carr gomm
Supporting People & Communities

Solutions in Social Care: How Social Care holds the key to eliminating delayed discharge and reducing unnecessary hospital admissions

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Introduction

At some point in our lives, we will all rely on social care. Whether for ourselves or those we love. We should expect a social care system that is ready for us at our point of need – to help us live well in our own homes, to be connected to the people and activities we love and to recognise our rights and choices as individuals. We should expect trained and registered workers to support us, we should expect care packages to be ready for when we need them.

But the system is not designed to meet this expectation. When someone is stuck in hospital without a clinical need to be there, the system puts the blame on people. It calls them 'bed-blockers'.

People are not blocking beds, the system is blocking people.

NHS Scotland spent £440m in 2025 on beds for patients who were unable to leave hospital despite being clinically ready for discharge (Audit Scotland & Accounts Commission).

If we know the system is failing, we must find solutions. Social care is supporting people out of hospital and reducing unnecessary hospital admissions.

Solutions can only be found in social care. Additional investment in the NHS is not the answer to reducing unnecessary delays in people's discharge.

This report outlines two examples of how the social care charity, Carr Gomm, is already delivering solutions in Scotland. It shows how, through person-centred support, people are not only discharged from hospital without delay but are now thriving in their communities.

Social care provides proof of what is possible, if we choose to think and invest differently.

Argyll & Bute Responder and Mobile Homecare Services

Across Argyll & Bute, where geography and isolation often limit access to timely care, Carr Gomm's Responder Service is delivering urgent, short-term support that keeps people out of hospital and gets them home faster after inpatient care. Without these services, there would be increased ambulance call outs, police welfare checks and increased pressure on A&E.

The Responder services operate 24/7 across Argyll & Bute. These are reactive services that keep people safe and well in their own home, increase the uptake of Telecare, reduce calls to emergency services, reduce hospital admission, delayed discharge timescales and improve carer wellbeing.
The Mobile Home Care Teams facilitate hospital discharges and community escalation to prevent hospital or care home admission. The Teams also provide short-term care at home service to determine any longer-term requirements.

What the numbers show

Our services made 61,254 visits from April 2024 - March 2025 to people across Argyll & Bute. This includes:

- 172 visits which directly facilitated discharge from hospital
- 14,186 temporary Care at Home visits which aimed to prevent readmission to hospital and unnecessary ambulance call outs
- 2,500 alarm calls responded to per month
- 2,000 planned supports provided each month.

These services work because they are:

- Rapid and reliable: Operating 24/7, with visits arranged within hours
- Skilled and adaptable: Teams provide urgent personal care, welfare checks, fall responses, and are highly skilled in undertaking dynamic risk assessments
- Rural-ready: Designed to reach people across remote communities with minimal delay
- Integrated: Working in collaboration with health professionals, social work teams, and telecare systems.

More recently, the Responder services were central to the HSCP's response to Storms Eowyn and Amy, providing essential support to ensure the welfare of over 500 people affected by power and communications outages. This shows the far-reaching benefits of investing in the community.

Glasgow Mental Health Discharge Support

The Glasgow Mental Health Discharge Support Service (DSS) offers short-term support to adults being discharged from mental health hospital settings. Support begins before discharge with staff working alongside NHS colleagues to build trust, assess need, and design appropriate support for each individual.

After discharge, Carr Gomm practitioners continue support in the community. This includes help with day-to-day routines, developing confidence engaging in the community, and working towards longer-term goals. The duration of support varies depending on individual needs.

The service does not operate a waiting list. Instead, hours are continually rebalanced as people complete support. This allows referrals to be prioritised in real time, ensuring flexible responses and full use of available capacity.

Carr Gomm's workers are integrated with Glasgow's Community Mental Health and Social Work teams, ensuring coordinated decision-making, continuous communication, and seamless support delivered across services.

What the numbers show

Between September 2023 and March 2024:

- 70 people accessed the service
- 74% of recorded cases (38 out of 52) resulted in a successful discharge:
- 37% (19 people) were discharged with no further support required
- 37% (19 people) were discharged with ongoing support in place
- Just 15% (8 people) were readmitted to hospital with the same needs
- A further 2% returned with different needs
- Average support per person: 53 hours (exceeding the estimated 35)
- Range: From 2.5 hours to 299 hours (for higher-complexity cases).

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This service works because it is:

- Integrated: Co-location with statutory services enables rapid coordination and joined-up planning and problem-solving
- Flexible: The model adapts to individuals rather than forcing people into fixed packages. They are funded not by fixed timeframes but by need
- Person-centred: Each person defines their goals, their support, and their pace of recovery and staff build strong relationships with them in hospital.

"It's been a hugely helpful service and has made a very tangible difference to the discharge process. It has supported early discharge for a substantial number of patients who would otherwise have been stuck for quite substantial periods awaiting support packages." - Health professional, Glasgow

Conclusions

Carr Gomm's work in Glasgow and Argyll & Bute are proven, scalable solutions delivering the very outcomes Scotland is striving for: fewer hospital admissions, smoother discharges, stronger communities, and people supported to live safely and independently at home.

How we make these solutions a reality in Scotland

Invest fairly across the social care sector

By making care a respected and well-paid profession we can work toward having a skilled workforce supporting people to live at home, where they want to be, in every community. Parity of pay with health and council staff would demonstrate that recognition.

Ensure everyone who needs it has the right to good quality social care when it's needed

A hospital is funded to be open 24/7; ready at the point of use. Social care is funded to be ready when authorised by another gate keeper, usually for 'contact time' only. This leads to delays in people getting the support they need when they need it. Local authority price-setting and siloed spending means not-for-profit providers are experiencing cuts across the board. Through genuine partnership with local authorities, providers can prioritise service capacity effectively. This will meet the dynamic needs of people while reducing delayed discharge and unnecessary hospital admissions.

Recognise the impact of not-for-profit providers

The rhetoric of all political parties is valuing and improving social care. But turning this into a reality is much harder. Carr Gomm is willing to work with any and all partners so that everyone in Scotland has access to good quality social care.

Continue the conversation

To find out more about our services and discuss solutions with our Chief Executive, Andrew Thomson, please contact Beth Johnstone at bethjohnstone@carrgomm.org

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Supporting People & Communities

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