



The Scottish Parliament  
Pàrlamaid na h-Alba

## Health, Social Care and Sport Committee

Edward Mountain MSP  
Convener  
Net Zero, Energy and Transport Committee

Email only

**30 January 2026**

Dear Convener,

### **RE: Summary of key themes from evidence on the Draft Climate Change Plan**

I am writing to provide an interim summary of the key themes emerging from the Health, Social Care and Sport Committee's ongoing scrutiny of the draft Climate Change Plan (CCP) and its implications for health and social care in Scotland.

Given the timing of parliamentary business, it will not be possible to finalise and report our findings before your planned sessions with Cabinet Secretaries. We therefore offer this summary to support your preparatory work. In due course, the Committee plans to present its findings from its scrutiny of the draft Climate Change Plan in the form of a short report. In that context, this letter should be read as a factual presentation of some of the main themes raised in evidence taken by the Committee so far rather than representing the views of the Committee itself.

To date, the Committee has held two evidence discussions on the draft CCP:

- On **13 January 2026**, we heard from **Professor Jill Belch** (University of Dundee and Royal College of Physicians of Edinburgh) and **Professor Peter Scarborough** (University of Oxford). Due to technical difficulties, two witnesses joining remotely – **Professor Ruth Doherty** (University of Edinburgh), and **Dr Andrew Sudmant** (University of Edinburgh) were unable to contribute orally, but indicated their intention to provide written evidence thereafter. We have received written evidence from **Dr Sudmant**.
- On **20 January 2026**, we took oral evidence from **Jane Miller** (The Health and Social Care Alliance Scotland – the ALLIANCE) and **Dr Joanna Teuton** (Public Health Scotland).

Across these sessions, witnesses consistently emphasised the significant health impacts associated with emissions and the scale of the potential co-benefits from

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mitigation. Evidence presented by Dr Sudmant highlighted that actions in buildings and transport can yield particularly large social and health gains, often exceeding direct financial benefits, including through improved air quality, reduced exposure to cold homes and enhanced physical activity.

However, witnesses argued that health and inequality outcomes should be made explicit in the Plan and that these co-benefits should be integral to policy appraisal and budget decisions, rather than treated as secondary considerations. Dr Teuton advised that the CCP cuts across the building blocks of health and should be more explicitly treated as a public health intervention in the Plan.

She advocated a 'health in all policies' stance, in which climate measures are designed and delivered to reduce emissions while maximising health gains and safeguarding equity, thereby contributing to improved life expectancy and reduced health inequalities. Dr Teuton argued that this could be done using a place-based, community wealth-building model. Jane Miller also underlined the important role of social care within this wider prevention agenda.

Air quality was a major theme. Witnesses observed that the draft CCP does not fully address important pollutants such as ozone and ammonia, both of which have demonstrable health effects. They also noted that indoor air quality is insufficiently covered in the draft Plan, particularly in relation to the interaction between insulation, ventilation and the risk of cold, damp and mould. The need for monitoring frameworks to ensure that improvements in building performance do not inadvertently worsen indoor conditions was highlighted repeatedly.

Inequality was also central to the evidence we heard. Jane Miller described the disproportionate effects of climate change on disabled people, those with long term conditions, unpaid carers and lower income households, and stressed the importance of designing mitigation measures to avoid widening existing health inequalities. Dr Sudmant similarly emphasised that co-benefits vary significantly by place and population, and that targeted, data driven implementation is critical to ensuring equitable outcomes. Witnesses highlighted that rural and island communities face distinct issues, including limited public transport, reliance on private vehicles and differing patterns of exposure and benefit, and that these differences should be explicit in the Plan.

Diet, food systems and agricultural emissions were discussed extensively, building on the Committee's ongoing scrutiny of the Good Food Nation National Plan. There was disagreement on the potential impacts of reducing meat production and consumption on health, diet, the economy and the environment. The Committee also heard differing views on ultra-high/ ultra-processed foods (UPFs). This focused on the impact of UPFs on health and the environment, including on GHG emissions, biodiversity, and obesity and other non-communicable diseases. There was consensus however on the complexity of the food system from production to

consumption, and witnesses were clear that the draft CCP does not adequately acknowledge or address this complexity or the role of food in meeting climate and health objectives.

A further recurring theme across witnesses was the need for stronger governance, monitoring and accountability mechanisms. They argued that the draft CCP lacks quantifiable metrics in many areas, making it difficult to track delivery and outcomes. Dr Sudmant, among others, suggested that health and social co-benefits should be explicitly embedded in appraisal and budget processes, with place-based data used to guide prioritisation and ensure that benefits are realised where need is greatest. Witnesses also highlighted the importance of embedding public health expertise in planning and evaluation structures across Government.

Finally, communication and engagement emerged as significant issues. Dr Teuton and academic witnesses stated that current public communication does not convey the local, immediate health benefits of climate action and can lead to disengagement. Witnesses recommended clearer, more accessible messaging, stronger community involvement in design and delivery, and more emphasis on the lived experience of the individuals and groups most affected. They stressed that inclusive communication and coproduction are essential to ensuring fairness, legitimacy and uptake of climate measures.

The Committee will continue to take further evidence on these issues in the coming weeks. Once our scrutiny is complete, we will publish a report and will share this with the NZET Committee to support your ongoing scrutiny of the CCP and related policy decisions.

Yours sincerely,



Clare Haughey MSP  
Convener, Health, Social Care and Sport Committee