impact on front line services?	No	
<b>Changes to a Service</b>		
Does the change alter who is eligible for the service?	No	
Does the change alter access to the service?	No	
<b>Changes to Staffing</b>		
Does the change involve a reduction in staff?	Yes	An equalities analysis was undertaken as part of the staff consultation process. No compulsory redundancies were made. There was no impact on the protected characteristics.
Does the change involve a redesign of the roles of staff?	Yes	New staff JD's were created and consulted on which aligned tasks on commissioning and contract monitoring previously held in separate roles.
<b>Summary:</b>		<b>Additional Information and Comments:</b>
To be completed at the end of completing the Screening Tool.		Restructure has already been implemented in line with the policies of organisational change.
Based on the Screening Tool, will a full EA will be required?	<b>No</b>	