HCS/S7/26/4/2

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Health, Social Care and Sport Committee
Wednesday 16 September 2026
4th Meeting, 2026 (Session 6)

Evidence session with Cabinet Secretary and Ministers

At this week's meeting Members will hear from:

- **Angela Constance MSP**, Cabinet Secretary for Health and Care,
- **Alison Thewliss MSP**, Minister for Community Care,
- **Maree Todd MSP**, Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs.

The following paper summarises the main points from the Programme for Government 2026-2031 which relate to health and social care.

Programme for Government

On the 1 September 2026, the First Minister outlined the Scottish Government's Programme for Government 2026-2031.

A key strand of the Programme for Government (PfG) is 'Delivering a stronger NHS and public services'. This included several significant commitments for health and social care and these are summarised below.

NHS Reform

The PfG sets out a major programme of public service reform. Flagship policies for health include the commitment to reduce the number of territorial NHS boards from 14 to 2. Initially it was thought that they would be divided into North and South but the latest indication is that they will be organised along the regional planning networks of East and West.

This is intended to remove duplication, improve accountability, and direct resources to frontline services.

There is no detail yet on the timeline or process for taking these changes forward but key stakeholders have raised concerns including possible job losses, increased centralisation of services, the cost of reform and doubt over the potential benefits.

Social Care Reform

The PfG also contained a commitment to work with local authorities and providers to agree a new model for social care governance and delivery.

In his statement to the Scottish Parliament, the First Minister said the Scottish Government would engage with local government, trade unions, the third sector and communities to reform social care. While he did not set out specific proposals, the First Minister said:

> "Again, I do not seek to be prescriptive, but I cannot see us resolving the fundamental challenges that social care faces without a single line of decision making, accountability and funding—with the NHS taking the lead."

The Scottish Government will now consult with the sector over 3 months to come up with a new model of governance and delivery.

Shorter waiting times

The PfG contained a commitment to reduce waiting times so that, by 2031, no one waits more than 26 weeks for treatment. This will be achieved through initiatives such as a coordinated national approach to managing waiting lists, starting with orthopaedics and expanding across all specialities.

The PfG also aims to improve access to care and patient flow by; delivering more services in communities, establishing 'Integrated Navigation Centres' for coordinated triage and advice, expanding same-day care and frailty services, and reducing delayed discharge through earlier discharge planning and a focus on getting most patients home within three days of admission.

Investment in capital and capacity

The PfG contains commitments to roll out the MyCare app and a Digital Health and Care Record for every person in Scotland. It also plans to increase the use of virtual wards and establish an AI Hub to support the safe adoption of artificial intelligence across health and care services.

Alongside these reforms, the PfG states the SG will invest in capacity and workforce growth by maintaining health funding, committing at least £10 billion of capital investment over the next decade, investing £200 million annually to expand elective care capacity, and providing more than £530 million for GP services with a focus on recruiting family doctors.

Other commitments include building new community health and care hubs, progressing plans for a new University Hospital Monklands, improving nursing recruitment and career progression, increasing pay support for social care workers through Real Living Wage funding, and introducing sectoral pay bargaining in social care.

Shifting the balance of care

The PfG recognises that providing care closer to people's own homes will be central to improving hospital throughput and commits to scaling up GP walk-in centres and the number of people cared for at home and in the community.

Primary care

The PfG set out plans to expand community-based services including diagnostics, hearing, vision and dental care, particularly in rural and island areas, while using digital technology and new models of care to improve access. This includes; establishing a national network of seven-day walk-in GP services, expanding 24/7 thrombectomy services for stroke patients across Scotland, increasing support for rural workforce recruitment, and investing in independent living support to help people remain in their communities and reduce delayed hospital discharges.

The PfG also aims to increase the availability of specialist and preventative care outside traditional hospital settings. Commitments include expanding 'Hospital at Home' services so more people can receive hospital-level care at home, investing in community eyecare and audiology services, and improving cancer care through more radiographers, expanded rapid diagnostic services and the rollout of national lung screening.

Delayed discharge

Key commitments in the PfG include; a reduction in delayed discharge, helping more people receive care closer to home, and improving patient flow through hospitals. This will be supported by the new hospital flow plan and coordinated action across health, social care, local government and housing partners.

The PfG states the plan will create a single, connected route to care, make support easier to access, transform unscheduled care to reduce pressure on A&E, and use digital innovation to shift more care from hospitals into community settings.

Prevention and Early intervention

The PfG contains a general commitment to prevent ill-health and to treat it earlier. Specific actions to achieve this include:

- Expanding HIV and blood borne virus testing in A&E.
- Rolling out 'Martha's Rule' across Scotland to ensure patients, families and staff have a dedicated number to call if they feel concerns about a health condition are not being listened to.
- Increase access to cardiovascular checks and health MOTs.
- Progress proposals for a vape display ban and a new Diet and Healthy Weight Management Plan.
- Deliver up to 1250 community defibrillators by 2029.

- Deliver 'Isla's Principles' which would support healthcare professionals to reassess persistent or unexpected symptoms and provide clear next steps for young people with suspected cancer.
- Launch a national campaign to increase uptake of HPV vaccination and cervical screening with the aim of eradicating cervical cancer by 2040.
- Invest in specialist support for long-COVID and ME/CFS.
- Deliver the next phase of the Women's Health Plan.
- Deliver an independent review of maternity services, to report in Summer 2027.

The Committee has previously heard evidence on the importance of prevention for achieving the ambitions of the Population Health Framework and in ensuring the sustainability of the NHS. However, it has also heard that in times of financial constraint, prevention can be one of the things to be deprioritised, both in the health sector and in social care.

Drug and alcohol misuse

The PfG carries on the commitment to reduce drug and alcohol-related deaths in Scotland over the course of the Parliament. Specific commitments include:

- Prevent harm by targeting support to at-risk communities, tackling poverty, trauma and inequality through prevention, early intervention and family support.
- Promote recovery by expanding treatment access, increasing rehabilitation placements, trialling Alcohol Care Teams, and strengthening community recovery support.
- Save lives by expanding harm reduction, improving outreach and crisis care, and responding to emerging drug trends.
- Respond to emerging threats by strengthening early warning systems, introducing drug checking services, and using data to adapt services quickly.

Palliative and end of life care

The PfG aims to improve palliative and end-of-life care while providing greater support for people with terminal illnesses. This includes a commitment to explore financial support for electricity costs linked to life-saving equipment used at home and other energy-related costs.

In addition, through 2026-27, the Scottish Government will deliver a new paediatric palliative care facility, Molly's Suite, in Glasgow. Other commitments include funding to support NHS pay parity for hospice staff, developing new national palliative care guidelines, and providing free palliative care training resources for the health and social care workforce.

At the end of the last session of the Scottish Parliament, in the wake of the Assisted Dying Bill, there was cross party consensus on the need to improve palliative care services. This was also acknowledged in the previous Health, Social Care and Sport Committee's legacy report which stated that it would merit further scrutiny in session 7.

Improving mental health

The PfG contained the following commitments in relation to mental health:

- Expand walk-in mental health hubs across Scotland, including SAMH's five planned 'Nooks'.
- Roll out 24/7 Mental Health Triage Cars to every region in Scotland.
- Expand the NHS 24 Mental Health Hub to include psychological therapies and invest £3.5m to improve access and strengthen crisis support.
- Continue funding community-based third sector services through the Communities Mental Health & Wellbeing Fund.
- Increase suicide prevention funding to £3m to provide stigma-free support for people affected by suicidal thoughts or suicide.
- Implement national neurodevelopmental pathways to improve access to support for adults, children and young people.
- Publish a new 3-year Mental Health and Wellbeing Delivery Plan to improve access to services.

Sporting potential

The PfG restated the Scottish Government's commitment to provide free and low-cost sporting opportunities for children and young people, and to remove barriers to access. This included the following commitments:

- Roll out free school swimming lessons across Scotland.
- Launch a Sports Taster Fund to boost youth participation in sport.
- Extend the Football Fan Bank to 2031 to support community ownership of sports clubs.
- Invest £500,000 in elite youth football pathways through Club Academy Scotland and Next Gen programmes.

Legislation

The PfG did not include plans for specific health or social care bills beyond the necessary legislation to implement public service reforms. At present, it is unclear whether reforms will require primary or secondary legislation.

In addition, the First Minister confirmed there would be no Learning Disabilities, Autism and Neurodivergence (LDAN) Bill.

Proposals for the LDAN bill had been in development since 2021, with a consultation taking place between winter 2023 and spring 2024 and draft proposals for the Bill outlined in March 2026.

The decision to drop the Bill was set out in correspondence to the Committee from the Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs. The main reason given by the Minister was concern that the legislative process would take several years to complete and delay essential support. The letter stated that Ministers had concluded that "progress is needed now through policy reform, service improvement and targeted investment".

Members may wish to ask about:

1. **Health board reform** – clarity on the number and location of boards, next steps in the design process and timescales, expected savings and benefits, job cuts and whether they will be voluntary/compulsory, centralisation of services, maintaining local accountability and knowledge, danger of stasis, reform beyond the structure and what can be improved without major structural change.
2. **Social Care** – detail on the role of the NHS in 'leading' social care, potential removal of local authority responsibilities and implications for funding, future of integration authorities, danger of stasis and repeat of the National Care Service bill, retaining benefits of localism, timescales for reform, inclusion of non-statutory partners and carers, support for carers and post-legislative review of the Carers act.
3. **Waiting times** – credibility of the target to eliminate waits of over 26 weeks by 2031 and what is needed to achieve this, current state of performance in key areas of the health service and how far we are from achieving the new target.
4. **Capital and capacity** – clarity on delivery timetable for digital and capital projects (including MyCare App), whether planned investment has been designed around future demographic and service pressures, what work is taking place on modelling the required workforce in health and social care, the impact of visa restrictions on workforce capacity, expected benefits from digital investment, AI adoption and virtual wards.
5. **Shifting the balance of care and reducing delayed discharges** – evidence that community services have sufficient capacity to support the shift from acute care, main barriers to achieving these long-standing ambition, aspects of the flow plan which will achieve the ambitions, support for unpaid carers.
6. **Primary care** – timescales for expanding seven-day GP walk-in clinics, GP recruitment challenges and measures to address these, role of the wider primary care workforce.
7. **Prevention** – investment in wider determinants of health, protecting prevention efforts in a time of financial constraint, alignment of the PfG and funding with the Population Health Framework.

8. **Palliative care** – adequacy of the PfG in tackling the challenges facing palliative care and whether there are plans for wider reform.
9. **Drugs and alcohol** – the effect of health and social care reforms on Alcohol and Drug Partnerships (ADPs) and funding, progress to date against the target to reduce deaths, evaluation of new services such as the drug-checking service.
10. **Mental health** – capacity of statutory services to meet increased demand, reliance on the third sector and sustainability of funding, progress in implementing neurodevelopmental pathways and improving access to services, timeline for new mental health and wellbeing delivery plan.
11. **Sporting potential** – timetable for roll-out of free swimming lessons, extent to which delivery can be supported and funded by local authorities, addressing barriers such as shortages in pool capacity, instructors and transport, targeting of sport taster funding to those facing the greatest barriers to participation, benefits of the Football Fan Bank and expected outcomes.
12. **Legislation** – NHS board reform and need for primary or secondary legislation, removal of the LDAN Bill and what support will be put in its place, greater detail on the 'policy reform, service improvement and targeted investment'.

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Date: 09/09/2026