Scottish Health Equity Research Unit

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

Prevention Watch

May 2025

In this edition, we discuss:

- The Programme for Government 2025/26
- The Scottish Fiscal Commission's assessment on the fiscal sustainability of health spending
- Possible extension of Awaab's law to Scotland to give renters greater protection against housing health hazards, such as damp and mould
- A UK parliament debate on the prevention of drug deaths
- Prevention in the UK: men's health strategy
- Revisiting last year's manifestos: What did the parties in Scotland say about poor health prevention, and what might we expect for next year's Scottish elections?

1. Programme for government announced

On 6 May, First Minister John Swinney unveiled the Programme for Government, which covers Scottish Parliament's goals for the next year. Given the limited time remaining before the next Scottish election, attention inevitably centred on short-term priorities rather than longer-term reforms.

There were some mixed messages on prevention. As mentioned in the Fraser of Allander summary (see here) a focus on GP appointments in the First Minister's foreword to tackle the "root causes of ill health" felt a little off-message. As regular readers of Prevention Watch will know, we regularly see conflation in public discourse of prevention (preventing people getting ill in the first place through improvements in living standards) and early intervention (ensuring health services catch issues as early as possible to reduce their severity). Tackling "root causes" sounds like prevention, but increasing GP appointments to check for key risk factors (e.g. high blood pressure, high cholesterol) as proposed in the PfG firmly sits in the early intervention space. This was probably just a case of clumsy wording, but unhelpful nonetheless. The imminent Population Health Framework will hopefully be a bit clearer on the government's longer-term strategy on this issue. Look out for SHERU's response to the Framework soon after it's published.

Prevention featured elsewhere in the document. Action on poverty was explicitly mentioned in relation to health (a brief mention but welcome nonetheless) and there was also mention of Awaab's law (which we also cover in this edition of Prevention Watch) along with a preview of the Public Service Reform (PSR) strategy, due out in June. We are promised that the strategy will have a strong focus on "efficiency and a prevention-first approach," aiming to eradicate child poverty and to reduce inequalities. We look forward to reviewing this in the next edition of Prevention Watch.

2. Scottish Fiscal Commission – Fiscal sustainability of health spend

In April 2025, the Scottish Fiscal Commission (SFC) published its latest assessment of Scotland's fiscal sustainability, with a particular focus on health spending. The headline finding for Scottish policymakers is stark: due to an ageing population, health spending is projected to rise significantly over the next 50 years.

Put simply, the SFC assume that older people generally require more healthcare. As the population ages—and as the number of older people grows relative to the working-age population—pressures on the health budget are therefore predicted to increase substantially. The SFC projects that health spending could grow from around 40% of devolved public expenditure today to approximately 55% over the next half-century. This raises serious questions about the long-term sustainability of the Scottish budget.

Broadly speaking, there are two options for responding to this challenge:

1. Act later by adjusting other areas of public spending or raising taxes to accommodate rising healthcare spend.
2. Act now either through changing models of care to focus on earlier interventions, or by improving the socio-economic conditions that shape long-term health outcomes (i.e. prevention).

Given the Scottish Government's commitment to prevention as a core principle of public service delivery, we would expect this to be the response. However, neither the SFC nor the UK equivalent Office for Budget Responsibility (OBR) fully account for the impact of preventative action in their fiscal models. If preventative policies in the past have resulted in lower spending today, this will be reflected in projections going forward. But new, or relatively recent, policies that haven't yet resulted in fiscal savings won't be accounted for.

As a result, projections mainly reflect policy responses aligned with Option 1, but are less able to capture the potential benefits of Option 2.

Why are we in this position? Primarily, because of a lack of robust or reliable evidence on how preventative policies lead to fiscal savings. The SFC (and OBR) would argue (quite rightly) that they need clear evidence that prevention spending now was going to result in significantly different outcomes in the future.

The SFC does present a "positive scenario" that assumes improved population health. However, this scenario is not linked to any specific policy measures, nor does it offer information on the investments required to achieve such outcomes. It therefore provides limited value for policymakers trying to chart a course to fiscal sustainability via preventative spend.

If discussions around public spending do not try to account for the impact of preventative interventions (even in a best case scenario), such investments will remain undervalued in terms of their contribution to fiscal sustainability. This risks sidelining a powerful policy tool and reinforces a short-term focus on efficiency savings at the expense of long-term outcomes and system resilience.

Where does responsibility lie for rectifying this? Ultimately, it's the Scottish Government who is accountable, but realistically this requires a collective effort from government, the research community, and bodies such as the SFC and OBR to agree on what is necessary to better reflect the potential for fiscal savings resulting from preventative policy.

3. Awaab's law extension to Scotland

Scottish Government has announced that it intends to introduce a law to give social renters in Scotland greater protection against housing quality issues, such as damp and mould. This new rule would be an amendment to the Housing (Scotland) Bill, which was introduced in March 2024, and is currently nearing the final stages of second stage of parliamentary scrutiny.

The amendment is based on Awaab's law, which applies to England and Wales. The law, which goes into effect in October, will require social landlords to address emergency repairs – including for dangerous damp and mould – within 24 hours. It was named after Awaab Ishak, a two-year-old who died in 2020 after being exposed to mould in his home.

Currently, social landlords in Scotland are required to meet the Scottish Housing Quality Standard, which requires housing to be free from rising or penetrating damp within "a reasonable amount of time," but does not have timescales for what counts as "reasonable."

In Scotland, as of 2023, around 8% of social housing was considered to be below a tolerable standard of repair. By comparison, 35% of private housing was considered below this standard. This is an important consideration. Private landlords are not required to meet the Scottish Housing Quality Standard, but are required to meet the tolerable standard of repair. According to the press release on the introduction of Awaab's law to Scotland, "…The Scottish Government is committed to and will consider how to implement Awaab's law for private tenants, using existing powers, after engagement with the private rented sector."

This is an important area to consider further. People living in private rented accommodation are increasingly households on low incomes, and with growing concerns about housing quality in this sector, there are clear risks for Scotland's widening health inequalities.

4. UK parliament debate on the prevention of drug deaths

In March 2025, the UK Parliament held a debate on preventing drug deaths across the UK.

MPs brought up a variety of ways to address the increasing rates of drug deaths across the UK, including addressing stigma; harm reduction interventions, including the safe consumption room in Glasgow, which opened in January; treatment; and education. Notably, many MPs noted that drug misuse is deeply intertwined with deprivation.

Addressing drug deaths is crucial in Scotland, where the number of drug deaths have nearly quadrupled since 1996, and in 2023, were more than 15 times higher in the most deprived areas compared to the least.

Yet, the debate concluded with the Parliamentary Under-Secretary of State for Health and Social Care, Ashley Dalton, stating that the government intends to work on harm reduction, rather than the many other issues that were brought up in the debate that have the potential to be preventative[CC1] [KS2] , including addressing poverty, material deprivation, employment, and housing stability. While harm reduction is important, is not a truly preventative initiative.

5. Prevention in the UK: Men's health strategy in England

In November, Wes Streeting, the Secretary of State for Health and Social Care, announced plans to develop a men's health strategy for England. An open call for evidence to inform the strategy development launched in late April. The strategy and consultation do not apply to Scotland, and we do not have an equivalent strategy which focuses on men's health in Scotland. There have been calls for more leadership on men's health in Scotland, but the Scottish approach so far has been to focus on specific issues which are likely to affect men, including suicide prevention, drugs, and alcohol. In the coming months, SHERU will be exploring how this approach is working to support men's health in Scotland, but in the meantime, we explore the recent developments in England.

A BBC article on the consultation points out several reasons why this is an important step for addressing unequal health outcomes. Men are more likely to die prematurely, and more likely to experience so-called 'deaths of despair', which covers deaths from suicide, drugs, and alcohol. Men are also less likely to seek help for mental health issues compared to women. All of these concerns are more concentrated in deprived areas.

The BBC article also discusses differences in health outcomes between men from different ethnic backgrounds, noting that black men are twice as likely to be diagnosed with prostate cancer compared to the general population, and men from Indian or Bangladeshi backgrounds are at a higher risk of diabetes.

It will be interesting to see how this strategy comes together and whether it addresses the underlying socioeconomic determinants of men's health (i.e. primary prevention) or whether it is limited to policies related to improving access to health care (i.e. secondary and tertiary prevention).

6. Leading to the election: Prevention and last year's Scottish manifestos

In the next year, Scotland will hold its next parliamentary election. With this in mind, we want to start looking at what the parties might say about preventing ill health. While we await election manifestos, here's a brief overview of what the main Scottish parties said about prevention in relation to health during last year's UK Parliamentary elections:

SNP: Prevention was not explicitly mentioned, though the SNP did call for a public health approach to drugs, involving the devolution of drug policy to the Scottish Parliament and for drugs to be decriminalised for personal use. This implies a call for a harm reduction approach to drugs, rather than a more preventative approach.

The Scottish Labour Party: Labour promised to "prioritise prevention, taking steps to help children develop habits from an early age," specifically mentioning banning the promotion of vapes and junk food. They also called for programmes promoting harm reduction with regards to drug misuse, including recovery services and safe consumption rooms.

Scottish Conservative Party: The Conservative party promised to increase resources for preventative community settings and to develop programmes to prevent self-harm, among other serious mental health issues. It is not clear from their manifesto what these programmes would entail, nor what a preventative community setting may involve.

Scottish Greens: The Greens had a similar approach to the SNP in that they did not explicitly mention ill health prevention, but did call for a public health approach to drug misuse, which they described as involving drug policy being devolved to Scotland and decriminalised for personal use.

Scottish Liberal Democrats: The Liberal Democrats discussed "championing preventative approaches," but without specifics, leaving it unclear what this would entail. There are, however, two areas where they do address the need for primary prevention: poor quality housing damaging people's health and the importance of the transport system for public health. They also discuss treating drug deaths as a public health emergency and, while they do not call for full devolution, they ask for some powers to be devolved "… for tailored solutions where necessary."

In sum, the Conservatives and Liberal Democrats were the two parties who explicitly discussed preventative approaches, although both references were vague. Meanwhile, Labour, SNP, and the Scottish Greens either did not discuss poor health prevention at all, or discussed harm reduction approaches, rather than taking a truly preventative approach. The Alba party is not included since they did not mention prevention or related ideas at all. The Liberal Democrats discuss housing and transport as related to health. Both of these policy areas fall under primary prevention, although they do not explicitly call it such.

However, all parties mention some socioeconomic measures that we might consider preventative in terms of poor health inequalities, although they were not framed as such. The parties discussed homelessness, poverty, and job security, although they did not discuss how these are important within a health context.

In the run up to the election next year, we hope that parties will take note of the comments made in the 2022 report from the Health, Social Care and Sport Committee that:

"the underlying causes of health inequalities cut across a broad range of policy areas spanning the remits of many different Ministers and Scottish Government departments and therefore require a cross-cutting policy response in order to be effective".

We will be looking closely at the next set of manifestos to see if there is more evidence of this cross-cutting approach in relation to health inequalities across all the major parties.

Thanks for reading this edition of Prevention Watch.

At SHERU, we'll be 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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