

**Social Care and National Care Service
Development Directorate**

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HSCP Chief Officers
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NHS Directors of Finance
Local Government Directors of Finance

via email

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Funding for Multi-Disciplinary Teams

Colleagues

I am writing to provide detail on the funding arrangements for MDTs as announced as part of the Adult Social Care - Winter Preparedness Plan: 2021-22.

As noted in the 23 June 2022 letter, the funding being made available in 2022-23 is £40 million on a recurring basis.

Given the overall financial pressures across health and social care it is prudent to use existing reserves before allocating new funding. On that basis, Integration Authorities (IAs) would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.

Annex A of this letter sets out the distribution of the total funding available for MDTs for 2022-23, as well as the first tranche of funding being allocated. Tranche 1 will be 75% of the total allocation and be distributed to Health Boards on a GAE basis. This must be passed in full to Integration Authorities.

Should the further 25% of the allocation be required within this financial year, it will be made available. However, we ask that you continue monitor your MDT earmarked reserve position closely and ensure tranche 1 is fully committed before confirming any tranche 2 allocations.

In the event of any underspend at year end, funds may be passed back to the Scottish Government or held in an earmarked reserves.

Yours sincerely

Angie Wood
Interim Director Social Care and National Care Service Development Directorate



Annex A – MDT Funding

	All Adult Social Care 2022/23 GAE %	Full Allocation (£)	Tranche 1 Allocation (£)
Aberdeen City	3.76%	1,504,000	1,128,000
Aberdeenshire	4.25%	1,700,000	1,275,000
Angus	2.40%	960,000	720,000
Argyll & Bute	1.83%	732,000	549,000
Clackmannanshire	0.94%	376,000	282,000
Dumfries & Galloway	3.29%	1,316,000	987,000
Dundee City	2.85%	1,140,000	855,000
East Ayrshire	2.32%	928,000	696,000
East Dunbartonshire	2.04%	816,000	612,000
East Lothian	1.93%	772,000	579,000
East Renfrewshire	1.75%	700,000	525,000
City of Edinburgh	8.88%	3,552,000	2,664,000
Falkirk	2.83%	1,132,000	849,000
Fife	6.98%	2,792,000	2,094,000
Glasgow City	11.07%	4,428,000	3,321,000
Highland	4.45%	1,780,000	1,335,000
Inverclyde	1.64%	656,000	492,000
Midlothian	1.52%	608,000	456,000
Moray	1.86%	744,000	558,000
Na h-Eileanan Siar	0.61%	244,000	183,000
North Ayrshire	2.76%	1,104,000	828,000
North Lanarkshire	5.81%	2,324,000	1,743,000
Orkney Islands	0.45%	180,000	135,000
Perth & Kinross	3.19%	1,276,000	957,000
Renfrewshire	3.32%	1,328,000	996,000
Scottish Borders	2.37%	948,000	711,000
Shetland Islands	0.39%	156,000	117,000
South Ayrshire	2.50%	1,000,000	750,000
South Lanarkshire	5.87%	2,348,000	1,761,000
Stirling	1.62%	648,000	486,000
West Dunbartonshire	1.66%	664,000	498,000
West Lothian	2.86%	1,144,000	858,000
Total	100%	40,000,000	30,000,000

Annex B – Purpose of Funding

The below has been extracted from the original funding letter from Richard McCallum, sent on 4 November 2021:

“Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people’s long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.”

