Delayed discharge and public service reform: control or capacity?

Briefing from the Scottish Association of Social Work and Social Work Scotland

About us

Social Work Scotland is a membership organisation, supporting the professional leadership and management of social work in Scotland.

The Scottish Association of Social Work (SASW), part of the British Association of Social Workers (BASW) UK, is the largest professional association for social workers in Scotland and the UK.

Introduction

"Delayed discharge" refers to situations in which a hospital inpatient, who is clinically ready to be discharged from hospital, is prevented from being so. Although impacting a relatively small proportion of inpatients (over 96% are discharged on time), the issue has become one of the defining debates about Scotland's health and social care system. It is regularly presented as evidence that services are fragmented and increasingly used to support calls for greater central control over adult social care.

A key assumption behind this argument is that the problem persists because government lacks sufficient levers of control over certain services which could help facilitate hospital discharge (e.g. social care). If that assumption is correct, structural reform could be reasonably expected to improve outcomes.

However, the available evidence points in a different direction. In its 2026 report, *Delayed discharges: A symptom of the challenges facing health and social care*, Audit Scotland concluded that delayed discharge should be understood as a symptom of wider pressures across health and social care rather than a stand-alone operational failure.

This conclusion is reinforced by evidence from Public Health Scotland, the Scottish Government and Healthcare Improvement Scotland, which consistently identify workforce pressures, limited community capacity, housing constraints and increasing complexity of need as the main contributors to delayed discharge.

This distinction matters. If delayed discharge is primarily a governance problem, structural reform may offer a solution. If it is primarily a capacity problem, governance changes alone are unlikely to deliver the improvements sought.

What the evidence tells us

We strongly argue that delayed discharge is best understood as a consequence of wider pressures across health, social care and housing rather than as a problem caused principally by governance arrangements.

The Scottish Government identifies common causes of delay including waiting for home care, care home placements, housing solutions, mental health support, learning disability support and adults with incapacity processes. It also notes that some of the longest delays involve people with mental health needs, adults with incapacity and people with learning disabilities or complex support needs.

Healthcare Improvement Scotland's improvement work has similarly focused on strengthening community support, improving discharge planning and reducing delays where appropriate support or accommodation is unavailable. Its programmes recognise that many delays arise because the support required beyond hospital is not available at the point it is needed.

Audit Scotland identifies demographic change, workforce shortages, increasing demand and insufficient capacity across parts of the health and social care system as major contributors to delayed discharge. Public Health Scotland's data demonstrates the significant impact these pressures have on hospital capacity.

The common theme across the evidence is that delayed discharge reflects gaps in the availability of support rather than weaknesses in organisational design. Whether that support relates to home care, housing, rehabilitation or legal safeguards, delays occur when the resources required for safe discharge are unavailable.

Understanding the significance of the 3% figure

According to Audit Scotland, only around three per cent of people discharged from hospital experience a delayed discharge.

This does not diminish the seriousness of the issue. Instead, it helps explain its nature. The figure suggests that delayed discharge is not a universal discharge failure affecting the majority of patients moving through hospitals. Rather, it is concentrated among individuals whose discharge

depends on complex arrangements involving social care, housing, rehabilitation services, mental health support, learning disability services and legal protections.

The significance of the 3% figure is not that delayed discharge is a minor issue, but that it is concentrated among people with the most complex support needs. This points towards targeted pressures within health, social care and housing systems rather than a universal failure of discharge processes.

Human rights and delayed discharge

Delayed discharge is often framed as a matter of hospital flow and system performance. While these considerations are important, they are not the whole story.

Delayed discharge is fundamentally a human rights issue. The Scottish Government recognises that remaining in hospital unnecessarily can reduce independence, undermine wellbeing and slow recovery. Individuals who no longer require inpatient care should not be deprived of the opportunity to return to their homes and communities because systems are unable to put the necessary support in place.

However, the human rights perspective also reveals the limitations of policies built solely around reducing delay figures. Many delays occur because appropriate support is unavailable. The absence of a care package, suitable housing or rehabilitation support is not merely an administrative inconvenience. It represents the absence of the conditions required for someone to live safely and independently after leaving hospital.

For this reason, the objective cannot simply be to reduce delayed discharge statistics. The objective must be to ensure that people receive the right support, in the right place, at the right time.

A system that reduces delayed discharge figures by weakening safeguards, accelerating decision-making processes or discharging people before support is available may achieve a statistical improvement while undermining individual rights and directly risking their safety and wellbeing. This risk is particularly acute for people with mental health needs, learning disabilities, dementia or circumstances involving adults with incapacity legislation.

Viewed from this perspective, delayed discharge can be understood as a measure of whether Scotland possesses sufficient social work and social care capacity to uphold people's rights once they leave hospital.

The limits of the "levers of control" argument

A central proposition within the Scottish Government's public service reform agenda is that stronger levers of control are required to improve outcomes across public services.

The evidence on delayed discharge suggests caution in applying this argument. Across the evidence base, the principal factors associated with delayed discharge are workforce shortages, limited community provision, housing constraints, demographic change and increasing complexity of need. These are not primarily problems of organisational control. They are problems of capacity.

If delayed discharge were principally the result of fragmented accountability, stronger central control might reasonably be expected to improve outcomes. However, neither Audit Scotland, Public Health Scotland, the Scottish Government's own resources nor Healthcare Improvement Scotland identifies a lack of singular control as a primary cause of delays. Instead, the evidence consistently points to pressures relating to workforce availability, community services, housing and support provision.

This is important because it should shape the policy response. If delayed discharge is viewed primarily as a governance problem, the solution becomes structural reform. If it is understood as a symptom of constrained community capacity, the solution becomes investment in workforce, housing, prevention and support services. The current proposals do not address these concerns.

Greater NHS control over adult social care would not, in itself, create more social care workers, increase housing supply, expand rehabilitation services or provide additional community support. Nor would it remove the need for legal safeguards and protections designed to protect vulnerable individuals.

The case that stronger levers of centralised control will substantially reduce delayed discharge is, therefore, not strongly evidenced. Reform may change accountability arrangements, putting Holyrood in charge of social care instead of local councils, but accountability alone does not create the infrastructure required to support people safely beyond hospital.

Evidence of Capacity-Based Solutions

Emerging policy responses in Scotland increasingly recognise that delayed discharge is fundamentally a challenge of capacity, coordination and community support rather than one of organisational control alone.

This is reflected in recent national efforts to improve outcomes for people with learning disabilities, neurodevelopmental conditions and complex support needs who are at risk of prolonged hospital stays. The development of the Dynamic Support Register (DSR) provides a mechanism for identifying individuals who are at heightened risk of admission, delayed discharge or inappropriate institutional care, enabling earlier intervention and more effective planning across agencies. By focusing attention on individuals whose needs may otherwise escalate into crisis, the DSR seeks to reduce reliance on hospital care through improved coordination, anticipatory planning and strengthened community-based support.

Similarly, the Coming Home Action Plan recognises that delays in discharge for people with complex needs are often associated with insufficient housing options, workforce shortages, gaps in community provision and challenges in commissioning highly personalised packages of support. The actions identified within the programme focus on developing sustainable local support arrangements, improving transitions from hospital and strengthening community capacity, rather than introducing additional layers of oversight or accountability.

These initiatives are significant because they reflect an implicit acknowledgement that the primary constraints within the system are often practical rather than structural. Where suitable housing, social care provision, community health support and specialist services are available, individuals are more likely to avoid unnecessary admissions and to leave hospital promptly when clinically ready. Conversely, where these resources are constrained, delays can persist despite clear accountability arrangements and strong organisational leadership.

The wider impact of delayed discharge can also be observed across urgent and unscheduled care. Pressures associated with delayed discharge reduce the availability of inpatient beds, contributing to challenges in achieving Scotland's four-hour Accident and Emergency waiting time standard and affecting patient flow throughout the healthcare system. From this perspective, delayed discharge is both a social care issue and a whole-system capacity issue, with consequences extending well beyond the individuals directly affected.

Taken together, the evidence from initiatives such as the Dynamic Support Register and the Coming Home programme suggests that sustainable improvements are most likely to be achieved through investment in community capacity, workforce, housing and preventative support. These approaches address the practical barriers that prevent timely discharge and support independence, while also improving system flow across health and social care.

Social work's central role

The evidence also highlights social work's central role in addressing the challenges associated with delayed discharge.

While social workers play an important role in discharge planning, their contribution extends far beyond facilitating movement through the health system. Social work supports people to maintain independence, exercise their rights, manage risk, strengthen family and community relationships, and live well within their communities.

Many factors identified across the evidence base as contributing to delayed discharge sit within this broader social work context. Safe and timely discharge depends not only on effective coordination between services, but on the availability of housing, social care, community support and preventative interventions beyond hospital.

This is reflected in what social workers consistently tell us about the challenges they face and the changes most likely to improve outcomes. Practitioners frequently identify shortages in social care provision, community-based support, housing and preventative services as key barriers to effective practice. They also highlight workforce pressures across both social work and social care, increasing complexity of need and growing difficulties in securing timely support for people once they leave hospital.

Social workers consistently point to the importance of earlier intervention, stronger preventative services and greater investment in community supports. They emphasise the need for accessible community health and social care services, improved housing options, better support for unpaid carers and stronger multidisciplinary working across services. Unnecessary bureaucracy and administrative burdens also reduce the time available for direct work with individuals, families and communities.

Our members and their colleagues are clear about the importance of professional autonomy. They report that they are most effective when empowered to exercise professional judgement and assess people's circumstances holistically through relationship-based, rights-based and strengths-based practice. This means assessing need according to a person's rights, outcomes and wellbeing, rather than limiting assessment to what services happen to be immediately available. Where assessments become driven primarily by resource availability, unmet need is obscured rather than addressed. This can lead to services being delivered by identifying deficit, rather than opportunity for the individual.

These priorities align closely with the wider evidence on delayed discharge. They point towards solutions centred on workforce resilience, prevention, community infrastructure and social care capacity.

Any reform agenda that treats social work primarily as a mechanism for improving hospital flow risks overlooking these wider functions. If delayed discharge becomes the principal lens through

which social care reform is viewed, there is a danger that services become increasingly shaped around supporting hospitals rather than supporting people and communities.

Social work should, therefore, be viewed as a central contributor to prevention, independence, rights, community resilience and sustainable reform. A consistent message from both the evidence and the profession's experience is that lasting improvement will require investment in the workforce, community services, housing, prevention and social care capacity. While governance reform may change accountability and decision-making arrangements, it is vanishingly unlikely, on its own, to resolve the underlying causes of delayed discharge. And if it does, it will come at a cost to individuals who need often complex care and support.

Conclusion

Delayed discharge should be understood as a symptom of wider pressures across health, social care and housing rather than a problem of governance alone.

The evidence consistently points to workforce shortages, constrained community capacity, housing pressures and increasing complexity of need as the principal drivers of delay. While reform may alter accountability arrangements, it does not directly address these underlying pressures.

This has important implications for public service reform. The Scottish Government's argument that stronger levers of control are required to address delayed discharge is not strongly supported by the available evidence or the expert professional wisdom of our members and their colleagues. The challenge identified across the evidence base is not primarily one of authority, but of capacity.

Delayed discharge must also be understood as a human rights issue. The objective is not simply to move people through hospital more quickly, but to ensure they can leave safely, with dignity, autonomy and the support needed to live well in their communities.

The central policy challenge is, therefore, not simply how to exert greater control over services, but how to build the workforce, housing, community support and preventative infrastructure required to make timely and safe discharge possible. The evidence suggests that sustainable improvement will be delivered through strengthening capacity across communities rather than through structural reform alone.

References

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