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Health, Social Care and Sport Committee

Annual report of the Health, Social Care and Sport Committee 2024-25



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Health, Social Care and Sport Committee

To consider and report on matters falling within the responsibility of the Cabinet Secretary for Health and Social Care.

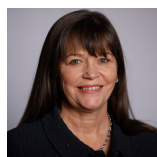


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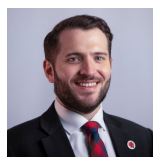


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Committee Membership



Convener
Clare Haughey
Scottish National Party



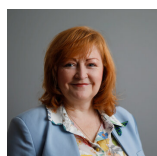
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Scottish Labour



Joe FitzPatrick
Scottish National Party



Sandesh Gulhane
Scottish Conservative
and Unionist Party



Emma Harper
Scottish National Party



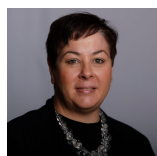
Gillian Mackay
Scottish Green Party



Carol Mochan
Scottish Labour



David Torrance
Scottish National Party



Elena Whitham
Scottish National Party



Brian Whittle
Scottish Conservative
and Unionist Party

Introduction

1. This annual report covers the work of the Health, Social Care and Sport Committee over the period from 13 May 2024 to 12 May 2025.
2. The role of the Committee is to consider and report on matters falling within the responsibility of the Cabinet Secretary for Health and Social Care and matters relating to drugs and alcohol policy.

Membership changes

3. There were three membership changes in the reporting year:
 - On 18 June 2024, Joe FitzPatrick MSP replaced Ivan McKee MSP as a member of the Committee.
 - On 10 October 2024, Brian Whittle MSP replaced Tess White MSP as a member of the Committee.
 - On 30 October 2024, Elena Whitham MSP replaced Ruth Maguire MSP as a member of the Committee.

Meetings

4. The Committee held 35 meetings over this period, one of which was a joint meeting with members of the Criminal Justice Committee and Social Justice and Social Security Committee and the other a joint meeting with members of the Social Justice and Social Security Committee. 2 meetings were held fully in private, 2 fully in public, and 31 were public meetings with private agenda items. Private items were predominantly consideration of evidence, the Committee's work programme and draft reports.
5. 182 witnesses attended the Committee during the reporting year.



Source: Scottish Parliament

Legislation

Bills



Bills scrutinised

Source: Scottish Parliament

Abortion Services (Safe Access Zones) (Scotland) Bill

6. Gillian Mackay MSP introduced the [Abortion Services \(Safe Access Zones\) \(Scotland\) Bill](#) on 5 October 2023.
7. The purpose of the Bill is to create safe access zones around abortion service providers in Scotland, with the aims of:
 - Protecting access to abortion services across Scotland
 - Ensuring that people can access abortion services without fear of, and free from, intimidation, harassment or public judgement
 - Ensuring that at the point of access users are protected from attempts to influence or persuade them in relation to their decision to access services
 - Taking a preventative approach so all abortion services are covered, including those that have not experienced protests
 - Ensuring that providers or facilitators of the service are protected from attempts to influence their decision to provide or facilitate abortion related services at their place of work or where those services are delivered
 - Preventing providers or facilitators from being reluctant to provide or facilitate services for fear of such protests occurring

8. The Committee completed Stage 2 consideration of the Bill at its meeting on [28 May 2024](#).
9. The Bill was passed at Stage 3 on 12 June 2024 and became an Act on 22 July 2024.

Right to Addiction Recovery (Scotland) Bill

10. Douglas Ross MSP introduced the [Right to Addiction Recovery \(Scotland\) Bill](#) on 14 May 2024.
11. The purpose of the Bill is to allow people who have been diagnosed by a health professional as being addicted to either alcohol, or drugs, or both to be provided with a treatment determination, and the treatment that is appropriate for them. Other key provisions in the Bill include:
 - The treatment must be made available to them within three weeks of the treatment determination being made
 - If the health professional thinks that no treatment is appropriate, or that the treatment which the person wants is not appropriate, then the health professional must tell the person in writing why they think this
 - If the person does not agree with the health professional's decision, they can get a second opinion from a different health professional
 - The Scottish Government must report on its progress towards providing treatment to people addicted to either alcohol, or drugs, or both, every year. The report should be given to Parliament and published by the Government
 - The report needs to include certain statistical information for each health board area
 - The Scottish Government must prepare a code of practice to help the bodies which help implement the Bill know what they need to do. These are bodies like health boards and local authorities.
12. As the lead Committee, the Committee began Stage 1 scrutiny of the Bill by launching a call for written evidence in late 2024.
13. The Committee's call for written evidence on the Bill closed on 20 December 2024.
14. The Committee agreed a programme of oral evidence on the Bill comprising five meetings. This commenced at the Committee's meeting on 18 March 2025 and was scheduled to conclude with evidence from the Member in charge of the Bill at the Committee's meeting on 27 May 2025.
15. As a further part of its Stage 1 scrutiny of the Bill, on 18 February 2025, the Committee undertook informal engagement with people with lived experience of recovery from alcohol and/or drug addiction.

Care Reform (Scotland) Bill

16. Prior to the conclusion of Stage 2 proceedings on 4 March 2025, the Care Reform (Scotland) Bill was referred to as the National Care Service (Scotland) Bill.
17. The Scottish Government introduced the [National Care Service \(Scotland\) Bill](#) on 20 June 2022.
18. The Scottish Government described the purpose of the Bill as being "to improve the quality of social work and social care services in Scotland". By bringing forward proposals for the creation of a National Care Service, the Scottish Government's aim was to ensure that these services are offered in the same way and at the same standard throughout Scotland.
19. The Bill as introduced would allow Scottish Ministers to transfer responsibility for social work and social care from local authorities to a new, national service, under their direct control. Social care, social work and community health services would be planned and delivered by new care boards. The national care service, like services organised by integration authorities now, could include adult and children's services, as well as areas such as justice social work. The Scottish Government would need to consult the public before transferring children's services or justice social work responsibilities.
20. Scottish Ministers would also be able to transfer healthcare functions from the NHS to the National Care Service. Care or health services that were transferred could be delivered nationally or locally by care boards. New 'special' care boards, not based on geographic boundaries, could also be established to provide specialised national services.
21. As well as establishing the National Care Service, the Bill proposes other changes including:
 - allowing information to be shared by the National Care Service and the NHS;
 - introducing a right to breaks for carers;
 - giving rights to people living in adult care homes to see the people important to them (known as "Anne's Law").
22. Having completed Stage 1 scrutiny of the Bill with a Stage 1 debate on 29 February 2024, the Committee took additional oral and written evidence on the Bill and on [a package of draft Scottish Government amendments](#) between July and October 2024, ahead of formal Stage 2 proceedings.
23. On 13 November 2024, the Minister for Social Care, Mental Wellbeing and Sport wrote to the Committee outlining the Scottish Government's intention to seek a delay to Stage 2 consideration of the Bill and to "work with the committee and the Parliamentary Bureau to agree a revised timetable, for the New Year". Subsequently, on 29 January 2025, Parliament agreed that Stage 2 proceedings in relation to the Bill should be completed by 28 March 2025.
24. The Committee conducted formal Stage 2 proceedings on the Bill across two meetings held on 25 February 2025 and 4 March 2025. It completed Stage 2 consideration of the Bill at its meeting on [4 March 2025](#).

Assisted Dying for Terminally Ill Adults (Scotland) Bill

25. Liam McArthur MSP introduced the [Assisted Dying for Terminally Ill Adults \(Scotland\) Bill](#) on 27 March 2024.
26. The purpose of the Bill is to allow terminally ill adults in Scotland, who are eligible, to lawfully request, and be provided with, assistance by health professionals to end their own life.

To be eligible to be provided with assistance to end their life, a person must:

- be terminally ill (have an advanced and progressive disease, illness or condition which they cannot recover from, and which is expected to cause their premature death)
- be aged 16 or over
- have been resident in Scotland for at least 12 months be registered with a GP practice in Scotland
- have sufficient capacity to make and understand the decision

Two doctors are required to assess a person as being eligible to be provided with assistance to end their own life. Both doctors also need to be satisfied that a person is acting voluntarily, without being coerced or pressured.

If confirmed as eligible, a terminally ill adult can lawfully be provided with an approved substance by a health professional. They can choose to administer this substance to themselves to end their life. Assisting death outside of what is set out in the Bill would remain unlawful.

27. At the start of its Stage 1 scrutiny of the Bill, the Committee issued two calls for evidence which were open for submissions between 7 June and 16 August 2024 and collectively received more than 21,000 responses.
28. The Committee took oral evidence on the Bill at Stage 1 over the course of eight meetings between November 2024 and February 2025.
29. As an additional part of its Stage 1 scrutiny of the Bill, the Committee undertook [informal engagement](#) with people with learning disabilities and autism. See the section on [Equal Opportunities](#) for further information.
30. The Committee also engaged with a number of organisations involved in the provision of frontline care and support to source additional personal testimonies from individuals living with a terminal illness. Members reflected on these testimonies in public at the Committee's meeting on [25 March 2025](#).
31. The Committee published its [Stage 1 report](#) on 30 April 2025. On the basis that deciding how to vote on the Bill at Stage 1 should be treated as a matter of conscience by individual Members, the report made no overall recommendation on the general principles of the Bill.
32. The Stage 1 debate took place on 13 May 2025. The Parliament voted in favour of the general principles of the Bill at Stage 1 by 70 votes to 56 with one abstention.

Subordinate legislation

33. During the reporting year, the Committee considered 20 pieces of subordinate legislation, :
- 15 negative Scottish Statutory Instruments
 - 1 negative UK Statutory Instrument
 - 3 affirmative Scottish Statutory Instruments
 - 1 affirmative UK Statutory Instrument



SSIs considered

Source: Scottish Parliament

LCMs

34. The Committee considered one UK Parliament Bill in the reporting year.
35. A Tobacco and Vapes Bill was originally introduced in the House of Commons by the Conservative UK Government on 20 March 2024.
36. A Legislative Consent Memorandum related to this Bill was lodged on 2 April 2024 by Neil Gray, Cabinet Secretary for Health and Social Care, under Rule 9B.3.1(a) of the Parliament's standing orders. The Health, Social Care and Sport Committee was designated as the lead committee for consideration of the LCM.
37. At its meeting on [21 May 2024](#), the Committee took evidence on the LCM from selected stakeholders.
38. Following the UK General Election on 4 July 2024, the newly elected UK Labour

Government subsequently introduced a [modified version of the Tobacco and Vapes Bill](#) in the House of Commons on 5 November 2024.

39. On 21 November, a [Legislative Consent Memorandum related to the reintroduced Tobacco and Vapes Bill](#) was lodged by Neil Gray, Cabinet Secretary for Health and Social Care, under Rule 9B.3.1(a) of the Parliament's standing orders.
40. The Committee took evidence on the LCM related to the modified version of the Bill from the Minister for Public Health and Women's Health [at its meeting on 17 December 2024](#) .
41. On 18 March 2025, the UK Government tabled certain amendments to the Tobacco and Vapes Bill which triggered the need for a [supplementary LCM](#).
42. The Committee took evidence on the supplementary LCM from the Minister for Public Health and Women's Health [at its meeting on 6 May 2025](#).
43. The Committee [published its report on the LCM and supplementary LCM related to the Tobacco and Vapes Bill on 12 May 2025](#).

Inquiries/case studies

NHS waiting times

44. [At its meeting on 4 June 2024](#), the Committee took oral evidence from a panel of stakeholders on the subject of NHS waiting times. The purpose of the session was to explore current challenges with cancer waiting times and areas of development - including the use of innovation and technology to improve waiting times.

Budget scrutiny 2025-26

45. The Committee decided to focus its pre-budget scrutiny for 2025-26 on [the financial position of Integration Joint Boards \(IJBs\)](#).
46. To inform its pre-budget scrutiny, the Committee issued a [call for views](#) which ran from 9 July to 20 August 2024 and received 27 responses.
47. The Committee took oral evidence from two panels of stakeholders at its meeting [on 3 September 2024](#).
48. The Committee published its [pre-budget scrutiny 2025-26 report](#) on 14 October 2024.
49. The Committee received a response to its report from the Cabinet Secretary for Health and Social Care on [5 December 2024](#).
50. The Committee concluded its budget scrutiny exercise by taking evidence from the Cabinet Secretary for Health and Social Care on the Scottish Government's Budget for 2025-26 at its meeting on [17 December 2024](#).

National Performance Framework: Proposed National Outcomes

51. [At its meeting on 10 September 2024](#), the Committee took oral evidence on the proposed National Outcomes released by the Scottish Government as part of its latest review of the National Performance Framework in May 2024. The Community Empowerment (Scotland) Act 2015 requires Scottish Ministers to develop and produce a set of national outcomes and to undertake a review of these at least every five years.
52. On 4 November 2024, the Committee published its findings from this scrutiny exercise in a report entitled [National Performance Framework: proposed National Outcomes considered by the Health, Social Care and Sport Committee](#).
53. The Committee received a [response to its report from the Deputy First Minister and Cabinet Secretary for Economy and Gaelic](#) on 14 January 2025.

Independent Review of Gender Identity Services for Children and Young People

54. [At its meeting on 17 September 2024](#), the Committee took oral evidence from a panel of witnesses on the Independent Review of Gender Identity Services for Children and Young People in NHS England and implications for the delivery of these services in Scotland. This followed a previous evidence session with the Chair of the Independent Review, Dr Hilary Cass, on 7 May 2024.
55. The Committee subsequently took evidence from the Chief Medical Officer for Scotland, the Deputy Chief Medical Officer and the Chief Pharmaceutical Officer on the same subject [at its meeting on 29 October 2024](#).

Healthcare in remote and rural areas

56. The Committee began its [inquiry](#) into healthcare in remote and rural areas in autumn 2023. However, due to other work programme commitments, completion of the inquiry was delayed and the inquiry ultimately concluded with [publication of an inquiry report on 7 October 2024](#).
57. On 13 and 14 May 2024, Committee members undertook a visit to Skye to hear from staff, stakeholders, and local patient groups about issues and challenges people face with accessing healthcare in remote and rural areas. Members visited Broadford Hospital and Broadford Medical Practice as well as engaging with third sector organisations and service users in Portree.
58. The Committee concluded taking oral evidence as part of the inquiry with a [session with the Cabinet Secretary for Health and Social Care at its meeting on 21 May 2024](#).
59. The Scottish Government responded to the Committee's inquiry report on [18 November 2024](#).
60. A committee debate on the Committee's inquiry took place in the chamber on [12 December 2024](#).

Committee Members visiting Broadford Hospital as part of their engagement visit to Skye.



Source: Scottish Parliament

NHS Dental Services

61. As follow-up to a previous inquiry into the [Recovery of NHS Dental Services](#) undertaken by the Covid-19 Recovery Committee during 2023, the Committee wrote to a number of stakeholders in November 2024 to seek their views on the current status of NHS dental services in Scotland. The Committee received [a total of 19 responses](#).
62. The Minister for Public Health and Women's Health, the Director of Primary Care and the Chief Dental Officer for Scotland subsequently attended [the Committee's meeting on 10 December 2024](#) to give oral evidence on the current status of NHS dental services in Scotland.

sportscotland

At its meeting on [11 March 2025](#), the Committee held an oral evidence session with the Chair and Chief Executive Officer of sportscotland with a focus on current issues affecting participation in sport and physical activity.

Post-legislative scrutiny

Post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013

63. At its meeting on 27 June 2023, the Committee agreed to undertake [post-legislative scrutiny of the Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#). During the previous decade, since legislation that introduced the concept of self-directed support came into force, many stakeholders have reported issues with its implementation and argued that, as a result, the intent of the legislation has not been fully realised. The purpose of this scrutiny was to understand reported issues around implementation of SDS, examine whether practice is in line with the principles and values of the legislation, and explore what future action may be required.
64. The Committee agreed a two-phase approach to its post-legislative scrutiny with phase one focused on information gathering and phase two focused on developing recommendations for future implementation of the Act, informed by analysis of the evidence gathered during phase one:
- Phase 1 to be undertaken between October 2023 - February 2024
 - Phase 2 to be undertaken March 2024 onwards
65. The Committee established an informal stakeholder reference group to help determine the focus of Phase 1 of the inquiry. As a result, the Committee engaged with stakeholders during an informal briefing, issued a call for written evidence, and developed and delivered five engagement workstreams using a deliberative democracy approach.
66. Having published its [Phase 1 report](#) on 3 May 2024, the Committee held oral evidence sessions as part of Phase 2 at its meetings on [4 June 2024](#), [11 June 2024](#) and [18 June 2024](#), concluding with an evidence session with the Minister for Social Care, Mental Wellbeing and Sport at its meeting on [25 June 2024](#).
67. The Committee published its Phase 2 report on its post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013 [on 9 September 2024](#).
68. The Committee received a response to its Phase 2 report from the Minister for Social Care, Mental Wellbeing and Sport on [4 December 2024](#).

Joint Committee working

Reducing drug deaths in Scotland and tackling problem drug use

69. Throughout this session, members of the Criminal Justice, Health, Social Care and Sport, and Social Justice and Social Security committees have been undertaking periodic joint scrutiny of Scottish Government policy on reducing drug deaths and tackling problem drug use in Scotland.
70. As part of this ongoing work, on [14 November 2024](#) and , Members of the Criminal Justice, Health, Social Care and Sport, and Social Justice and Social Security committees held a joint evidence session to consider the progress made on the implementation of the recommendations of the Scottish Drug Deaths Taskforce. On [20 February 2025](#), Members of the Health, Social Care and Sport, and Social Justice and Social Security committees held a joint evidence session to consider the recommendations contained in the People's Panel report on reducing drug harm and drug deaths in Scotland.

Equal opportunities

71. During the Committee's visit to the Isle of Skye as part of its inquiry into healthcare in remote and rural areas, it undertook informal engagement with staff and members of Skye and Lochalsh Mental Health Association (SLMHA). SLMHA are a local independent charity with 30 years' experience of providing support to local people suffering from mental illness.
72. During its Stage 1 scrutiny of the Assisted Dying for Terminally Ill Adults (Scotland) Bill, the Committee undertook informal engagement with members of the Scottish Assembly, an organisation that brings together people with a learning disability and autistic people across Scotland and helps them to engage with the political process and a range of support and services.
73. In advance of the Stage 1 debate on 13 May 2025, the Committee also worked with colleagues in Public Information to produce the Executive Summary of the Committee's Stage 1 report on the Assisted Dying for Terminally Ill Adults (Scotland) Bill in accessible formats, namely British Sign Language, Easy Read and Gaelic.
74. As part of its Stage 1 scrutiny of the Right to Addiction Recovery (Scotland) Bill, on 18 February 2025, the Committee undertook informal engagement with people with lived experience of recovery from alcohol and/or drug addiction.

