

Health, Care and Sport Committee  
Wednesday 28 October 2026  
8th Meeting, 2026 (Session 7)

## Pre-budget scrutiny 2027-28: Preparing for future challenges in the health, care and sport sectors

### Introduction

1. At today's meeting, the Committee will take evidence from two panels of witnesses to inform its pre-budget scrutiny for 2027-28.
2. Pre-budget scrutiny aims to influence the formulation of spending proposals while they are still in development. The Scottish Budget is due to be published on Thursday 3 December.
3. As part of its pre-budget scrutiny for the financial year 2027-28, the Committee agreed to explore how the Scottish Government is preparing for future challenges in the health, care and sport sectors.
4. This is the Committee's second evidence session on pre-budget scrutiny. The first evidence session, held on [7 October](#), focused specifically on health. Today's session will focus on care (first panel) and sport (second panel). A further evidence session with the Scottish Government will take place on 4 November.
5. The Committee will then publish its conclusions and recommendations shortly after, and ahead of the Scottish Budget on 3 December 2026.
6. Written submissions from witnesses, where provided, have been included in the **annexe** to this paper. In lieu of a written submission, the executive summary to Professor Derek Feeley's report on the Independent Review of Adult Social Care in Scotland is also attached for information. The full report is available on the Scottish Government website: [Independent Review of Adult Care in Scotland](#).
7. Separate SPICe briefing papers (**Papers 2 and 3**) are available to inform this session.

### Today's meeting

8. The Committee will take evidence from two panels at today's meeting.
9. The first panel will focus on care, and the Committee will hear from the following witnesses:
  - Professor Derek Feeley, Senior Fellow at the Institute for Healthcare Improvement
  - Professor Martin Knapp, London School of Economics
  - Professor Catherine Needham, University of Birmingham
10. The second panel will focus on the sport sector, and the Committee will hear from:

- Forbes Dunlop, Chief Executive, sportscotland
- Gregor Muir, Acting Chief Executive, Scottish Sports Association
- John Lunn, Chief Executive, Scottish Swimming
- Kay Morrison, Chief Executive, Glasgow Life and Board Member of Community Leisure UK

11. Members will have up to 75 minutes for each panel.

## **Action**

12. Members are invited to question witnesses on how the Scottish Government should prepare now for future challenges in the care and sport sectors.

**Clerks to the Committee**  
**October 2026**

## Annexe: Written submissions from witnesses

### Social care panel

#### Professor Derek Feeley, Senior Fellow at the Institute for Healthcare Improvement

##### Independent Review of Adult Social Care in Scotland - Executive summary

At the centre of the remit for this review was a request to recommend improvements to adult social care support in Scotland, primarily in terms of the outcomes achieved by and with people who use services. Having listened carefully, over the last several months, to the voices and the stories of many people with lived experience of social care support, unpaid carers and staff working in the sector we believe that there are three things we must change in order to secure better outcomes. These can be summarised as follows:

1. Shift the paradigm
2. Strengthen the foundations
3. Redesign the system

##### Shifting the paradigm

We need to start by challenging some of the prevailing narrative about social care support. It has its fair share of challenges, as this report will recognise and tackle, but it need not be unsustainable, or in crisis, or confined to the margins of society. Strong and effective social care support is foundational to the flourishing of everyone in Scotland. It is a good investment in our economy and in our citizens. In order to maximise the potential of social care support we have to change our perspective of what is social care support. We need to shift the paradigm of social care support to one underpinned by a human rights based approach. The table below summarises the changes required which are explored in greater detail throughout our report:

| Old Thinking                               | New Thinking                                |
|--------------------------------------------|---------------------------------------------|
| Social care support is a burden on society | Social care support is an investment        |
| Managing need                              | Enabling rights and capabilities            |
| Available in a crisis                      | Preventative and anticipatory               |
| Competition and markets                    | Collaboration                               |
| Transactions                               | Relationships                               |
| A place for services (e.g. a care home)    | A vehicle for supporting independent living |
| Variable                                   | Consistent and fair                         |

##### Strengthening the Foundations

As we will rehearse in various sections of this report, there are many strengths in the Scottish system of social care support. We need to build on those foundations. We

need self-directed support and the Independent Living Fund, and we need integration of health and social care. The challenge here is implementation. How do we bridge the gap between promise and reality? That will require a step change in the capability of the system across the whole country, in the adoption of science based improvement methods, and in the ability of the National Care Service to learn from success and failure – to solve problems when they are identified and to scale-up and spread promising practice much more effectively.

A second foundation that needs nurturing and strengthening is the social care workforce. For us to achieve the improvements we seek, they need to feel engaged, valued and rewarded for the vitally important work that they do. We have not made recommendations about the social work workforce in proposed new arrangements as we believe these will require careful consideration alongside implementation of The Promise the review of children's services, and any changes planned for criminal justice social work.

Third, we need to support and enable unpaid carers to continue to be a cornerstone of social care support. The contribution they make is invaluable. Their commitment and compassion is humbling. We need to provide them with a stronger voice and with the networks, support and respite they need to continue in their vital role.

## **Redesigning the System**

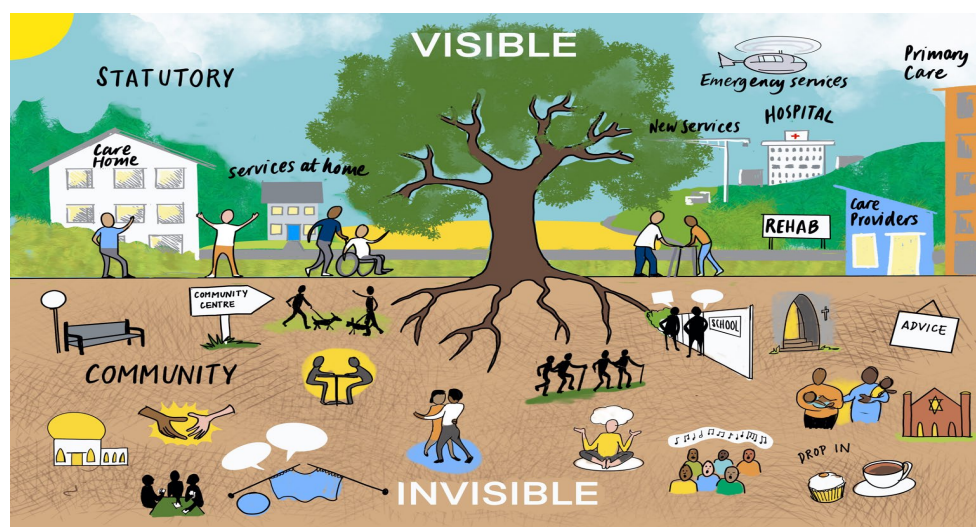
We won't achieve the potential of social care support in Scotland without a new delivery system. We need a National Care Service to achieve the consistency that people deserve, to drive national improvements where they are required, to ensure strategic integration with the National Health Service, to set national standards, terms and conditions, and to bring national oversight and accountability to a vital part of Scotland's social fabric. The National Care Service will bring together everyone with a role to play in planning and providing social care support to achieve a common purpose.

We also need a transformation of the way in which we plan, commission and procure social care support. We need an approach that builds trusting relationships rather than competition. We need to build partnerships not market-places.

Finally, it is vital that we amplify the voice of lived experience at every level in our redesign. We have a duty to co-produce our new system with the people who it is designed to support, both individually and collectively.

## Professor Catherine Needham, University of Birmingham

**Preparing for future challenges in social care** requires an understanding of what is in scope when we talk about social care. The image below of the care ecosystem is a reminder that the visible parts of social care (top left) and the NHS (top right) sit on top of an often invisible care infrastructure of unpaid care and community activities. The contribution of this invisible structure is impossible to measure in its totality. But it is here that people find the relationships and purpose that support wellbeing. Social care (like the NHS) can create the conditions in which people can thrive, but the state cannot give people wellbeing.



The care ecosystem - developed by Catherine Needham and Emily Burn, ESRC Centre for Care, Image by Laura Brodrick<sup>1</sup>

**Prevention:** Family and community connections are a key element of people's wellbeing and stimulating this support is essential to reducing demand for statutory services. Many of these activities are informal and not well suited to evaluation, but there is data demonstrating a Social Return on Investment for structured interventions such as peer support and outdoor activities.<sup>2</sup> A 2025 report on 'Prevention under Pressure' in Scotland found that voluntary and community (VCS) activity was limited by poor relationships with public sector partners.<sup>3</sup> Similarly, a 2022 Scottish Government report<sup>4</sup> showed that effective VCS-local government relationships were hampered by contracts that are short-term and inflexible, along with procurement and reporting requirements that advantage large VCS organisations over smaller, local ones.

**Person-centred approaches:** The care ecosystem image is also a reminder that everyone's configuration of the supply side of care (family, community, state, market) will be different. We have to get better at building systems around the person rather than expecting them to conform to service systems. This understanding was central to Scotland's Self-Directed Support Act (2013). However, it is less evident in

<sup>1</sup> ESRC Centre for Care, <https://centreforcare.ac.uk/topics/care-as-a-complex-adaptive-ecosystem/>

<sup>2</sup> [The-contribution-of-voluntary-organisations-to-the-health-and-care-prevention-agenda.pdf](#)

<sup>3</sup> [Prevention Under Pressure: community-led organisations delivering prevention in Scotland | University of Strathclyde](#)

<sup>4</sup> [Supporting collaboration between the third and public sectors: evidence review - gov.scot](#)

discussions about integration with the NHS, which tend to favour standardised care pathways which integrate with health. The Feeley report<sup>5</sup> called for social care to be both personalised and standardised, although these imperatives pull in different directions and can be hard to combine.<sup>6</sup>

### **Learning from the other parts of the UK**

England, Wales and Northern Ireland are experiencing many of the same issues in social care (population ageing, underdeveloped integration with health, underinvestment in prevention and market fragility).<sup>7</sup>

Relevant learning from other parts of the UK highlights that:

1. **Social care reform is also local government reform**, and it has historically been difficult to make progress on social care reform without local government buy-in. We can see this in England in relation to the failure to implement a cap on care costs<sup>8</sup> as well as in Scotland's National Care Service proposals.<sup>9</sup> The Welsh government has promised a 'National Care and Support Service' with a phased implementation approach, in which it looks like local authorities will retain their statutory powers (more detail due in autumn 2026).<sup>10</sup> Northern Ireland has had no local government involvement with social care since 1973, with Health Trusts combining health and care responsibilities. However, a Nuffield Trust report comparing integration across the four nations found that in Northern Ireland, health priorities dominated over social care and that integration was not evident on the ground (i.e. the same patterns found in other parts of the UK).<sup>11</sup>
2. **Care systems across the UK are struggling with sustainability** (due to rising demand, insufficient public funding, workforce shortages and growing complexity of need). In a sector under pressure, there must be 'pressure valves' to avoid system collapse (e.g. keeping people on waiting lists; limiting staff pay; increasing charges for self-funders).<sup>12</sup> In the English care home sector, we can see that large for-profit providers have tended to be able to cope with system pressures better than small and non-profit facilities. Research into home closures in England from 2011-2023 found that public and non-profit care homes were almost twice as likely to close as for-profit providers.<sup>13</sup> However inspection ratings from regulators consistently show that public and non-profit

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<sup>5</sup> [Independent Review of Adult Care in Scotland](#)

<sup>6</sup> [Social Care in the UK's Four Nations - Between Two Paradigms, Needham & Hall](#)

<sup>7</sup> [Social Care in the UK's Four Nations - Between Two Paradigms, Needham & Hall](#)

<sup>8</sup> 'Law but not law': explaining unenacted policy as a type of policy failure' - Needham & Burn

<sup>9</sup> [What-role-for-local-government-in-Scotlands-National-Care-Service.pdf](#)

<sup>10</sup> [National Care and Support Service Programme Update on Delivery of Stage 1 Initial Implementation Plan and Proposed Stage 2](#)

<sup>11</sup> [Integrating health and social care, Nuffield Trust](#)

<sup>12</sup> [Equal Access: A Fairer System Of Social Care Support For England | The King's Fund](#)

<sup>13</sup> [Does outsourcing enable the survival of good care homes? A longitudinal analysis of all care homes in England, 2011–2023 | BMJ Public Health](#)

care homes outperform those run by for-profit providers.<sup>14</sup> Market conditions will favour large for-profits unless government sets a clear commitment to commission differently (as the Welsh Government is doing by phasing out for-profit provision in children's residential care).

3. **Making progress on prevention:** All parts of the UK struggle to prioritise investment in prevention. In England, the Association of Directors of Adult Social Services' spring survey 2026 showed preventative care spending in local government at 5%, the lowest figure on record. Social care directors said the biggest barrier to progress was the difficulty in quantifying a business case, followed by lack of capacity and lack of funds.<sup>15</sup> Where investment has come into prevention, it is often linked to programmes such as falls prevention, which have been characterised as "doing to" interventions, rather than wider strategies to develop community assets.<sup>16</sup>

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<sup>14</sup> [Evidencing the outsourcing of social care provision in England](#)

<sup>15</sup> [The Future of Prevention, ADASS](#)

<sup>16</sup> [How has the idea of prevention been conceptualised and progressed in adult social care in England? | Journal of Social Policy](#)

## **Sports panel**

### **Forbes Dunlop, Chief Executive, sportscotland**

#### **Introduction**

sportscotland is the national agency for sport. Through Scottish Government and National Lottery investment, we support people across Scotland to be more active through sport, delivering benefits for health, wellbeing, inclusion and communities.

Scotland faces significant future challenges, including an ageing population, increasing levels of long-term ill-health, widening inequalities and continuing pressure on public finances. In responding to these challenges, we believe sport and physical activity should be recognised not as discretionary spending, but as an investment in prevention.

Physical inactivity is estimated to contribute to around 3,000 deaths annually in Scotland. Regular physical activity reduces the risk of disease, supports physical and mental wellbeing, helps people manage existing health conditions and can reduce future demand on public services. As the Committee considers future spending priorities, a greater focus on prevention will be essential if Scotland is to improve population health while maintaining the long-term sustainability of health and care services.

#### **Prevention must be supported by sustained investment**

The Scottish Budget 2026-27 represented a positive step towards a more preventative approach through increased investment in sport and physical activity. This included a £20 million uplift to sportscotland's core budget, a further £20 million investment through Summer of Sport, alongside an ongoing commitment to provide primary school swimming opportunity.

This investment has enabled sportscotland to strengthen clubs, coaching, volunteering and participation pathways through targeted programmes supporting local authorities, governing bodies and community organisations. It has also reinforced long-standing preventative programmes such as Active Schools, which has provided opportunities for children and young people to participate in sport and physical activity across all 32 local authority areas for more than 20 years.

Early evidence from Summer of Sport demonstrates the impact additional investment can achieve, generating more than 9,800 additional activity sessions, over 291,000 attendances and more than 23,000 pathway opportunities into ongoing participation.

However, preventative outcomes are realised over years rather than months. Long-term improvements in health, wellbeing and participation require funding certainty and sustained investment rather than short-term or one-off funding streams. We therefore support continued investment in sport and physical activity, including incorporating current non-recurring funding into a sustainable baseline settlement.

## **Community infrastructure is under increasing pressure**

The ability of sport and physical activity to contribute to prevention depends on strong local infrastructure. Scotland's network of sports clubs supports approximately 850,000 members and relies heavily on volunteers to deliver opportunities in communities across the country. These clubs are often the entry point to lifelong participation in sport and physical activity.

At the same time, local government, leisure trusts and community organisations face significant financial pressures. The Review of Culture and Sport and Leisure Services found that local government investment in culture, sport and leisure services fell by around 20% in real terms between 2010/11 and 2022/23, with spending on sport and leisure falling by approximately 25%. Many organisations also reported facility closures, staffing reductions and expectations of further savings.

These pressures are reflected in sportscotland's Estate Review, which found that almost 40% of Scotland's sports facilities are beyond their anticipated design life. As facilities age and operating costs increase, the ability of local partners to provide affordable opportunities for participation becomes increasingly challenging.

Without sustainable investment in local facilities, clubs and community provision, there is a risk that barriers to participation will increase, particularly for those communities already experiencing disadvantage.

## **Supporting community-based models of health and care**

Additional investment in health and social care should support community-based and preventative models of service delivery.

Alongside investment in healthcare infrastructure, there is an opportunity to strengthen community assets, facilities and programmes that help people remain active and independent for longer. This includes supporting social prescribing and referral pathways that connect people to non-clinical interventions such as sport and physical activity.

Evidence increasingly demonstrates that social prescribing can improve physical and mental health, support the management of long-term conditions and help reduce pressure on healthcare services. Community sport and physical activity therefore have an important role to play within a more preventative, person-centred health and care system.

## **Conclusion**

Scotland's future health, care and sport challenges cannot be addressed through treatment alone. Long-term sustainability will require greater investment in prevention and in the community infrastructure that supports healthier lives.

Sport and physical activity make a direct contribution to improving health, reducing inequalities and strengthening communities. Continued investment in participation opportunities, community clubs, volunteers and facilities will help Scotland move

further towards a preventative model of public services, reducing future demand while improving outcomes for people and communities.

## **Gregor Muir, Acting Chief Executive, Scottish Sports Association**

### **Pre-budget scrutiny 2027-28: Preparing for future challenges in the health, care and sport sectors**

#### **1. What steps should the Scottish Government take now to prepare for future challenges in the health, care and sport sectors?**

The Committee will be fully aware of the challenges facing the Scottish Government with regard to improving population health outcomes, both today and in the future.

We have an aging population, with significant health inequalities between the richest and poorest, a flat life expectancy, a growing burden of non-communicable disease and a subsequently growing associated cost to the Scottish Government's Budget to meet these issues. The current trajectory is unsustainable, and Scotland needs a healthier and more active population if the costs and management of these issues are to be addressed.

In essence, everything that we can do to keep individuals out of hospital and care settings, where the associated health budget costs are most significant, should be a priority of investment decisions in this area. As such, we strongly support a focus on preventative investment and welcome the introduction of the new Scottish Government Prevention Unit, within which sport should be considered a key focus area.

The benefits of participation in sport are well understood, but prioritising investment in sport lags behind, suggesting that further recognition of the power of and return on that investment is required. Sports provide a hugely valuable vehicle for improving health and wellbeing outcomes, while also delivering immense direct benefit for participants across a wide range of outcomes, from mental health to economic benefit, improving community cohesion and providing social interactions, as well as serving as diversionary activities from harmful and anti-social behaviours, and much more.

However, for sports to provide all of the benefits that we know they can, the Scottish Government needs to play its part in ensuring they are sustainably resourced, supported and empowered.

Sports have been operating under a flat budget position in recent years, managing declining real terms revenue to deliver a wide range of responsibilities, including for governance, safeguarding, workforce development, competitions and club support.

For smaller governing bodies, this involves a substantial reliance on volunteers, adding an additional layer of challenge. Within the club network, additional recognition and proper investment in the volunteer infrastructure supporting governing bodies, clubs, and community sports is needed.

As with participation in sport, we want to enable people to volunteer with as few barriers to engagement as possible, which requires a reduction in red tape,

simplification in support mechanisms, and preventing placing excessive expectations on volunteers to resolve broad societal challenges (for example, social care, domestic issues, educational attainment, additional learning needs, safeguarding).

Planning strategically within annual funding cycles is significantly more difficult than when operating within a sustainable, multi-year approach that improves stability and allows for longer term planning, innovation and efficiencies beyond short term firefighting and cuts. The overarching ambition of growing participation and enabling more people to be more active, more often, can only be achieved with a funding approach that enables capacity building and long term interventions.

Short term and one-off approaches have their place within the sporting environment, but for investment to be most effective, the focus should be on longer term agreements, with a focus on future pathways and the capacity within the sector to deliver expanded opportunities for everyone to participate in sport, throughout their lives.

## **2. How can resources be allocated to help meet current and future challenges in service delivery and improve outcomes in the health, care and sport sectors?**

The Scottish Government has already implemented a systems-based approach to physical activity within its Physical Activity for Health Framework, and this approach of recognising the interconnected factors that enable physical activity should be continued and expanded upon.

Within sport itself, resources should aim to support a connected system that provides a pathway for lifelong participation and at whatever level an individual wishes to reach. As an example, this could be Schools - Clubs - Competition - Development - International, with schools providing an accessible introduction and clubs offering the setting for continued participation.

Funding individual stages without the people and infrastructure connecting them limits their effectiveness. Investment should combine school delivery, club development, coach education, suitable equipment and coordination. Not every participant will pursue competition or international performance; continued recreational participation is also a valuable outcome.

Within this proposed pathway, a key measure should be school-to-club conversion: how many young people introduced through schools move into regular club participation and remain involved. This should sit alongside retention, affordability, geographic reach and participation among underrepresented groups.

Public-service reform could strengthen practical partnerships between SGBs, Active Schools, education and leisure providers. Shared administrative services and proportionate reporting could reduce duplication, while funding should explicitly cover the coordination needed to make those partnerships work.

Similarly, there are potential opportunities presented by enhancing the integration between education systems and leisure trusts, including investing in initiatives like shared leisure cards that can be used as club membership cards, or aligning Young

Scot cards to membership and sports access. Streamlined membership management using fewer, interconnected core systems, would allow sports and wider partners to accurately monitor participation and remove duplicate records across different sports. This

allows us to understand distinct participants' engagement and physical activity journeys (including volunteering).

As far as possible, investment and resources should support our collective ambitions for people to remain active between life stages and settings, and between sports, and that we work to combat the windows where individuals drop out of activity.

### **3. Can we learn lessons from other places?**

N/A

The Scottish Government's Resource Spending Review 2026 identifies planned increases of 4.8% in real terms for health and social care between 2026-27 and 2028-29.

### **4. How would you see this planned budget increase meeting the various challenges facing health and social care over the next two years, including: addressing the treatment backlog cost and demand pressures in areas such as NHS pay, drug costs and demographic pressures**

N/A

### **5. How can or should any additional health and social care funding be directed to support alternative models of service delivery?**

N/A

On capital funding, the Spending Review includes investment of £4.08 billion in cash terms over four years which will cover major acute capital projects as well as investment in primary and community care infrastructure.

### **6. To what extent will the capital spending commitments support healthcare infrastructure needs over the next four years?**

The majority of sports need a specific location to take place. For some, that is about accessing blue and green space, which requires capital investment in infrastructure, paths and access points. For others, sport requires accessing appropriate facilities.

The affordability, quality, accessibility and maintenance of facilities are all key issues for sports. A significant proportion of sports facilities in the country are approaching or are already beyond their design life, and are costly and inefficient to run and maintain. We have seen high numbers of facilities close in recent years, and that has an immediate and damaging impact on participation, so funding priorities should recognise the importance of protecting existing provision alongside creating new facilities.

Sports recognise the challenge of managing and maintaining facilities, as many are facility-owning themselves. Staffing, insurance and utilities costs are high, and in turn costs of access and usage are high. The current picture is unsustainable and additional investment in the facility landscape is

fundamental to ensuring people have locally accessible opportunities to be active. Recognition should be given to the specifics of the Scottish climate, with an appropriate emphasis on indoor/covered and all-weather facilities to enable participation year-round.

The Scottish Government can help to bring partners together to discuss what capital investment is needed to support sport and physical activity, as part of the wider health infrastructure agenda. That includes sports, the national agency, local government and other stakeholders to strategically look at the facilities landscape, understand what communities need now and will need in the future, and consider where capital can be best allocated for the greatest impact.

**7. Where should the Scottish Government prioritise capital investment in its infrastructure and estate to meet current and future demands and support its public service reform aspirations?**

N/A

**8. The Spending Review also sets out detail on how it aims to achieve £1.5 billion of savings through public sector efficiencies, with over £1 billion of the total planned savings to come from the health and care sector. Is the achievement of financial sustainability a realistic prospect in the face of continuing pressures around pay costs, treatment costs and rising demand?**

N/A

The Scottish Government and others frequently make reference to the need for preventative action to improve health and care in Scotland.

**9. To what extent do previous budgets and the plans set out in the Spending Review support a shift away from reactive services towards preventative approaches? How can more be achieved?**

As highlighted above, we very much support the intention to upstream investment into activities which prevent ill health and maintain good health. Sport, and physical activity, is a proven mechanism for achieving this aim, along with the wider benefits it delivers. If the Scottish Government is serious about prevention, investment must be prioritised in areas that keep people healthy and active.

While prevention has been highlighted before, without a significant effort to grow capacity and to enable greater participation rates, we will not see the changes at a population health level.

The Scottish Budget 2026-27 included a significant uplift in funding for sport and related activities, including one-off investment in “Summer of Sport” activities, and an ongoing commitment to providing universal free swimming lessons to every primary school child in Scotland.

**10. How has the increased investment in sport in 2026-27 impacted on service delivery and participation in sport?**

The additional investment in sport in the 2026/27 Scottish Budget was very much welcome, however it is important to acknowledge the different funding streams contained within that uplift when looking at its impact.

Parts of the ~£20m uplift to core funding have immediately supported sports to invest in their staff and enable greater stability in budget planning. There have been growing issues in recent years, given the

real terms decrease in the budget, which this uplift has gone some way towards relieving. Governing bodies have also highlighted a range of examples of new projects and partnerships that have already been enabled by this funding, from additional coach training and recruitment, projects aimed at specific SIMD quintiles with educational attainment as a key additional objective, and direct free and subsidised training sessions to introduce new participants to sports.

Other stands within this core funding pot, for example in support of growth and innovation, have not yet been fully delivered and their impact is not yet known.

The additional funding has helped sustain the existing provision, but further years of flat core funding could quickly bring a return of serious financial pressure and the associated issues around staff recruitment and retention, let alone the ability to build capacity and grow participation significantly. Future budgets should provide for regular adjustments as costs rise, rather than waiting for another crisis before responding.

Additional core funding commitments would help to build the resilience and capacity of sports, and bring us closer to achieving the commitment of the Scottish Government from the last Parliament of a doubling of the sports budget.

The one-off Summer of Sport funding award, which accounts for the other ~£20m of the 26/27 Budget uplift, while a positive way to capitalise on international events and public interest in sporting opportunities, will likely prove to be less impactful than longer term investment.

Among the feedback from sports that we have heard were concerns that the supported activities were somewhat restrictive, for example in terms of target groups, or that there was a degree of duplication with existing support mechanisms for children and young people. These issues are a product of the lead times of the funding commitment and while activity enabled by the funding will have generated a significant number of positive experiences for people across the country, there is a risk that with limited scope for advance planning, these opportunities will not always connect to pathways for regular participation.

As a general principle, sports and the wider partners across the sector would benefit from longer term investment and longer lead times in advance of delivery, to help ensure that there is appropriate resourcing in place for clubs, local networks, coaches and facility access to convert introductory and short term opportunities into genuine long term participation.

As an example, one of our Member governing bodies highlighted that its Summer of Sport award is supporting young people to develop as coaches and funding around 1,000 planned hours of paid coaching in clubs and community programmes, which is extremely positive. However, the lasting value of this investment will depend on retaining that coaching capacity and supporting clubs to continue the activity beyond the initial funding period.

“We need to be able to support people to stay involved once we have helped them get started.”

**11. Are the sums being invested sufficient and be spent in the right areas to see significant improvements in widening access to sports and exercise?**

As noted above, additional core budget commitments should be a priority focus for the Scottish Government within this and future Budgets. Systemic change is only possible with long term planning

and resourcing that provides participation pathways for people to get involved in sport, and stay involved throughout their lives.

Several Member SGBs highlighted pathways as a key area for additional investment, noting that while one-off programme funding can introduce people to sport, sustained access requires a viable local offer after that programme ends.

As highlighted above, additional focus on adult participation would be positive. SGBs and club networks provide an avenue to adult participants who are currently active and resources are required to ensure they can remain so. In order for participation rates to grow, sports need the capacity to have coaches, officials and development officers, and accessible and affordable facilities in which to deliver activity.

Specific groups need additional support to access sports participation, including people with disabilities. People with disabilities account for only 11% of sports club members, 8% of the qualified coaching workforce and only 12% of children with disabilities take part in sporting activity. Given the significant health benefits provided by sport and physical activity, working collaboratively to improve these participation rates is essential.

There is an additional financial challenge for many disabled people, given that disabled people face an additional average cost of £1,095 per month to achieve the same standard of living as non-disabled people. As such, it is imperative that a realistic, affordable, proportionate and accessible pathway into lifelong participation is adopted. Further specific information on improving participation opportunities for disabled people has been submitted by Scottish Disability Sport, which we would encourage the Committee to engage with fully.

While the social and wider benefits of sport are to be celebrated and recognised, it is also essential that resourcing is appropriate and expectations are proportionate - the capacity required for clubs to continue to deliver multi-agency collaborative programmes with predominantly social impact outcomes is challenging given the persistent fragility of volunteering in our communities and the continual crumbling facilities and sporting pitch estate network.

In wider terms, funding is not sufficient to continue to deliver the basic sporting infrastructure through clubs and community based volunteers whilst achieving wider access and societal impacts.

Additionally, SGBs and clubs continue to fill the physical literacy gap that continues to widen with weakened or non-existent PE specialist delivery at Primary Schools. In short, the fundamentals are already broken and SGBs/clubs are continually stretched when attempting to resolve basic physical literacy challenges.

This supports the earlier point raised on investing in the whole sporting system and recognising the unintended consequences of reduced investment, which can create barriers that need to be subsequently overcome to enable participation.

In broad principles, funding should be utilised to support collaboration and help deliver efficiencies, between sports, between wider voluntary sector partners and between local and national government. Access will only be widened by sustained investment through a range of delivery avenues, with a shared ambition of sustained participation, capacity building and improving accessibility.

## **12. How has the wider funding landscape for local government impacted on access to sporting facilities and activities?**

The significant majority of investment in sport and physical activity in Scotland continues to be through Local Authorities. However, Local Authorities and Leisure Trusts are in undoubtedly challenging financial positions. Due to funding pressures, there is an increasing need to generate income through areas such as sports provision, leading to approaches that are revenue- rather than participation-led.

While sports recognise these challenges, the fact is that cost of access remains a key barrier to participation. Where costs of access have continued to rise, there is an additional growth in inequalities of access.

Several SGBs highlighted examples where users are being priced out of local authority facilities. Capital investment needs to be accompanied by workable opening hours, affordable access and joint planning between local authorities and Scottish governing bodies. Investment in facilities will only widen access if people can afford to use them and they are open when communities need them.

Local sports funding remains fragile, with some larger SGBs directly dispersing resources to compensate for underfunded local infrastructure, constrained Active Schools remits, and fewer sport-specific development officers within trusts and local authorities.

Facility maintenance continues to deteriorate and pitch usage costs increase while closure/pitch availability, due to ever more sensitive weather impact assessments, generates significant inconsistency in playing games and accessing training.

Local government funding is integral to sport's delivery environment because schools, leisure facilities and community venues provide routes into participation. Where financial pressures translate into higher hire charges, reduced opening hours or restricted community access, national participation investment can be undermined. Several SGBs highlighted examples of facilities being transitioned from their original purposes, be that courts or pitches, to other use that is focused on income generation. Access to suitable facilities is definitively a constraint on growth for many sports.

Additional considerations should be given to the growing pressures on local clubs and volunteers - on top of managing inconsistent pitch availability and access, club volunteers face ever expanding expectations and increasing administrative burdens. Examples highlighted include a growth in managing issues including FOI requests, subject access requests, and formal disputes arising from both club membership who have a wide range of expectations, to members of the public who can demand significant time in relation to queries on operational or cultural matters. The massive burden placed on sports volunteers continues to divert focus from sports development to deal with bureaucracy.

Greater partnership working between national and local government is required to assess sport investment alongside local facility provision, support affordable community use of school and leisure premises, and encourage longer-term access agreements. Joint planning with SGBs could identify practical adaptations to existing buildings. Capital and operating budgets should be considered together so facilities can remain accessible and support sustained participation.

### **As a final question**

#### **13. Are there any other matters relating to the forthcoming budget of the Scottish Government in 2027-28 that fall into the remit of the Health, Care and Sport Committee that you would like to bring to our attention?**

We would like to reiterate that sport remains a fantastic avenue for investment. Sports deliver the compounding and interconnected benefits of physical health, mental health, community cohesion, reduction in anti-social behaviour, soft skill development and employability, civic pride and international recognition, as well as being significant economic contributors.

We support an increased movement towards preventative investment and believe that the Scottish Government should focus on long term commitments that enable sports to have the capacity to plan and be strategic. An uplift to the core sports budget would enable additional capacity building within the sector, help support partnership working and collaboration, and ultimately enable sports to play a greater role in improving the health and wellbeing of people in communities across the country.

## **John Lunn, Chief Executive, Scottish Swimming**

### **Introduction**

Scottish Swimming is the national governing body for swimming, para swimming, diving, high diving, water polo, artistic swimming, open water swimming and masters swimming in Scotland. We support clubs, athletes, coaches, teachers and volunteers, and work with national and local partners to widen participation in aquatic activity. Our vision is everyone can swim.

Swimming pools provide the water space required for swimming tuition, water safety, community participation, club development, performance pathways, rehabilitation and preventative health. Scottish Swimming welcomes increased investment in sport and the Government commitment to universal free swimming lessons for primary-school children. These ambitions, however, require multi-year investment, sufficient pool capacity that is accessible and affordable, a skilled workforce and long-term renewal of Scotland's ageing aquatic estate.

### **The case for sustained investment**

Sport and physical activity should be treated as preventative investment, not discretionary spending. The Value of Swimming study referenced in our Call for Views estimated that swimming generates £2.4 billion in annual social value, evidenced by Swim England, through physical and mental health, life satisfaction, and individual, social and community development.

The additional 2026–27 Scottish Government investment is welcome. Summer of Sport funding is helping Scottish Swimming develop its Young Volunteer Programme, volunteer support network and participation in aquatic sports. Its impact will be limited, however, without sustained funding. Clubs and community organisations need certainty to establish and expand programmes and activities, develop their workforce, and build long-term participation. Short-term funding may stimulate demand in the short term but cannot resolve the condition, capacity or financial sustainability of the facilities on which sustained participation depends.

### **Swimming pools as critical community assets**

Investing in sporting infrastructure is essential to the prevention agenda in the Public Sector Reform Strategy. Of Scotland's 295 public pools, 122 are more than 38 years old, the average pool lifespan. Scottish Swimming's 2023 Future of Swimming Facilities in Scotland report warned of a potential net loss of 150 pools by 2040 without significant capital and development investment. The same report estimated that £40.5 million a year would be required to build four pools annually and maintain current provision.

A joint task force and statutory consultation on pool closures are needed before more facilities reach crisis point. The task force should assess condition, capacity, accessibility, energy performance, demand, travel distances, deprivation and population change, identifying pools needing protection or replacement and areas requiring additional water space.

Scottish Swimming proposes two complementary mechanisms: a Swimming Pool Sustainability Fund for maintenance, refurbishment, energy efficiency and transitional support; and a Swimming Pool Development Fund for replacement and new facilities where demand, growth, capacity or geographical access justify investment.

Decisions should reflect whole-life public value, not only immediate operating costs. Reduced hours, higher prices and closures may save leisure budgets in the short term but will reduce accessibility, physical activity levels, weaken swimming and water-safety provision and undermine preventative-health objectives over time.

## **Sport and health prevention**

The Scottish Government's prevention commitment must be matched by investment in the community infrastructure that delivers it. As a sport for life, swimming can support rehabilitation, healthy ageing, social prescribing and people living with long-term conditions, but only where local water space is accessible, affordable and sustainable.

Sport Aberdeen's Good Boost Aqua Move programme illustrates the impact. It provides nine specialist weekly sessions for people with musculoskeletal conditions, long-term conditions and reduced mobility. From September 2025 to September 2026, it delivered 4,426 aqua-rehabilitation sessions to 138 participants, with an average age of 61.9. Of participants, 91% had been physically inactive, 69% lived with multiple long-term conditions and 35% were referred by GPs or physiotherapists. The programme generated an estimated £662,678 in social value while helping people reduce pain, improve mobility and manage their health.

Health investment should therefore cover both programme delivery and the facilities that enable it. Commissioning activity without contributing to water-space, heating, staffing and maintenance costs adds pressure to vulnerable pools. Scottish Swimming recommends a national framework through which health boards and health and social care partnerships can commission aquatic activity consistently, with joint planning involving councils, leisure trusts, clubs and community partners.

## **Conclusion**

Scotland cannot credibly shift from treatment to prevention while the sporting infrastructure that helps people remain active deteriorates, is not accessible and is increasingly unaffordable. Protecting pools preserves national capacity for water safety, swimming education, community sport, rehabilitation, preventative health and inclusive participation.

Scottish Swimming asks the Committee to recommend a sustained, multi-year settlement for sport and aquatic infrastructure, supported by joint planning across health, local government, education and sport. Planned investment will protect provision, improve financial and environmental sustainability and create capacity where it is most needed. The starting point should be a joint task force to identify capital and development solutions that protect Scotland's aquatic infrastructure and help keep the population safe, active and healthy.

## **Kay Morrison, Chief Executive, Glasgow Life and Board Member of Community Leisure UK**

Glasgow Life's submission makes three headline recommendations: recognise sport and physical activity as essential preventative health infrastructure; provide sustainable, multiyear revenue and capital funding; and align health, local government, education, transport and community investment around shared outcomes. Together, these measures would help reduce inequalities, support people to remain healthy and independent, and ease avoidable demand on statutory services.

These are aligned to the COSLA white paper COSLA-White-Paper-An-Investment-InScotland's-Wellbeing.pdf which provides further support for the importance of public leisure and sport being recognised as an investment in Scotland's wellbeing and playing a crucial role in prevention.

*Q1. What steps should the Scottish Government take now to prepare for future challenges in the health, care and sport sectors?*

The Scottish Government should act now in three areas: embed sport and physical activity in national prevention and public-service reform; provide sustainable, multi-year funding for local delivery and infrastructure; and require health, local government, education, transport and community partners to plan and report against shared outcomes. Sport should be treated as an essential part of Scotland's public health, education, economic development and community infrastructure, not solely as leisure provision or an elite-performance programme.

Glasgow's Physical Activity and sport strategy: Active Glasgow 2025–2035 provides a practical whole-system model linking health and social care, local government, education, transport, sport and communities based on the physical activity for health framework.

This position is supported by the following considerations:

- The Christie Commission's recommendation for a shift from demand-led services towards prevention remains urgent: continued spending on existing models has not reversed widening inequalities.
- Health and social care face an unsustainable burden. Regular participation in sport and physical activity is associated with well-established benefits, including support to manage chronic and long-term conditions, stronger social connection, improved mental wellbeing and better management of mental health conditions.
- Deeper integration of health, social care, sport, physical activity and community participation should be enabled at population level.

*Q2. How can resources be allocated to help meet current and future challenges in service delivery and improve outcomes in the health, care and sport sectors?*

Resources should be allocated through a needs-led, outcomes-focused framework that combines five elements: multi-year settlements; protected preventative investment; allocation informed by deprivation, inactivity and health data; support for both frontline delivery and capital maintenance; and common outcome measures across health, local government and sport. This would balance immediate service pressures with investment in prevention, workforce capacity, infrastructure and future demand.

For Glasgow, this would build on the Active Glasgow: Physical Activity and Sport Strategy 2025–2035, which places tackling health inequalities, inclusive participation, sustainable facilities and partnership working at the centre of the city's approach.

Additional national investment in sport and physical activity should deliver sustainable outcomes beyond a single financial year. Funding should be transparent about the balance between national programmes and local delivery and should cover the revenue, workforce, maintenance, accessibility and evaluation costs required to widen participation.

*Q3. Can we learn lessons from other places?*

Yes. Scotland can learn from other places that have aligned funding, community assets and health outcomes through long-term, place-based approaches. The common lessons are to invest according to need, empower local partnerships, protect accessible facilities and evaluate sustained participation and health outcomes rather than short-term activity alone. Target those experiencing the greatest health and physical activity inequalities and create an integrated health-to-physical-activity pathway through which Glasgow Life, health, social care, sport and community organisations collectively deliver preventative outcomes.

Relevant examples include:

Sport England's Place Partnerships provide a useful example of long-term, needs-led and place-based investment. Delivered through its Uniting the Movement strategy, the approach brings together local government, health, community and voluntary organisations, Active Partnerships and other local services to address the structural barriers that prevent people from being active. Priority places are identified using evidence on inactivity, inequalities in participation, deprivation, community need and health outcomes, with solutions developed alongside local communities rather than imposed through short-term national programmes.

Sport England is investing £250 million of National Lottery and Exchequer funding in place-based working across England by 2028. This includes up to £190 million for additional priority places, £35 million to deepen work with the original Place Partnerships and £25 million for a universal offer supporting wider adoption of place-based practice.

The funding does not extend to Scotland, but the underlying model is relevant: target investment according to need, build durable local partnerships, involve communities

in designing solutions and allow sufficient time for systemic change and measurable outcomes.

Wigan's whole-system model demonstrates that transformation requires sustained leadership and upfront investment. An invest-to-save approach was taken, using funds to support the development of new ways of working. Health and care integration included pooled and aligned budgets and joint commissioning arrangements that extended into areas such as housing and leisure. However, the approach should not be presented as a single funding stream or as evidence that preventative activity automatically generates cashable savings.

The relevance to Scotland is the combination of long-term commitment, community involvement, integrated commissioning and investment in prevention. The principal financial lessons are that benefits may take time to emerge; reduced demand does not necessarily produce an immediate budget saving; and the organisation funding an intervention may not be the organisation that ultimately receives the financial benefit.

The Welsh National Exercise Referral Scheme is Welsh Government-funded, nationally managed programme delivered across all 22 Welsh local-authority areas, aimed at inactive adults who have, or are at risk of developing, long-term health conditions. It provides useful evidence of positive outcomes and cost-effectiveness. The key learning from the Welsh National Exercise Referral Scheme (NERS) is that physical activity can be successfully embedded within preventative healthcare through structured referral pathways, behaviour-change support and local delivery, with sustained participation and measurable health outcomes central to demonstrating impact and value.

*Q4. How would you see this planned budget increase meeting the various challenges facing health and social care over the next two years, including addressing the treatment backlog and cost and demand pressures in areas such as NHS pay, drug costs and demographic pressures?*

Decisions on NHS pay and drug costs are outwith Glasgow Life's remit. However, the planned increase should not be used only to absorb immediate pressures: a defined proportion should support prevention, rehabilitation and community-based models that can reduce avoidable demand over time.

Sport and physical activity can contribute by reducing preventable ill health; supporting rehabilitation and recovery; helping people manage long-term conditions; reducing falls, frailty and social isolation; improving mental wellbeing; and enabling people to remain healthy and independent. These interventions will not resolve treatment backlogs or demographic pressures on their own, but properly commissioned pathways can complement clinical services and help moderate longer-term demand on primary, community and secondary care.

*Q5. How can or should any additional health and social care funding be directed to support alternative models of service delivery?*

Additional funding should support integrated, person-centred and community-based pathways linking primary care, NHS services, Health and Social Care Partnerships, physical activity, sport, community learning and development, and wider community support.

Priorities should include single referral and navigation routes, exercise referral, supported self-management, rehabilitation, falls prevention, mental wellbeing, peer support and place-based services addressing the wider determinants of health.

Glasgow Life's Live Active and Live Well programmes, together with the proposed Active Pathway, provide a practical foundation. Funding should support core coordination, data and sustainable delivery rather than short-term pilots alone.

The 2027–28 budget should establish a protected, multi-year prevention fund that enables NHS Boards and Integration Joint Boards to commission evidence-based physical-activity pathways with local partners. Funding should cover coordination, referral, workforce, facilities, data and evaluation—not only short pilots—and should be linked to agreed measures of access, health improvement, independence and reduced avoidable service use.

There is an opportunity to explore further the offer sport can make into the social Prescribing space.

Leisure Trusts are already working and delivering within this space, and Community Leisure UK (CLUK) 2026 Member Insight Survey (with a 72% response rate) shows that, amongst many more initiatives, Leisure Trusts are delivering the following:

- 100% of members deliver health and wellbeing initiatives
- 84% deliver physical activity referral
- 67% deliver strength and balance programmes
- 72% deliver dementia friendly activities
- 67% deliver falls prevention
- 55% deliver weight management programmes

Sport and physical activity should be recognised not simply as leisure activities, but as crucial contributors to improved health outcomes, stronger communities and a more sustainable health and care system.

*Q6. To what extent will the capital spending commitments support healthcare infrastructure needs over the next four years?*

The capital commitments set out in the Scottish Government's spending plans could address urgent pressures and support more care in primary and community settings. Their impact will, however, depend on transparent prioritisation, adequate maintenance funding and close alignment with service redesign.

Health capital investment should be assessed across the full programme rather than community care alone. Appraisal should include accessibility, energy performance, digital connectivity, co-location, revenue consequences and whole-life costs.

For sport and physical activity, the key opportunity is to recognise community facilities—including leisure centres, swimming pools, sports pitches, schools and community venues—as part of the wider infrastructure supporting prevention, rehabilitation and social connection.

*Q7. Where should the Scottish Government prioritise capital investment in its infrastructure and estate to meet current and future demands and support its public service reform aspirations?*

A. National priorities

- Protect and modernise essential infrastructure. Address the condition, accessibility and maintenance of existing health, social care and community sports facilities before committing to new assets without a clear service need.
- Invest in community-based infrastructure. New infrastructure should support service
- co-location, including community leisure facilities that enable prevention, rehabilitation and independent living.
- Enable shared use of public assets. Coordinate investment across health, education and sport infrastructure to reduce duplication and make facilities accessible to more people
- Glasgow has an international reputation as a leading sporting city, supported by major venues that enable community participation and world-class events. These facilities and other nationally significant sporting facilities support Scotland's national sporting, cultural and economic ambitions. As the leisure estate ages and operating pressures increase, the nationally significant assets hosted in Glasgow and elsewhere require sustainable, long-term funding.

*Q8. The Spending Review sets out plans to achieve £1.5 billion of savings through public sector efficiencies, with more than £1 billion expected from the health and care sector. Is financial sustainability realistic in the face of continuing pressures around pay, treatment costs and rising demand?*

Financial sustainability is unlikely to be achieved through efficiency targets alone while pay, treatment costs and demand continue to rise. Public services across Scotland and the UK require genuine reform, including a planned shift from treatment to prevention, better use of shared public assets and stronger community-based support. Savings plans should be accompanied by transparent assumptions about deliverability, timescales and service impact.

Multi-year settlements, shared accountability and a clear mechanism to reinvest demonstrable benefits in prevention are essential. Efficiency plans should protect inclusive access and avoid transferring costs to councils, communities or individuals in ways that deepen inequality.

*Q9. To what extent do previous budgets and the plans set out in the Spending Review support a shift away from reactive services towards preventative approaches? How can more be achieved?*

Previous budgets and the Spending Review signal support for prevention, but funding and accountability remain weighted towards acute pressures and short-term programmes. A stronger approach would apply proportionate universalism—maintaining broad access while directing greater support towards communities with the greatest need—and use asset-based, relational models that build on local strengths.

The 2027–28 budget should identify and protect preventative expenditure; provide multiyear funding; strengthen joint commissioning across the Scottish Government, NHS Boards, Integration Joint Boards, councils and community partners; and introduce shared outcome reporting. Physical activity, sport, community learning and development, and community facilities should be recognised explicitly as preventative infrastructure.

Glasgow’s whole-system approach through Active Glasgow provides a practical route to align action and evaluate impact.

*Q10. How has the increased investment in sport in 2026–27 affected service delivery and participation in sport?*

The additional investment announced for sport and physical activity has the potential to expand delivery through sporting organisations, schools, clubs, governing bodies and Community Sport Hubs, including free and inclusive opportunities. At this stage, it is important to distinguish between funding announced or allocated, activity delivered and demonstrable impact.

However, national programmes remain at an early stage. Reporting should therefore focus on reach, priority groups and delivery while longer-term evaluation tests retention, progression and sustained participation.

*Q11. Are the sums being invested sufficient and being spent in the right areas to deliver significant improvements in access to sport and exercise?*

The uplift is welcome but one year of additional funding is not sufficient to reverse longstanding inequalities or secure sustainable local provision. Investment should apply proportionate universalism: maintain an affordable offer for everyone while directing greater support to people facing barriers linked to poverty, disability, health, geography, culture or social isolation.

Recurring funding is needed for facilities, workforce, Community Sport Hubs, clubs, referral pathways and inclusive participation. Success should be measured through equality of reach, retention, progression and community outcomes, not only headline participation.

*Q12. How has the wider funding landscape for local government affected access to sporting facilities and activities?*

The wider funding landscape for local government affects sport in two connected ways:

- the ability to maintain and operate sporting facilities, and
- the affordability and availability of activities for residents.

In Glasgow, this is particularly important because council budgets must support sport alongside social care, education, homelessness, roads and other statutory and essential services.

The impact is not simply about how much money is allocated to sport. It is also about how much flexibility local authorities have to use their funding, the condition of their existing estate, rising operating costs and whether they can sustain services over several years.

One-off national programme funding cannot compensate for pressure on the core funding that keeps facilities open and accessible. Glasgow Life has pursued data-led programming, sustainable pricing, partnership funding, shared use and alternative operating models, but these measures cannot replace adequate multi-year revenue and capital support. Public leisure should be recognised as essential preventative infrastructure, with dedicated routes for lifecycle renewal, accessibility and decarbonisation.

The independent Review of Culture and Sport and Leisure Services by Ekos (2024) report notes the detrimental effect of the wider funding landscape on access to sporting facilities and activities.

*Q13. Are there any other matters relating to the Scottish Government's 2027–28 budget that fall within the remit of the Health, Care and Sport Committee and which you would like to bring to our attention?*

The 2027–28 budget should make the shift to prevention visible through a cross-portfolio statement of investment and outcomes. Glasgow Life recommends: sustainable multiyear prevention funding; a national sport and leisure estate renewal programme; stronger commissioning of physical activity by NHS Boards and Integration Joint Boards; continued support for school swimming and community participation; protection of affordable and inclusive access; support for nationally significant venues hosted in Glasgow; and shared measures covering reach, retention, health, independence and community benefit.

Commitments must include the workforce, accessibility, transport, data, maintenance and decarbonisation costs required for delivery. The central message is simple: prevention requires places, people and programmes