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Health and Sport Committee Comataidh Slàinte is Spòrs

Annual Report of the Health and Sport Committee for 2019-20



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Health and Sport Committee

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



<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/health-committee.aspx>



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Alex Cole-Hamilton
Scottish Liberal
Democrats



David Stewart
Scottish Labour



David Torrance
Scottish National Party



Sandra White
Scottish National Party



Brian Whittle
Scottish Conservative
and Unionist Party

Introduction

1. This report covers the work of the Health and Sport Committee during the parliamentary year from 12 May 2019 to 11 May 2020.
2. The remit of the Committee is to consider and report on matters falling under the [responsibilities](#) of the Cabinet Secretary for Health and Sport, Jeane Freeman MSP, the Minister for Mental Health, Claire Haughey MSP and the Minister for Public Health, Sport and Wellbeing, Joe FitzPatrick MSP.
3. As per the [Strategic Plan and Vision 2016-21](#), our overriding aim is to improve the health of the people of Scotland.

Membership Changes

4. There were no changes in Committee membership during the reporting year from 12 May 2019 to 11 May 2020.

Inquiries and reports



Inquiries held

Source: The Scottish Parliament

5. From the previous reporting year, two inquiries continued into this parliamentary reporting year; namely '[Health hazards in the healthcare environment](#)' and '[What should primary care look like for the next generation?](#)'.
6. We have also initiated inquiries into—
 - [Social prescribing of physical activity and sport](#);
 - [The supply and demand for medicines](#);
 - [Social care](#); and
 - [COVID-19](#).

Health hazards in the healthcare environment

7. This inquiry built on last year's [work](#) to identify the scale of health problems acquired from the healthcare environment and health facilities in Scotland following building system failures and deaths at the Queen Elizabeth University Hospital (QEUH) Glasgow.
8. We held an evidence session on [19 March 2019](#) with the following organisations—
 - Health and Safety Executive;
 - Healthcare Improvement Scotland;
 - Health Facilities Scotland; and
 - Health Protection Scotland.
9. The inquiry is now incorporating the Royal Hospital for Children and Young People (RHCYP) Edinburgh and the Department of Clinical Neurosciences following the Cabinet Secretary's decision on [4 July 2019](#) to delay the move to the new site due to a number of building systems standards not being met, including ventilation systems. The Cabinet Secretary is keeping us informed by letter of expected timescales.
10. The Cabinet Secretary confirmed to Parliament on [18 September 2019](#) that a public inquiry would incorporate both the Queen Elizabeth University Hospital, Glasgow, and the Royal Hospital for Children and Young People, Edinburgh.

What should primary care look like for the next generation?

11. Phase One of this inquiry focussed on gathering views and experiences from the public at a number of public meetings and via an [online survey](#). Following the conclusion of Phase One with the publication of our report "[What should primary care look like for the next generation?](#)" on 3 July 2019, Phase Two started in July 2019 with a [call for views](#) and evidence sessions. We received [81 written submissions](#).
12. We took evidence from representatives in the sectors listed below, as well as the Cabinet Secretary for Health and Sport. Our final evidence session was a round table with a selection of attendees who were involved in the public panels in Phase One to discuss the evidence presented to us in Phase Two of the inquiry.

Date of meeting	Attendees
24 September 2019	<ul style="list-style-type: none"> • Allied Health Professionals
1 October 2019	<ul style="list-style-type: none"> • Multi-disciplinary teams • Primary care professionals
8 October 2019	<ul style="list-style-type: none"> • General Practitioners • Local primary care planners
5 November 2019	<ul style="list-style-type: none"> • Voluntary sector and primary care • Technology and information sharing
19 November 2019	<ul style="list-style-type: none"> • Cabinet Secretary for Health and Sport • Round table public panels evidence session

Primary care public panel round table participant

A member of the public panel who helped us with phase one of the inquiry describes her priorities for primary care.



Source: The Scottish Parliament

13. Our report on Phase Two of the inquiry will be published later this year.

Social prescribing of physical activity and sport

14. There was a high degree of interest from our primary care public panel sessions on the wider aspects of health and wellbeing within communities, such as—
 - prevention of illness;
 - obesity and poor health;
 - active travel;
 - access to greenspace and exercise; and
 - access to leisure facilities.
15. We agreed to undertake a short inquiry to consider the ability of social prescribing to tackle physical and mental wellbeing issues across Scotland.
16. Social prescribing can lead to a range of positive health and wellbeing outcomes, including helping to alleviate depression and anxiety. We wanted to look at the role of social prescribing for sport and physical activity being key contributors to preventative self-care for health and wellbeing.
17. We held a [one-off evidence session](#) (in a round table format) on Tuesday 29 October 2019 with practitioners, professionals and academics.

18. We published our report "[Social Prescribing: physical activity is an investment, not a cost](#)" on 4 December 2019.
19. This was followed by a [Committee Debate in the Chamber on 18 February 2020](#).

The supply and demand for medicines

20. This inquiry is linked closely with the previous two inquiries '[What should primary care look like for the next generation?](#)' and '[Social prescribing of physical activity and sport](#)'. The focus of the inquiry was to look at the management of the medicines budget, including the clinical and cost effectiveness of prescribing.
21. Having taken evidence from a number of Health Boards about the impact of growing drugs costs on budgets, we agreed four distinct, but related, parts covering the supply and demand for medicines in Scotland—
 - Purchasing (including procurement and medicine price regulation, a reserved area undertaken at a UK level);
 - Prescribing (covering all qualified to write prescriptions);
 - Dispensing (covering hospital, pharmacy and GP); and
 - Consumption (looking at effectiveness and wastage).
22. A series of evidence sessions to cover the four main parts of the inquiry were scheduled as follows—
 - [21 January 2020 – Purchasing](#)
 - [28 January 2020 - Prescribing](#)
 - [4 February 2020 - Dispensing](#)
 - [18 February 2020 – Consumption](#)
 - [10 March 2020 - Cabinet Secretary for Health and Sport](#)
23. Our report will be published later this year.



Source: The Scottish Parliament

Social Care

24. This inquiry followed our previous examination of care home sustainability at the following meetings—
 - [Tuesday 12 December 2017](#)
 - [Tuesday 6 February 2018](#)
25. On 16 November 2018, the Health and Sport Committee and Scotland's Futures Forum (the Scottish Parliament's futures think-tank) held an [event](#) to consider the future of social care for older people in Scotland. The event considered the general proposition of how social care would look (and be financed) in 2030 and was a catalyst to form the purpose of this inquiry.
26. For this inquiry, we wanted to explore the future delivery of social care in Scotland and what is required to meet future needs. We issued a call for views which ran from 19 December 2019 to 20 February 2020. We received [226 responses](#).
27. During the initial stages of the inquiry, it became apparent that whole scale social care reform is needed. At our [meeting on 17 March 2020](#), we agreed to take a forward-looking strategic approach designed to encourage an exploration of how social care can be co-ordinated, commissioned and funded differently in the future. The aim of the inquiry will be to identify a sustainable and fair system in the context of changing demographics and public expectation. This is designed to complement and add value to the work of the [Scottish Government adult social care reform programme](#).

28. Due to the COVID-19 pandemic, we delayed our scrutiny of social care to a later date. We aim to publish summaries of the submissions received in our call for views by spring/summer 2020.

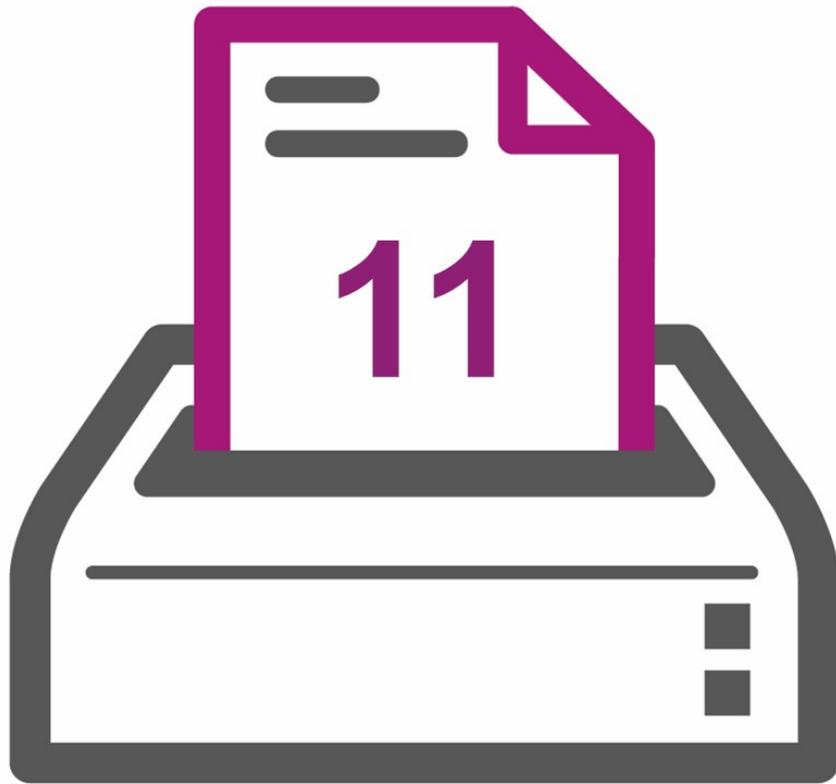
COVID-19

29. Prior to the date of publication of this report, we held the following evidence sessions—

Date of Meeting	Attendees
28 April 2020	Professor Hugh Pennington, microbiologist, University of Aberdeen
7 May 2020	The Cabinet Secretary for Health and Sport on the subject of Personal Protective Equipment (PPE)

We are holding further evidence sessions with the Cabinet Secretary for Health and Sport in May and June on the following subjects—

- Testing;
- Care homes; and
- Resilience and emergency preparedness.



Reports published

Source: The Scottish Parliament

Scrutiny of NHS Boards

30. In addition to our distinct inquiries, we continued our oral evidence sessions with territorial health boards and special boards to scrutinise performance and outcomes delivered. The evidence sessions held in this reporting year were—

Date of Meeting	Health Board
25 June 2019	NHS Fife
3 September 2019	NHS Highland
26 November 2019	NHS Tayside
3 December 2019	The State Hospitals Board for Scotland
17 December 2019	NHS Grampian

31. Prior to the formal evidence session with NHS Tayside, held at Perth and Kinross Council Chambers on 26 November 2019, we held an evening public event on 25 November, also in the Council Chambers, to hear from service users and health professionals.

NHS Tayside event



Source: The Scottish Parliament

32. This event helped inform our Members' questioning at the formal meeting on [26 November](#).

33. As with our budget scrutiny approach, the scrutiny of NHS Boards is continuous throughout the year.

34. In a first for any of our scrutiny sessions, we invited comments via social media on our public consultation regarding NHS Grampian's performance ahead of their evidence session on 17 December 2019.

Pre-Budget Scrutiny 2020-21



Source: The Scottish Parliament

35. The UK budget announcement was delayed until 11 March 2020 due to the UK General Election in December 2019. This affected the time available for parliamentary scrutiny of the Scottish budget which was announced on 6 February 2020.
36. Despite the truncated timetable for parliamentary scrutiny of the Scottish Government Budget, as with previous years, we adopted a full year budgeting approach to its scrutiny, building an element of budget scrutiny into all aspects of our work.
37. In recent years, the focus of our budget scrutiny has been on Integration Authorities (IAs). IA budgets totalled £8.9 billion in 2018-19, of which £6.3 billion was delegated from the NHS budget and therefore almost half of the total health and sport budget. The Committee agreed a continued focus on IA budgets in the pre-budget scrutiny for 2020-21, particularly in light of the ongoing concerns raised by the Committee in respect of the progress of integration. Our particular focus was on budget setting challenges and performance data specifically in respect of delayed discharge and unscheduled care hospital admissions.
38. We held pre-budget evidence sessions as follows to help inform our scrutiny—

Date of Meeting	Attendees
21 May 2019	<ul style="list-style-type: none"> • Edinburgh Integrated Joint Board • South Lanarkshire Integrated Joint Board
4 June 2019	<ul style="list-style-type: none"> • East Ayrshire Integrated Joint Board • Glasgow City Integrated Joint Board • Aberdeen City Integrated Joint Board • West Lothian Integrated Joint Board

39. We published our pre-budget report '[Looking ahead to the Scottish Government - Health Budget 2020-21: When is Hospital bad for your health?](#)' on 2 October 2019. We received a [response](#) from the Cabinet Secretary on 6 February 2020.
40. The Cabinet Secretary and supporting officials attended a post-budget evidence session on [25 February 2020](#).

Bills



Bills scrutinised

Source: The Scottish Parliament

Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill

41. The [Forensic Medical Services \(Victims of Sexual Offences\) \(Scotland\) Bill](#) ("the Bill") was introduced by the Cabinet Secretary for Health and Sport, Jeane Freeman MSP, on 26 November 2019.
42. The Bill seeks to make health boards responsible for providing forensic medical services to victims of sexual offences (and victims of harmful sexual behaviour by children). These services are currently provided by health boards under a [Memorandum of Understanding \(MoU\)](#) between Police Scotland and NHS Scotland. The Bill seeks to make this a specific statutory duty.

43. The Bill seeks to make forensic medical examination available on a self-referral basis for people over the age of 16. Self-referral would mean that victims of sexual abuse and rape would be able to access a forensic medical examination without first reporting the incident to the police.
44. Following the introduction of the Bill, we issued a call for views which ran from 6 December 2019 to 2 February 2020. We received [38 responses](#).
45. To inform our stage 1 scrutiny of the Bill we held the following evidence sessions—

Date of Meeting	Attendees
10 March 2020	We held an informal meeting with the survivors of assaults to understand their views on the proposals in the Bill.
17 March 2020	<ul style="list-style-type: none"> • Scottish Government Bill Team; and • a round table with representatives from victim support groups

46. Due to the COVID-19 pandemic, our remaining evidence sessions were postponed.
47. As a result, we [wrote](#) to Graeme Dey MSP, Minister for Parliamentary Business and Veterans, on 24 March 2020 requesting the Scottish Government recommends to the Parliamentary Bureau an extension of the deadline for stage 1 of the Bill to allow the Committee to hold meetings over the coming months.
48. We received a [response](#) to our letter on 16 April 2020 regarding the expected timescale for stage 1 scrutiny. We will now be taking further evidence during May and June 2020 with the intention that stage 1 of the Bill will be completed in the Scottish Parliament in September 2020.
49. The Cabinet Secretary for Health and Sport wrote to us on [5 May 2020](#) regarding an update on the Chair of the Taskforce and to advise of recently published resources.

Legislative consent memorandums

50. We considered two legislative consent memorandums this reporting year relating to the—
- Birmingham Commonwealth Games Bill; and
 - Coronavirus Bill.

Birmingham Commonwealth Games Bill (UK Parliament legislation)

51. The UK Government introduced the [Birmingham Commonwealth Games Bill](#) [‘the Bill’] in the House of Lords on 5 June 2019 and the Scottish Government lodged a legislative consent memorandum on the Bill on 19 June 2019.
52. We considered the [legislative consent memorandum](#) at our meeting on [29 October 2019](#) and [reported](#) to Parliament recommending it should consent to the UK Parliament legislating in this area. The Bill however fell at the dissolution of Parliament at the end of the 2019.
53. A new, albeit identical, Birmingham Commonwealth Games Bill was introduced in the House of Lords on 7 January 2020 and a new [legislative consent memorandum](#) was lodged on 30 January 2020 by Jeane Freeman, Cabinet Secretary for Health and Sport.
54. We considered the legislative consent memorandum at our meeting on [18 February 2020](#) and again [reported](#) to Parliament it should consent to the UK Parliament legislating in this area.

Coronavirus Bill

55. The UK Government introduced the [Coronavirus Bill 2019-21](#) (‘the Bill’) in the House of Commons on 19 March 2020 and the Scottish Government lodged a [legislative consent memorandum](#) on the Bill on 20 March 2020.
56. We held an evidence session with the Cabinet Secretary for Health and Sport on [24 March 2020](#).
57. Following the evidence session, we published our [report](#) ahead of the [Chamber Debate](#) in the afternoon of 24 March 2020.

Subordinate legislation



SSIs considered

Source: The Scottish Parliament

58. During the course of the reporting year, we considered—
- 2 SSIs subject to the super-affirmative procedure;
 - 8 SSIs subject to the affirmative procedure; and
 - 18 SSIs subject to the negative procedure.
59. Three SSIs considered under the negative procedure related to the UK's withdrawal from the European Union and two related to the COVID-19 outbreak.

UK Statutory Instruments - European Union (Withdrawal) Act 2018

60. We continued with our consideration of health related statutory instruments, as well as those relating to food standards, from the Scottish Government ahead of the UK's withdrawal from the European Union. The notifications requested the approval of the Scottish Parliament for the exercise of powers by UK Ministers under the European Union (Withdrawal) Act 2018.
61. In this reporting year we considered four notifications in total.

Petitions



5 Petitions
considered

Source: The Scottish Parliament

62. We considered five petitions referred to us during the course of this reporting year. Two petitions were closed and three remain open—

Petition number and title	Current status
PE01568 - Funding, access and promotion of the NHS Centre for Integrative Care	Open
PE01605 - Whistleblowing in the NHS - a safer way to report mismanagement and bullying	Open
PE01698 - Medical care in rural areas	Closed
PE01533 - Abolition of non-residential social care charges for older and disabled people	Closed
PE01710 - Community hospital and council care home services in Scotland	Open

Equalities, Engagement and Innovation



Engagement activities

Source: The Scottish Parliament

63. It is important to us that we try to be as inclusive as possible in every piece of work we do. We use a variety of methods to gather information including online surveys and informal evidence sessions. This helps us hear from a wide variety of stakeholders.
64. Our series of deliberative health events which took place in Dunfermline, Inverurie and Cambuslang to inform our primary care inquiry were completed in June 2019 when we held our final public panel. This involved approximately 35 members of the public over two weekends in what was an innovative and valuable engagement process for us.
65. In November 2019, we held evening meetings in Perth as part of our scrutiny of NHS Tayside. We held an informal meeting with service users/patients followed by

a meeting with front line NHS staff and local health professionals. (Approximately 30 attendees in total).

66. Most recently, in February of this year, we held a round table informal evidence gathering session with 12 victim-survivors of rape and sexual assault (facilitated and supported by experts from Rape Crisis Scotland). This gave victim-survivors the opportunity to give first hand testimony of their experiences of forensic medical examination, in order to help inform our consideration of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill.
67. Twitter has become our core medium for keeping interested groups and individuals informed and we currently have 3,395 followers.



3395 followers

3362 tweets

*as of 11 May 2020

Source: The Scottish Parliament

68. We work closely with our Community Outreach and Committee Engagement Unit teams to look at new ways to involve the people of Scotland in our work.

Meetings



27

Committee meetings

Source: The Scottish Parliament

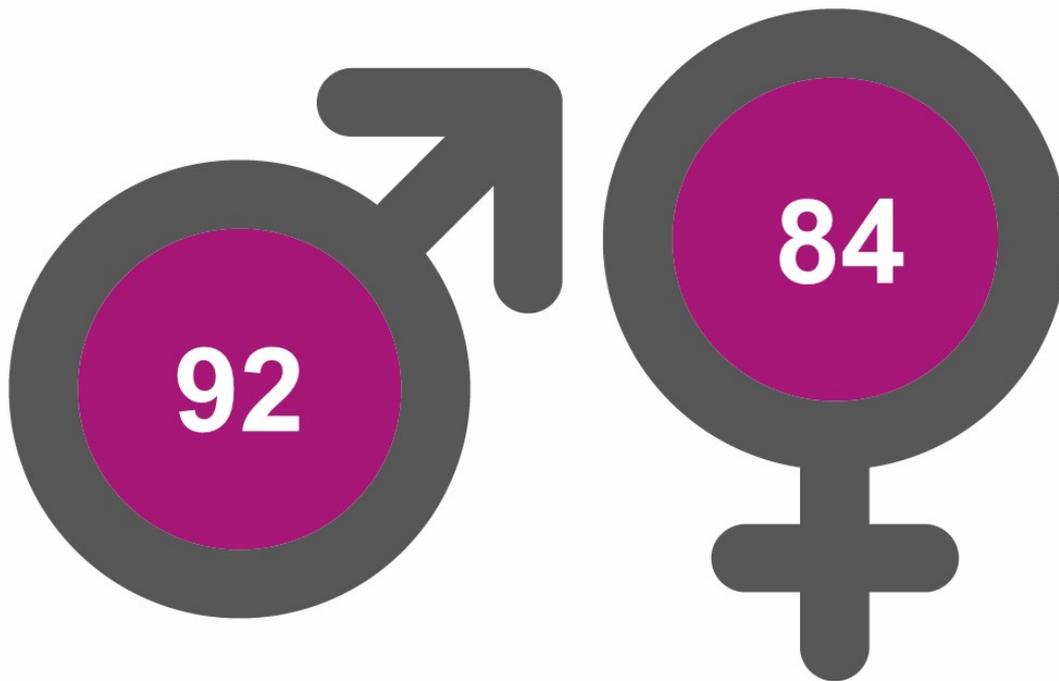
69. We held twenty-seven meetings in this reporting year. Agenda items held in private were primarily to consider draft reports, approach papers and our work programme. Two meetings were held entirely in private.
70. There were fewer formal Committee meetings held at the Scottish Parliament this reporting year due to our decision to hold public panels instead for Phase One of our primary care inquiry in late spring, early summer 2019. Our Committee meetings schedule was also impacted by the COVID-19 outbreak for a number of weeks. We held our first virtual remote Committee meeting on [28 April 2020](#) .
71. This year, of 176 witness appearances before the Committee 52% were male and 48% were female.



176

Number of people who gave evidence

Source: The Scottish Parliament



Witnesses who gave evidence

Source: The Scottish Parliament

