Scottish Health Equity Research Unit
Insights, analysis and action on the socio-economic factors that shape health

Prevention Watch

May 2026

In this edition we cover:

1. Recent SPICe publications on prevention for the new Parliament
2. The "Right to Try" work policy
3. The Social Market Foundation report on the price of inaction on drug related deaths
4. COSLA's white paper on leisure and sport as an investment in wellbeing
5. PHS' Long-term Monitoring of Health Inequalities in Scotland report

SPICe's discussion on prevention for the new Parliament

May marked a new session of Scottish Parliament, with elections on the 7th resulting in a minority government for SNP. Our reflections on the Scottish Party Manifestos, in the form of a report and a webinar published back in April, found that each party discussed preventing poor health outcomes, albeit to different degrees.

This new Parliament has a unique feature, with 64 of its 129 seats taken up by new MSPs, the largest number of new parliamentarians since Holyrood's formation in 1999. Ivan McKee was also announced as the newly formed Cabinet Secretary for Public Service Reform, where he will be responsible for implementing the preventative focus outlined in last year's Public Sector Reform strategy.

To prepare these new members for the next five years, the Scottish Parliament Information Centre (SPICe) produced a report outlining the key issues which are likely to be of interest in the new parliamentary session.

This report summarises three previous works from SPICe:

1. Preventative spending in Scotland, a report which looks at the challenges with preventative expenditure,
2. Prevention: The "urgent" topic of the last decade, a shorter blog which also discusses the challenges with understanding spending on prevention, and
3. The ongoing pursuit of 'prevention' in health and social care: Two frameworks and a plan, which explores Scottish Government's recent health-related strategies, including the Population Health Framework.

Given this recent focus, SPICe devoted a significant amount of space in their summary report to the importance of prevention, especially as a means to reduce demand on public services. They also voice a crucial point behind the motivation for preventative expenditure: that "*prevention should reduce public service demand as a primary goal, not as an 'accidental' positive externality.*"

Helpfully, they also pointed out a range of questions associated with preventative policy.

They point out that issues with government siloes are a central barrier to this preventative approach, an issue we have also repeatedly raised. They note that it's not clear how money should be allocated to prevention in the Scottish budget, and, crucially, that:

"*Preventative approaches do not always align neatly with the structure of the Government's Directorates' and the Parliament's Committee's, which makes it unclear who is responsible for the delivery of the 'sustainable shift to prevention' or who is responsible for the scrutiny of this delivery.*"

The impacts of preventative intervention may also take an exceptionally long time to realise or may see benefits across different areas of Government spending, making it tricky to address in an annual budget. It's also not clear how much is being spent on prevention to begin with, although they note that the Scottish Government is undertaking a pilot for tagging preventative spending across the devolved budget.

A further issue is that there hasn't been any quantitative research into of the financial benefits of preventative approaches. While we know that preventative approaches are likely to be cost-effective, we don't have any concrete evidence on how cost-effective they might be.

Advising the new parliamentarians directly, SPICe summed up their discussion on prevention, saying that:

"*[…] the challenge will likely lie in accurately determining how much is being spent on preventative approaches now, and in which sectors, figuring out how to allocate money towards preventative approaches, establishing an evidence base for the selection of approaches, and properly setting the goals for these approaches.*"

We wholeheartedly support and agree with this finding and look forward to seeing what direction this new parliamentary session takes, and the impact of a Cabinet position devoted to Public Service Reform.

"Right to Try" work policy comes into effect

Last year, we saw the publication and subsequent rolling back of the UK Government's then-controversial Welfare Green Paper. While many of the Green Paper's policies were received negatively, one policy which attracted support was the Right to Try work for disabled claimants. The Right to Try was seen as relatively uncontroversial more widely and has therefore been pushed through – it came into effect on the 30th of April this year.

The Right to Try policy states that disabled benefit claimants will not face benefits eligibility reassessments due to starting work or volunteering. Previously, starting a job was considered a "change in circumstances" which could trigger a reassessment (other examples include your support needs or living arrangements changing). This disincentivised disabled people from taking up work due to fears that they would lose out financially, especially if a job didn't work out.

We have previously discussed the importance of work for the prevention of health inequalities. We welcome the UK government taking steps to reduce fears around changing circumstances for disabled people who want to work.

However, with significant changes to disability benefits on the horizon, many questions remain unanswered. In the Green Paper mentioned above, the UK Government announced plans to abolish the Work Capability Assessment and replace it with the PIP assessment, which was confirmed as going ahead in the October 2025 Pathways to Work consultation outcomes. But in Scotland, PIP has been replaced by Adult Disability Payment (ADP), which has a different assessment process, leaving uncertainty around how this policy will apply in Scotland.

There is further new legislation on the way to allow extended intervals between PIP reassessments – a positive step in principle – but this appears to be tied to efforts to clear the backlog of Work Capability Assessment reassessments. And we are not yet accounting for potential changes to PIP eligibility following the Timms review – a broader review of PIP motivated by what the UK government feels is unsustainable spending on disability benefits.

Fears around changing benefits are only one part of a much broader picture. Disabled people often face stigma from employers, difficulties with inaccessible recruitment practices, and a lack of adequate support to sustain employment long-term. The success of employability support for disabled people remains difficult to evidence, as highlighted in our recent review of Scotland's employment programmes for people with learning disabilities.

It's important to highlight the barriers disabled people still face when trying to access work because there has been little progress made so far, despite the closing disability employment gap. Previous research from SHERU colleagues into the factors contributing to the declining disability employment gap in Scotland highlighted that most of Scotland's progress so far has been due to an increase in the prevalence of disability. This means that people already in work have been increasingly reporting as disabled. Only a small percentage of the progress made in closing the disability employment gap could be attributed to disabled people who were out of work getting into work.

Some of these issues will hopefully be tackled following the Keep Britain Working review's final report which we discussed in January's Prevention Watch. We will be keeping an eye

on how these policy priorities evolve, and we look forward to seeing how Scotland uses its devolved powers to tackle these important issues.

The price of inaction on drug related deaths

In March, the Social Market Foundation published a report which examines the costs of Scotland's drugs crisis, providing recommendations for the Scottish and UK Governments to address these issues. This is important, given that Scotland faces persistently high drug deaths, and while these deaths decreased between 2023 and 2024, they remain more than 3 times higher than they were in 2000. Scotland continues to have the highest drug death rate in Europe.

This report charts historical trends from deindustrialisation in Scotland to contemporary drug market dynamics, including rising poly-drug use and the emergence of high-risk synthetic opioids such as nitazenes. It highlights how shifting consumption behaviours are increasing complexity and risk, requiring adaptive and coordinated responses in the policy and delivery landscape, and the importance of coherent policy design and implementation to prevent further drug deaths and harm.

A key finding of the report is that drug harm in Scotland directly costs up to £1 billion per year. This modelled estimation also factors in an estimated £220 million in health care and drug services and £320 million on crime and justice, highlighting how current levels of investment sit far below the costs that drug harms pose on Scotland's economy, public services and communities each year. Given Scotland's challenging fiscal position, the authors call for a public health-led approach that prioritises prevention to address the root causes of drug harm, a stance echoed by organisations like Audit Scotland.

To address these issues, the Social Market Foundation provided a range of policy recommendations. Many of these fall under the banner of harm reduction, such as the rollout of safe consumption facilities and detox and rehabilitation services, but three key recommendations relate to primary prevention in a Scottish context.

Crucially, from our perspective, they recommend streamlining Scotland's "*overly complex and fragmented services landscape*." This is critical for the long-term prevention of drug-related deaths: without alignment across policy areas, we risk missing early intervention points. Scotland has historically struggled with implementing cross-government approaches, an issue we are currently exploring within our Strengthening Policy Implementation workstream.

They also recommend expanding preventative support for at-risk young people, highlighting housing support in particular, and the need for improvements to data collection.

These recommendations echo recommendations we made in 2025 in our annual Inequality Landscape report. In this report, and in subsequent research and stakeholder engagement sessions, we found that evidence on deaths from drugs, alcohol, and suicide

reveals a distinct subgroup of men who are often obscured within aggregate statistics yet experience disproportionately high levels of harm.

These individuals frequently remain disconnected from support services until they reach points of crisis, at which stage opportunities for earlier, preventative intervention have largely been missed. This underscores the critical importance of strengthening primary prevention through earlier identification, improved engagement, and addressing the wider social determinants that shape this populations experiences.

COSLA white paper on leisure and sport as an investment in wellbeing

In March, COSLA, the body which serves as the voice for local government in Scotland, published a white paper which calls for an improved investment into leisure and sport services as a long-term preventative intervention.

Social connection throughout a person's life can lower the risk of serious health problems and prevent early death. We've discussed this in a number of other prevention watches. For instance, in March, we discussed Parenting Across Scotland's report on access to hobbies; in January, we discussed England's National Youth Strategy, which targets youth social capital; and last October, we talked about the Planet Youth pilot evaluation, which aims to implement youth leisure time activities across Scotland based on survey responses.

These reports exclusively focus on youth social inclusion and social capital, but the need for social inclusion goes far beyond childhood and adolescence. Local authorities are an important provider of culture and leisure services, but according to an Audit Scotland report from 2025, net spending on these services decreased 3% in real terms between 2018/19 and 2023/24, and attendance at leisure facilities decreased by 17% over this time, due in part to pandemic-era closures. Reducing access to cultural and leisure services can disproportionately affect certain groups, widening inequalities over time.

Given the importance of these services, COSLA explored five general themes, which they state, "*form a coherent pathway to a healthier, more active Scotland that recognises and values public leisure and sport.*" However, many of these themes can apply to service delivery across different government areas and reflect a range of improvements which can support preventative policy. Three which are particularly worth highlighting are:

1. Providing multi-year funding to service providers,
2. Strengthening data collection and analysis, and
3. A specific financial commitment from the NHS budget to be allocated to locally delivered leisure and physical activity.

Multi-year funding is one of the most important conditions to the long-term sustainability of the organisations which deliver preventative support. In recent years, the Scottish

Government has piloted some multi-year funding streams, and many political parties discussed longer-term funding models in their manifestos. This is not a new concept: 2011's Christie Commission report highlights the need for this, as does a 2013 report prepared for the UK Department for International Development. There is a reason this issue has been repeatedly brought up over the years. Single year funding places an extra burden on administrative staff, diverting funds from programme delivery. It means that these organisations are not able to plan long-term programming, which means that services are necessarily short-term and uncertain, and therefore the preventative impact of these programmes is limited.

Better data collection is also valuable for tracking the long-term impact of spending. For instance, in 2025, Sport England published a report finding that every £1 spent on community sport and physical activity returned £4.38 in economic and social benefits (mostly driven by adding a monetary value to improvements in subjective wellbeing metrics associated with higher levels of physical activity). A similar study for a Scottish context may be worthwhile, but as COSLA points out, "*To be truly inclusive, reduce health inequalities and increase populations levels of physical activity investment in better national data reporting is essential*."

Finally, allocating funding (whether from the NHS budget itself or from elsewhere) is crucial. In the last year, the question of "preventative budgeting" has become an important initiative in the Scottish Government. Preventative budgeting is a key workstream from last year's Public Service Reform Strategy, and since then, has been a topic of conversation from a range of bodies, including SPICe, which we discuss above.

Long-term Monitoring of Health Inequalities in Scotland report from PHS

In March, Public Health Scotland (PHS) published *Long-term Monitoring of Health Inequalities in Scotland by Area Deprivation*, which shows that health inequalities remain wide and persistent, underlining the scale of the challenge facing prevention policy.

Responsibility for long-term monitoring of health inequalities by area deprivation recently transferred from the Scottish Government (SG) to PHS. The previous publication, produced by SG in 2023, covered data up to 2021. PHS are developing a more comprehensive ScotPHO Profile dashboard and reporting framework, with this interim report drawing on existing ScotPHO indicators to provide up-to-date data on health inequalities by area deprivation.

This report draws on recent available data, recognising that time coverage varies between indicators depending on the underlying data sources. It is primarily descriptive in nature, bringing together indicators from mortality records, population surveys, and hospital administrative data to provide a quantitative overview of how health inequalities have evolved over time.

A key feature of the findings is not any single statistic, but the broader pattern across indicators. Overall, there is little evidence of sustained long-term improvement in inequalities. Some measures do show narrowing inequalities, including life expectancy, deaths among those aged 15–44 years, adult mental wellbeing, and alcohol- and drug-related hospital admissions. Others have worsened, with widening inequalities observed in healthy life expectancy for females, deaths aged under 75 years, and early deaths from coronary heart disease and cancer. While others show little clear recent change, including healthy life expectancy for males, cancer registrations, alcohol-specific deaths, adult self-reported general health, and adult self-reported limiting long-term illness. Taken together, the findings reinforce that improvement has been limited, with inequalities continuing to be deeply embedded across indicators.

The report plays an important role in monitoring health inequalities over time and provides a useful evidence base for informing policy and prevention-focused action. Given that responsibility for improving these outcomes spans multiple policy areas, the report has particular value in supporting a shared understanding of long-term trends and persistent inequalities across government and partner organisations. While the report does not directly address long-term prevention, it can nonetheless support this aim by identifying where sustained, cross-sector action is needed to reduce health inequalities.

Marked differences in both life expectancy and healthy life expectancy remain between the most and least deprived areas. The disparity in healthy life expectancy is considerably greater than that for overall life expectancy, underlining the scale of inequality in years lived in good health. This means that people in more deprived areas are not only dying earlier but spending longer periods in poor health. The consequences are felt first by individuals and communities, but they also place growing pressure on public services, as more years lived in poor health increase demand on health and care systems.

The report also refers to the role of wider structural factors, including poverty, austerity and the cost-of-living crisis, in shaping these patterns. Seen in this context, the inequalities described are not unexpected but instead reflect the cumulative impact of long-standing social and economic conditions. The absence of sustained improvement suggests that, despite policy commitments, preventative action at scale has yet to be realised.

This is particularly relevant in the current policy context, including the recent Scottish Parliament election period, during which questions around public spending priorities and long-term fiscal sustainability have come into sharper focus. Over the last two decades, there have been repeated calls for the Scottish Government to adopt a stronger preventative focus to support the sustainability of both public finances and the NHS. There is growing recognition that economic and social policy are central to improving population health, yet the persistence of these inequalities indicates a clear gap between ambition and implementation.

This report and existing ScotPHO indicators (with a new dashboard to come) sit alongside other recent work by Public Health Scotland, including the *Child Poverty Prevention*

Dashboard. This brings together a range of quantitative indicators from national data sources and can be used alongside local data to support analysis at Local Authority level. This dashboard covers key drivers of child poverty, including income from employment and social security, cost of living pressures, and the characteristics of priority families. It is directly aimed at supporting early intervention and upstream policy, including local planning, as well as the monitoring and evaluation of actions to reduce child poverty. https://scotland.shinyapps.io/phs-child-poverty-dashboard/

In the context of these resources, there is a risk that continued emphasis on monitoring, while essential, may be mistaken for progress in itself. Scotland has a relatively strong evidence base on health inequalities, and resources such as these play a key role in tracking change over time. But measurement alone does not shift outcomes. The evidence must be used to inform decision making, alongside effective evaluation to identify what works, what does not, and where efforts should be focused. Without corresponding action on the underlying drivers such as income, housing, employment and education, inequalities are likely to persist.

From our perspective, this report highlights the scale of the challenge and the need for sustained, cross-sectoral action, alongside better alignment between short- and medium-term policy decisions and long-term preventative goals.

Ultimately, the findings point to a clear conclusion: preventing health inequalities requires more than recognising them. It requires sustained investment in the social and economic conditions that shape health, starting early in life and extending across the life course.