Public Petitions Committee
Thursday 19 November 2026
6th Meeting, 2026 (Session 7)

PE2255: Reinstate the Minister for Women's Health

Introduction

Petitioner	Elizabeth Carr-Ellis on behalf of Support Her Health
Petition Summary	Calling on the Scottish Parliament to urge the Scottish Government to restore a dedicated Minister for Women's Health and make improving women's health outcomes a national priority.
Website	https://petitions.parliament.scot/petitions/PE2255

1. This is a new petition that was published on 16 September 2026.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. Every petition collects signatures while it remains under consideration. At the time of writing, 523 signatures have been received on this petition.

4. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received submissions from the Scottish Government and the Petitioner which are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
November 2026

Annexe A: Summary of petition

PE2255: Reinstate the Minister for Women's Health

Petitioner:

Elizabeth Carr-Ellis on behalf of Support Her Health

Date published:

16 September 2026

Petition summary:

Calling on the Scottish Parliament to urge the Scottish Government to restore a dedicated Minister for Women's Health and make improving women's health outcomes a national priority.

Background information:

Women make up more than half of Scotland's population, yet too many face unacceptable barriers to healthcare. It now takes an average of over 10 years for an endometriosis diagnosis, despite the 2021 commitment to reduce this to under 12 months. Women also face long waits for gynaecological care, inequalities in cardiovascular healthcare and gaps in reproductive health services.

Scotland's Women's Health Plan recognised these inequalities and has made important progress, but many of its ambitions have yet to be realised. Continued ministerial leadership is essential to ensure commitments become meaningful improvements in care. Removing the role risks reducing visibility, accountability and momentum at a time when significant challenges remain.

A dedicated Minister for Women's Health would provide clear leadership, drive delivery of Scotland's Women's Health Plan, ensure accountability for progress, work across government and the NHS to tackle health inequalities and ensure women's voices are heard in decisions about healthcare.

Annexe B: SPICe Briefing

Scottish Parliament Information Centre
Ionad Fiosrachaidh Pàrlamaid na h-Alba

Briefing for the Public Petitions Committee on petition PE2255: Reinstate the Minister for Women's Health, lodged by Elizabeth Carr-Ellis on behalf of Support Her Health

Brief overview of issues raised by the petition

Petition PE2255 calls on the Scottish Parliament to urge the Scottish Government to reinstate the Minister for Women's Health. The petitioner states that the removal of this ministerial post while women still face barriers to accessing healthcare risks reducing visibility, accountability, and momentum at a time when significant challenges remain.

Current and previous Ministerial responsibility for women's health

During Session 6 of the Scottish Parliament, the Scottish Government appointed a dedicated Minister for Women's Health. From 2021-23, Maree Todd MSP held the post of Minister for Public Health, Women's Health, and Sport. In 2023, Jenni Minto MSP was appointed Minister for Public Health and Women's Health, a role that she held until the dissolution of the Parliament in April 2026.

Following the May 2026 Scottish Parliament elections, the First Minister announced a streamlined Cabinet, with a smaller number of Cabinet Secretaries and Ministers. Maree Todd MSP was given a new role as Minister for Mental Wellbeing, Public Health, Sport, Alcohol & Drugs. Although not explicitly stated in her title, Ms Todd now holds ministerial responsibility for women's health.

In its written response to the petition, the Scottish Government stated that the women's health portfolio has always been held alongside wider portfolio responsibilities.

Overview of key challenges affecting women's health

The petitioner expressed concern that removal of this dedicated ministerial role may affect implementation of the commitments made within the Women's Health Plan to address inequalities affecting women's access to healthcare. According to Public Health Scotland, women in Scotland spend 25% more of their lives living in poor health compared to men. Public Health Scotland states that gender inequality plays a significant role in shaping women's health outcomes.

The Scottish Government commissioned a research project in 2023 exploring women's experiences of discrimination, and the impact on their health. This research informed the development of the Scottish Government's Women's Health Plan. The researchers highlighted a number of broad issues identified by participants in relation to their experiences of healthcare. Women reported feeling ignored and dismissed when attempting to seek healthcare, a common theme across research in this area.

Participants also highlighted systemic gender bias in the healthcare system, feeling that health and healthcare are informed by "default male" stereotypes.

Women also felt that they faced additional discrimination based on factors such as age, socioeconomic status, and race. Many disabled women report experiencing additional barriers to healthcare in Scotland, as this research paper explores. Phase Two of the Women's Health Plan commits to taking an intersectional approach to women's health, recognising that some women face overlapping stigma and discrimination due to factors including race, age, and disability.

Scottish Government actions

As stated earlier in this briefing, Maree Todd MSP, the Minister for Mental Wellbeing, Public Health, Sport, Alcohol, and Drugs, currently holds ministerial responsibility for women's health. Ms Todd chairs the Women's Health Plan Phase Two Oversight Group, which monitors delivery of the Plan.

The Scottish Government's written response to the petition highlighted the actions it has taken to reduce women's health inequalities through its Women's Health Plan. The response also noted relevant commitments from the Programme for Government 2026-31, including:

- Implementing the second phase of the Women's Health Plan and the National Plan for Gynaecology, backed by £13 million of investment to reduce waits, and invest in research in women's health, funding new research into menstrual health and recognising endometriosis as a chronic condition.

- Developing Christina's Card, to be sent to every woman resident in Scotland shortly after their 50th birthday, which will share information about checking for lumps and bumps, accessing menopause support and their eligibility for various screening and testing programmes.

- Delivering actions to eradicate cervical cancer by 2040, launching a national campaign to increase uptake of HPV vaccination and cervical screening, and expanding the use of self-sampling kits.

Scottish Parliament actions

There has been no Scottish Parliament action on this topic to date.

Key Organisations and relevant links

- The Women's Health Plan: Phase Two

- Maree Todd MSP's list of ministerial responsibilities

Sarah Swift
Researcher
26 October 2026

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition

briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Published by the Scottish Parliament Information Centre (SPICe), an office of the Scottish Parliamentary Corporate Body, The Scottish Parliament, Edinburgh, EH99 1SP

Annexe C: Written Submissions

PE2255/A: Reinstate the Minister for Women's Health

Scottish Government written submission, 14 October 2026

Does the Scottish Government consider the specific ask[s] of the petition to be practical or achievable? If not, please explain why.

Yes. The Scottish Government consider the asks of this petition to be practical and achievable as the Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs, Maree Todd, has portfolio responsibility for women's health. The women's health portfolio has always been held alongside wider portfolio responsibilities.

Ms Todd was the first Minister for Women's Health and introduced the UK's first Women's Health Plan, in August 2021.

In her current Ministerial role, Ms Todd has responsibility for women's health and is driving forward action to improve Women's Health, building on the progress made through Phase One of the Plan, and beyond.

Improving the health of women and girls, and women's health outcomes, in Scotland is a priority for this Government. We want all women and girls in Scotland to enjoy the best possible health, throughout their lives.

Phase Two of our Women's Health Plan builds on the progress the first Plan and commits to new action including eliminating cervical cancer, to transform gynaecology services and to optimising women's health.

As Minister with responsibility for Women's Health, Ms Todd chairs the Women's Health Plan Phase Two Oversight Group, which monitors its delivery.

What, if any, action is the Scottish Government currently taking to address the issues raised by this petition, and is any further action being considered that will achieve the ask[s] of this petition?

Scotland was the first country in the UK to publish a Women's Health Plan in August 2021. Phase Two of the Women's Health Plan, published in January 2026, builds on progress made to date. Through the actions in Phase One and Two the Scottish Government commits to prioritising women's health, setting national aims and actions to reduce inequalities in women's health. For example Phase Two of the Women's Health Plan sets out new action to improve women's health outcomes.

We will:

- Transform gynaecology services through a National Plan for Gynaecology
- Recognise endometriosis as a chronic, long-term condition to ensure women get the support they need as early as possible
- Invest in women's health research

- Support women to live longer healthier lives, focussing on brain health, bone health, pelvic floor health and heart health

- Address the stigma that persists in women's health

The Programme for Government 2026 – 2027 commits to:

- Implementing the second phase of our Women's Health Plan and the National Plan for Gynaecology, backed by £13 million of investment to reduce waits, and invest in research in women's health, funding new research into menstrual health and recognising endometriosis as a chronic condition.

- Developing Christina's Card, to be sent to every woman resident in Scotland shortly after their 50th birthday, which will share vital information about checking for lumps and bumps, accessing menopause support and their eligibility for various screening and testing programmes.

- Delivering actions to eradicate cervical cancer by 2040, launching a national campaign to increase uptake of HPV vaccination and cervical screening, and expanding the use of self-sampling kits.

The Programme for Government also includes the Manifesto commitment to commission an Independent Review of Maternity Services. We will deliver an independent review of maternity services in Scotland, which will report in Summer 2027. This will include a specific focus on care for women living in remote communities like Caithness, Elgin and Wigtownshire, as well as women at risk of poorer outcomes, including Black and Asian women, Gypsy/Traveller Community and women with multiple disadvantages. Professor Christine McCourt has been appointed as Chair of this review and has begun her work.

Is there any further information the Scottish Government wish to bring to the Committee's attention, which would assist it in considering this petition?

Women's Health has been part of Ms Todd's ministerial portfolio and her policy responsibility since the announcement of the Ministerial portfolios in May 2026.

8.3 and 8.4 of the Scottish Ministerial Code makes clear that the First Minister is responsible for the overall organisation of the Government and the appointment of all Cabinet Secretaries and junior Scottish Ministers.

The structure and allocation of Ministerial portfolios are matters for the First Minister. The allocation of functions among Ministers is the responsibility of the First Minister. All Ministerial titles must be approved by the First Minister.

Women's Health Plan Team / CMO Policy Division

PE2255/B: Reinstate the Minister for Women's Health

Petitioner written submission, 8 November 2026

We welcome the Scottish Government's acknowledgement that the request made in PE2255 is practical and achievable.

However, the Government then argues our request has effectively already been met because Maree Todd retains responsibility for women's health.

This fundamentally misunderstands our petition. Having ministerial responsibility is not the same as having a dedicated Minister for Women's Health with the primary responsibility of driving improvements in women's healthcare and holding the system accountable for delivering them.

The Government cannot reasonably claim our request is both achievable and already satisfied by arrangements that do not deliver what we are asking for.

The response also fails to answer a fundamental question: why was women's health removed from the ministerial title and what, if any, assessment was undertaken of the potential consequences?

The Government describes existing arrangements. It does not demonstrate why those arrangements are adequate.

Ministerial responsibility is not dedicated leadership

We recognise that previous Ministers for Women's Health held additional responsibilities. However, women's health was explicitly recognised in their ministerial titles, establishing it as a distinct policy priority.

The current Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs oversees several major policy areas, each involving substantial challenges and competing demands.

We do not question Ms Todd's commitment or experience. Indeed, her role in introducing the Women's Health Plan (WHP) demonstrates the value of identifiable ministerial leadership. Our concern is structural, not personal.

Women's health encompasses reproductive and gynaecological health, cardiovascular disease, menopause, menstrual health, cancer, chronic conditions and inequalities in diagnosis, treatment and research. It requires sustained attention, cross-government coordination and clear accountability.

We are asking for a minister whose primary responsibility is women's health, with a dedicated remit and sufficient capacity to drive improvements.

What evidence informed the Government's decision?

The Government has not explained whether it assessed the implications of removing women's health from the ministerial title before making that decision. This is particularly concerning given the inequalities identified in its own research and the continuing challenges facing women's healthcare.

Was the impact on delivery of the WHP considered? Were women's organisations or healthcare professionals consulted? Was any assessment made of the capacity required to deliver the Government's commitments?

We are not suggesting such assessments did not take place; we are asking the Government to demonstrate what informed its decision.

If women's health is sufficiently important to warrant two WHPs, why is it no longer considered important enough to warrant explicit recognition in a ministerial title, let alone the dedicated leadership our petition seeks?

Policy commitments are not evidence of delivery

We welcome the initiatives the Government lists, including the WHP, the National Plan for Gynaecology, investment in research, cervical cancer elimination and an independent review of maternity services.

However, announcing policies is not the same as delivering improvements, nor does their existence establish that current ministerial arrangements are adequate.

What mechanisms ensure failures or delays in delivering women's health commitments receive sufficient ministerial attention, particularly when competing priorities arise?

A dedicated minister would provide a clear point of accountability to Parliament, healthcare professionals, campaigners and women themselves.

Scotland's inequalities demand sustained attention

The SPICe briefing highlights Public Health Scotland's finding that women spend 25% more of their lives in poor health than men. It also references Scottish Government research documenting women's experiences of being ignored or dismissed by healthcare professionals, systemic gender bias and additional discrimination associated with age, disability, race and socioeconomic circumstances.

These are not isolated problems. They reflect longstanding inequalities in how healthcare is researched, designed and delivered. Addressing them requires leadership capable of challenging established practices across the healthcare system.

The Government's ministerial arrangements should reflect its own evidence of the scale and complexity of these inequalities.

Oversight is not the same as accountability

The Government emphasises that Ms Todd chairs the WHP Phase Two Oversight Group. We welcome this, but monitoring implementation is not equivalent to having a dedicated minister responsible for driving change.

The Government has not explained how competing demands on ministerial time are managed, what resources support these responsibilities or how progress is assessed against measurable outcomes.

A dedicated minister should coordinate delivery, identify barriers, challenge delays and report transparently to Parliament. This would strengthen existing structures, rather than duplicate them.

Women's health is a whole-life issue

We welcome commitments on maternity services, cervical screening and menopause information. However, women's health cannot be defined primarily through reproduction, maternity or particular stages of life. Women experience inequalities throughout their lives, including autoimmune conditions, chronic pain, neurological conditions and cancers.

A dedicated minister would help maintain this whole-life perspective, particularly for women facing multiple disadvantages whose needs may not fit neatly within existing policy boundaries.

Ministerial appointments reflect political priorities

The Government refers to the Scottish Ministerial Code, noting that ministerial appointments and portfolios are determined by the First Minister. We do not dispute this. Instead, our petition asks Parliament to urge the Government to exercise that authority differently.

The Government has already confirmed our request is practical and achievable. The question is therefore not whether a dedicated minister can be appointed, but whether the Government considers women's health sufficiently important to warrant that appointment.

Our request

We ask the Committee to keep PE2255 open and seek answers to the following questions:

1. What assessment, if any, was undertaken of the potential impact on women's health policy, delivery and accountability before removing women's health from the ministerial title? Will the Government provide that assessment, or explain why none was undertaken?

2. What was the rationale for removing explicit recognition of women's health and why are current arrangements considered preferable to dedicated ministerial leadership?

3. How are sufficient ministerial time, resources and measurable accountability guaranteed within the current portfolio?

4. Will the First Minister reconsider appointing a dedicated Minister for Women's Health, with women's health as their primary responsibility?

Scotland showed leadership by introducing the UK's first Women's Health Plan. That ambition must be matched by the political leadership necessary to deliver it.