Scottish Health Equity Research Unit

Insights, analysis and action on the socio-economic factors that shape health

Prevention Watch

October 2025

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1. Carnegie UK releases a report on reforming budget processes for prevention

In September, Carnegie UK published a report exploring how governments can shape fiscal policy and budget processes to prioritise wellbeing for their people.

They note that, while wellbeing is central to many governments' policy ambitions, very few regions have made changes in how financial resources are allocated, whilst highlighting several regions where preventative policy went alongside budget reforms.

International examples of budget reform include, among other things, tagging lines of public expenditure with relevant policy goals, as is being piloted in the Republic of Ireland, or reallocating expenditure to initiatives aligned with wellbeing objectives, which was introduced in New Zealand. These are both relevant in Scotland, having been discussed recently in both the Public Service Reform strategy and the Population Health Framework.

The Population Health Framework names "embedding prevention in our systems" as one of its initial priorities, mentioning the need to address prevention within Scottish budgets. However reform to the budgeting process is addressed more explicitly in the Public Service Reform strategy, which says that budget processes need to enable preventative spending and features a workstream dedicated to preventative budgeting. Within this workstream, the reform strategy discusses changes to the budget processes, stating that the government will "Re-design our approach to identifying, tracking and monitoring preventative spend," and "Change how we budget […] to allow resources to move between portfolios, organisations and services." However, neither document provides a roadmap on how to achieve this. We hope that the upcoming Scottish Budget and Spending Review, due to be announced on 13th January 2026, will provide some indications of how the Scottish Government is starting to move towards this.

The Carnegie UK report also discusses the challenges with preventative budgeting. For instance, spending rules often hamper preventative initiatives when their upfront costs compete with acute services. Often, future savings related to reduced demand for future services are treated as theoretical. This concern is also deeply relevant in Scotland and is something that has been brought up repeatedly. Recently, for instance, the Edinburgh Community Health Forum, the ALLIANCE, the Scottish Community Development Centre, and Voluntary Health Scotland published a joint statement on prevention that states explicitly that "This focus on the impact on acute/secondary services devalues and deprioritises activity which has a longer term, primary, secondary and tertiary prevention focus."

2. Two developments in housing policy: the Housing Emergency Action Plan and the Housing (Scotland) Bill

In September, Parliament passed the Housing (Scotland) Bill, meaning that it moves to the King for a royal assent before officially becoming an Act.

Housing is closely related to health outcomes. Policies aimed at improving housing access and quality have the capacity to improve both physical and mental health, as well as preventing future health problems.

There are a couple of key parts of the Housing (Scotland) Bill that are explicitly prevention focussed. One part is the "ask and act duty," which requires relevant public bodies to ask people about their housing situation, and act where necessary to prevent homelessness. For more information on this requirement, visit our prevention watch from last October, and for more information on the Bill (soon to be Act), and its capacity to reducing health inequality, see our recent publication Raising the Roof.

The passing of the Bill also confirms plans to take forward the new "Awaab's Law," which will require landlords to promptly address issues that are hazardous to tenants, with an initial focus on damp and mould. This law will come into effect in March 2026, and the next step is for Parliament to agree to the specifics around these regulations, and to develop an implementation plan - a crucial step that will ultimately determine whether or not this law is able to make a significant change in the health outcomes of people living in the rented sector in Scotland. For more on this, see our May edition of Prevention Watch.

September also saw the publication of the Housing Emergency Action Plan which restates and accelerates commitments related to prevention, many of them within the Housing (Scotland) Bill.

3. The Planet Youth pilot evaluation

In September, Winning Scotland and Planet Youth published an evaluation of the Planet Youth Scotland pilot programme, which aims to prevent poor mental health outcomes and drug, alcohol, and nicotine use among teenagers.

Planet Youth is an upstream preventative programme, founded in Iceland, which came to Scotland in 2019. It operates by surveying students in schools and then utilises community coalitions to implement actions in four key areas: family relationships, school experiences, peer networks, and access to fun and safe leisure opportunities, all of which are crucial in preventing poor health outcomes among teenagers. It is currently present in six local authorities and in 40 schools and has a wealth of data covering nearly 8,000 students and actively uses this data to implement changes in communities.

The programme itself is based on the Icelandic Prevention Model, which we discussed in a recent webinar and in our most recent annual Inequality Landscape report.

The evaluation has a range of important lessons for Scotland, as Scotland looks to implement a preventative, joined-up policy landscape, which they've labelled "key conditions for success." These conditions are not new and have been brought up by numerous organisations over the years. A benefit of the report, however, is that evidence for the need for these conditions is supported by data collected in schools and experiences in communities across the country. The lessons that the report highlighted are:

- **Dedicated implementation capacity:** Scotland needs to designate people to support policy implementation if they want programmes to be enacted successfully.
- **Strong multi-agency collaboration and shared ownership**: the report noted that areas that had weaker cross-government collaboration capacity struggled more with implementation, whereas areas with better collaboration struggled less.
- **Stable, long-term funding**: Short-term funding cycles have been repeatedly identified as an issue for delivering the long-run, consistent programmes that are needed to meaningfully change health outcomes.
- **Visible strategic leadership and strong governance**: Local implementation is important to delivering targeted change, but in order for preventative programmes to work for the country as a whole, they need strong centralised support.
- **Meaningful parent and community involvement**: Given that the goal of Planet Youth is to reduce youth substance use and improve youth mental health, it is unsurprising that parental and community involvement is crucial.
- **Effective use of data for planning and action**: This programme directly relies upon student survey data to understand where action is needed and is able to use that data directly to implement programmes in a local area.

- **Shared understanding of prevention and system change**: One gap in Scotland is that often, policy areas do not have a shared understanding of what prevention entails. The report noted that local authorities that did not have this shared understanding often defaulted to short-term approaches, rather than the longer-term approaches that the programme champions.

The report concludes by championing something we here at SHERU are committed to supporting: the development of a Scottish prevention model, saying that "The task now is to move from pilots to a coherent, long-term approach: one that is nationally supported, locally owned, and capable of driving sustained improvements in outcomes."

4. Stephen Boyle's speech on prevention at SHERU's annual report launch event

In September, as part of the Fraser of Allander's 50th Anniversary conference, we launched our annual Inequality Landscape report. Our report features a deep dive into preventing deaths from drugs, alcohol, and suicide, which are significantly higher among men from low-income backgrounds, by exploring the socioeconomic conditions of men aged 18-44.

Stephen Boyle, the Auditor General for Scotland, spoke at the launch event. As we have noted in previous editions of Prevention Watch Audit Scotland has repeatedly commented on the need for Scotland to focus on ensuring that it meets its aspirations on prevention.

At our event, he acknowledged the work already ongoing and noted that the Scottish Government has consistently made a clear and compelling case for prevention. However, he had no doubt that there is a distance yet to go particularly when viewed against the aspirations made by the Christie Commission in 2011.

He also emphasised several things in relation to work Audit Scotland have done on the drugs death crisis in Scotland that echo the findings in our report and that are central to preventing the crisis escalating further in the future:

- The uncertainty around annual and short term makes it harder to invest in prevention
- We have a distinct need for better, joined up working across different policy areas
- We need better data, and specifically disaggregated, local data to better support decision makers that that data must be able to be shared across delivery partners

In terms of broader programmes and polices already underway such as The Promise and Social Security Scotland's approach to delivering social security in Scotland he brought up some questions that Audit Scotland are urging public bodies to consider: are we getting the most out of these policies? Are we using our already-constrained public service providers effectively? Where is the government getting value for money? Do our investments target a clear gap? Are these approaches affordable and sustainable?

He finished with three key interconnected areas that Audit Scotland is considering as part of its wider audit approach: taking a life course approach; achieving public policy and public service coherence; and tackling inequalities – areas that firmly align with Christie's recommendations and principles. Look for the recordings of our event in the coming weeks.

This question about how to move forward with prevention was also the focus of another conference, the Prevention 25 conference, hosted by the Prevention Hub partnership between Public Health Scotland, Police Scotland, and the University of Edinburgh.

The breadth of organisations engaged and talking about prevention shows that there is real enthusiasm for supporting the shift and holding the Scottish Government and other public bodies to account on making prevention more of a reality in how public services are delivered in Scotland.

Thanks for reading this edition of Prevention Watch.

At SHERU, we are working to identify and scrutinise some of the difficult policy choices that are required if Scotland is going to realise its commitment to prioritising prevention. We're particularly interested in policy decisions impacting on key socio-economic determinants of health inequalities (e.g., housing, employment and income). Going forward, Prevention Watch will be shining a light on some of the difficult choices involved in achieving a preventative policy shift, while the broader work in SHERU will consider the evidence supporting distinct policy options.

If you want to suggest issues for us to keep an eye on, or just be kept up to date with what we are saying and doing, you can sign up to our mailing list via our website (www.scothealthequity.org) or by emailing sheru@strath.ac.uk.

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