



Jane O'Donnell
COSLA Chief Executive

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Richard Leonard MSP
Convenor, Public Audit Committee

The Scottish Parliament
EH99 1SP

By email: publicaudit.committee@Parliament.Scot
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Dear Convenor,

Thank you for the opportunity to provide COSLA's views on Audit Scotland's recent reports on delayed discharges, and community health and social care performance. We welcome the Committee's continued engagement with local government, and we appreciate being invited to contribute to the scrutiny process. The issues highlighted in these reports are significant for councils across Scotland, and we are pleased to offer reflections that we hope will support the Committee's considerations.

COSLA remains committed to constructive partnership working with the Scottish Parliament, Scottish Government, and key partners to ensure that local government is empowered, financially sustainable, accountable, and able to deliver the essential services our communities rely on. We trust that the perspectives we have shared will be of value to the Committee, and we look forward to continued dialogue as this work progresses.

Yours sincerely,

Jane O'Donnell
COSLA Chief Executive

COSLA Response to Scottish Parliament Public Audit Committee

Audit Scotland's reports:

Delayed discharges: A symptom of the challenges facing health and social care

Community health and social care: Performance 2025

Introduction

1. COSLA welcomes the opportunity to provide written evidence to the Public Audit Committee on Audit Scotland's recent reports concerning delayed discharge and the performance of community health and social care services. We share the concerns outlined in the reports about the significant pressures facing Scotland's health and social care system and recognise the importance of transparent scrutiny to support improvement.
2. The findings in the reports reflect what councils and their IJB partners experience daily: rising levels of need, increasing complexity of care, and demand that continues to exceed system capacity. COSLA remains firmly committed to working with national and local partners to reduce delays to accessing care across the continuum, and to support individuals to return home as soon as they are clinically ready. This approach—centred on early intervention, prevention, and timely discharge—is key to improving outcomes and alleviating wider system pressures.
3. In recognition of this, COSLA and the Scottish Government have jointly published the Population Health Framework and the Service Renewal Frameworks which articulates our shared vision of a Scotland where people live longer, healthier and more fulfilling lives, and for a health and social care system in Scotland which prioritises prevention; maximises access to care; and provides quality, person-led services.

Whole System Pressures and the Role of Local Government

4. The reports rightly emphasise the complex, system-wide nature of the challenges affecting delayed discharge. The integration of health and social care means that the landscape of governance and operational delivery is complex by its very nature. Add to that persistent workforce shortages, limited social care capacity, and sustained financial pressures, the challenges continue to be felt acutely at local level. Councils continue to face increasing demand for care and support while operating within a highly constrained financial settlement.
5. These pressures extend beyond social care to the wider range of local services that support public health, prevention, and community wellbeing. It is therefore essential that the contribution of local government is fully recognised and respected within national planning, governance, and accountability arrangements.
6. It is clear that many of the levers for preventative action across the wider determinants correspond to Local Government services that lie outside of the NHS, such as housing, education and employability. It remains our belief that the most appropriate means of tackling delayed discharge is to prevent admissions in the first instance. IJB responsibilities for social care, social work and community health continue to be essential in supporting people to live independently and play a key role in the shift in the balance of care to the community.

7. COSLA remains committed to developing sustainable solutions that improve outcomes for individuals, support Scotland's valued workforce, and deliver best value for public resources. This will require a joined up national approach that respects local democratic accountability and recognises the interdependencies across the whole system.
8. A sustainable financial settlement for local government remains critical to realising these ambitions, which is why COSLA called for an additional £750m for social care within our [Budget Lobbying - Strong Councils, Stronger Communities](#) and [Manifesto](#) – recognising that significant, sustained investment in the sector is required in order to ensure people have access to the care they need, when they need it, and to support the public sector reform agenda. However, COSLA's [Budget Reality](#) and [Post Budget Briefing on Social Care](#) set out a stark and challenging picture for Local Government.
9. This is the context that informs COSLA's work to improve access to care in the community and to minimise delays both in acute and community settings, and as such informs our response to Audit Scotland's recommendations, which will be addressed in the remainder of this response.

Response to Specific Recommendations

'The Committee would like to know if you accept the findings and recommendations of the report namely those made jointly to the Scottish Government, NHS Scotland, the Convention of Scottish Local Authorities, Healthcare Improvement Scotland, integration authorities and their partner NHS boards and councils:

- ***Over the next 12 months, develop a consistent approach to evaluating and reporting on initiatives to improve delayed discharges, such as discharge without delay and the Lothian Partnership, and sharing best practice and areas for improvement. Evaluation should be reported annually and include assessing effectiveness, value for money, and whether the initiatives are improving the balance of care. This evaluation should be used to update current discharge planning guidance (paragraph 109).***
10. In relation to Audit Scotland's recommendation to develop a more consistent national approach to evaluating and reporting on improvement initiatives such as Discharge Without Delay and the Lothian Partnership, it is important to ensure there is consideration of data and evaluation in the widest possible sense. Delayed discharge has been a key national focus for some time and levels are regularly monitored through the Collaborative Response and Assurance Group. COSLA have been keen to emphasise that delayed discharge is one limited measure of the system – and more importantly, a limited measure of a person's outcomes. There is considerable work underway at the national level, and in the longer term, to improve the coherence and availability of social care data so that it better captures an individual's entire journey.
 11. We support the recommendation for a national evaluation framework though would emphasise that this would need to be informed by those with the lived expertise in improvement and evaluation, particularly with respect to social care, which is often a more complex picture to evaluate. It will be important that any improvement framework

reflects local delivery realities and draws upon existing knowledge within local government.

12. It is also essential that any national evaluation framework preserves sufficient local flexibility. Success will naturally differ between areas due to local demographic profiles, workforce pressures, urban-ness and rurality, and the unique configuration of local systems and partnerships. A balanced approach to evaluating specific initiatives is one that enables shared learning nationally, while allowing councils and partnerships to demonstrate improvement in ways that are meaningful to their particular circumstances.
13. While local government remains committed to driving change, genuine innovation requires time, resources, and stability. National work on improvement must therefore reflect the financial realities that councils, health board, and Integration Authorities face and consider how best to support sustainable, long-term innovation across the system.
 - ***In the next six months, publish guidance to clarify and strengthen the role of integration joint boards and health and social care partnerships in the governance and delivery of the health and social care service renewal framework (paragraph 106).***
14. As referenced within this submission, local government is a vital partner in the delivery of reform and the realisation of our shared prevention agenda, and as such COSLA supports the recommendation to clarify the important role of IJBs and councils in the governance and delivery of the Service Renewal Framework, as well as other reform products.
15. Work is already underway nationally to support this. A Service Renewal Framework Programme Board is currently being established to provide strategic oversight and ensure alignment across the sector. In parallel, COSLA has convened a Local Government Advisory Group to shape and inform the role of LG within the wider health and social care reform programme. This group brings together senior local government officers to ensure that the expertise, responsibilities, and operational experience of councils directly inform the development, governance, and implementation of the reform.
 - ***Over the next 12 months, provide guidance on, and better promote public awareness of the benefits of, establishing a power of attorney or a guardianship order (paragraph 84).***
16. We recognise that delays in securing legal authority for adults lacking capacity can be a significant factor in delays in leaving acute settings. COSLA therefore supports the recommendation to improve and promote national guidance, and promote public awareness of powers of attorney and guardianship. We know that encouraging earlier conversations on substitute decision making can reduce avoidable delays and support more efficient discharge processes.

- ***Over the next 12 months, work together to develop and action an implementation plan to share learning and practice from digital solutions used for tackling delayed discharges, early intervention and prevention (paragraph 95).***
17. There are a number of major programmes of work underway at a national level which provide leadership and oversight of digital innovation across health and social care. This work supports early intervention, prevention, and timely access to care, as well as supporting admission / discharge from hospital and onward care. These programmes of work include utilising digital telecare, the development of the digital front door, MyCare.scot and the digital health and care record and improving information sharing.
 18. COSLA, the Local Government Digital Office and Public Health Scotland are working collaboratively to utilise the Community Health Index (CHI) number in Local Government, working with local high-readiness early adopter projects to investigate how CHI can be adopted as an identifier in social work and social care systems to support the delivery of health and social care services. Learning from these projects will be translated into a practical playbook, technical roadmap and overall implementation plan for councils / HSCPs to implement CHI matching in future scaled delivery. This work will be co-ordinated with major programmes of work (including the Digital Front Door and the Digital Health & Care Record) and with the CHI transformation programme to maximise identity compatibility and reduce future integration effort for councils
 19. In short, local areas are already developing a range of digital solutions. Any national approach must recognise variation in digital maturity across HSCPs.
- ***In the next six months, ensure they fully implement the Carers (Scotland) Act 2016 by understanding the point of the discharge planning process where this is failing to happen, intervening with support for local areas to improve their processes for carers to be involved in discharge planning from the point of admission (paragraph 71).'***
20. COSLA recognises the importance of ensuring carers are fully involved in discharge planning and shares the ambition of the Carers (Scotland) Act 2016 to enhance carers' rights and ensure their views are central to decision-making. We would emphasise that implementation of the Act is already a key priority across Local Government, though issues around funding and workforce constraints have added challenge and pressure to the ability to deliver.
 21. It is also essential that the focus is not narrowed solely to involvement at the point of hospital admission and discharge. While timely involvement in discharge planning is crucial for ensuring individuals and their carers experience a positive transition of care, the Act sets out a much broader aspiration which seeks to ensure unpaid carers are identified early, offered meaningful choice and control, and supported throughout their caring journey. Improvements should therefore be framed within the wider aims of the legislation, recognising that challenges in hospital discharge processes often reflect pressures elsewhere in the system, including workforce, community capacity, and the availability of preventative support. A whole-system, rights-based approach is needed to

realise the full intent of the Act and deliver sustainable improvements for carers and the people they care for.

In relation to Community health and social care: Performance 2025 report, the Committee would like to know if you accept the findings and recommendations of the report, specifically the recommendation to IAs and HSCPs:

- ***Over the next six months, use the interactive data tool to compare performance with other areas to: – understand and explain in public reports their relative performance in terms of local context, priorities, policy and operational decisions – analyse performance alongside local data to support benchmarking, self-assessment and the development of improvement plans (paragraph 6)***
22. COSLA supports the recommendation for HSCPs to use the interactive data tool to support benchmarking, analysis and improvement planning in order to help partnerships understand performance in context and support transparent public reporting. However, the use of this tool must recognise the diversity of local needs, geographies, and service models, ensuring performance information remains appropriately contextualised.
23. It is also important that this is considered within the broader context and landscape of health and social care data as well as other key tools such as the Improvement Service's Local Government Benchmarking Framework. The recently published [National Benchmarking Overview Report 2024/25](#) is a result of longstanding joint working between Improvement Service, COSLA and SOLACE to strengthen the use of high quality, comparable data to support improvement, target resources and enhance accountability. The Overview Report clearly sets out the wide ranging challenges – and successes – across Local Government.

Conclusion

24. COSLA remains committed to a collaborative, whole-system approach to tackling the challenges facing Scotland's health and social care system. We welcome Audit Scotland's recommendations and agree that evaluation, clear governance arrangements, improved public awareness, better sharing of digital innovation, and strengthened support for carers are all essential.
25. To deliver sustainable, long-term improvements, it is vital that local government is fully recognised as an equal partner and that councils have the financial stability needed to continue providing the services that underpin a resilient and person-centred health and social care system.
26. COSLA would be happy to follow up with the Committee at a later date to report on joint progress with the Scottish Government across these recommendations.