Programme for Government Proposals

August 2026

Introduction

In this paper, we present four recommended additions for the upcoming Programme for Government which all aim to address persistent health inequalities in Scotland. These recommendations are based on engagement with our membership of over 320 third sector health organisations, as well as insights from the 350+ Primary Care Community Link Workers in Scotland that form the Scottish Community Link Worker network. They are also informed by recent VHS publications, including the Essential Connections Report published in 2023 exploring the range and scope of Community Link Worker programmes across Scotland, and the (IN)VISIBLE report published in May 2026 which shares insights from the third sector on the relationship between sex, gender, and health.

The four recommended programme for Government additions are shared in detail below, but can be summarised as follows:

1. Prioritise health equity as a core cross-cutting government priority, alongside child poverty, growing the economy, tackling the climate emergency and reforming public services.
2. Commit to ensuring that people disproportionately affected by health inequalities have access to a Community Link Worker through their GP practice.
3. Commit to develop a targeted Action Plan for understanding and addressing the increasing health inequalities experienced by young adult men.
4. Commit to piloting dedicated trans and non-binary health clinics that support inclusive outpatient treatment and screening services.

About Voluntary Health Scotland

Voluntary Health Scotland (VHS) is a movement for health creation working to reduce health inequalities and enable the people of Scotland to live well. We believe that health is more than the absence of illness. We work with our membership of over 320 third sector health organisations, along with wider partners, to address health inequalities and champion preventative approaches.

VHS also hosts the Scottish Community Link Worker Network, which is a network and community of practice for Scotland's 350+ primary care community link workers. A community link worker is a non-clinical practitioner based in or aligned to a GP practice or cluster who works directly with individuals to support them to engage with wider services in their local community.

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1) **Prioritise health equity as a core cross-cutting government priority, alongside child poverty, growing the economy, tackling the climate emergency and reforming public services.**

   What:
   The introduction of health equity as a cross-cutting priority would ensure that key policy commitments related to tackling the root causes of health inequalities, often referred to as the social determinants of health, are prioritised across government. It will also ensure that commitments to create a prevention-focused health system are recognised as an urgent priority to protect the sustainability of Scotland's economy.

   Why:
   Scotland's widening health inequalities represent a significant challenge to the current and future wellbeing and sustainability of the nation. The most recent figures show that the average healthy life expectancy for both men and women is under 60 years of age. This means that people in Scotland often live in poor health for over 20 years, creating significant strain across Scotland's public services.

   Health inequalities are both a cause and consequence of cross-portfolio social and economic challenges. The Population Health Framework states that as much as 80% of what affects health happens outside the health and care system. Similarly, increasing levels of poor health are a significant strain on public sector sustainability beyond health and social care. Health inequality impacts policy and spending related to social security, housing, education, and employability.

   Centring health equity as a core cross-cutting government priority will send a clear message that tackling health inequalities and improving the health of Scotland's people is a key concern for all portfolio areas to ensure the wellbeing and sustainability of the country. It will underpin the implementation of the Population Health Framework as well as aligning with ambitions related to public service reform and fiscal sustainability.

2) **Commit to ensuring that all people disproportionately affected by health inequalities have access to a Community Link Worker through their GP practice.**

What:
Commitment to ensure that every GP practice in Scotland has access to Community Link Worker (CLW) provision, adopting a proportionate universalism approach, with sustainable funding confirmed for the duration of this Programme for Government. Whilst not an exact calculation given the variability in CLW models across the country, we estimate that this equates to an *additional* £19.25 million, or £3.85 million annually, not counting for inflationary increases.

In 2025/26, Integrated Authorities spent £15.4 million on Primary care Community Link Workers, with a resulting CLW presence in approximately 80% of GP practices in Scotland. Over five years, this equates to £77 million. To provide coverage in 100% of GP practices, this would roughly equate to an additional £3.85 million annually, and £96.25 million in total over the course of 5 years.

Table: estimated costs for Community Link Worker PfG proposal
(to nearest million £)

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
80% of GP Practices	£15.4	£15.4	£15.4	£15.4	£15.4	£77
100% of GP Practices	£19.25	£19.25	£19.25	£19.25	£19.25	£96.25

We would propose a 'proportionate universalism' approach whereby there is an increased CLW presence in GP practices serving more deprived communities. In addition, primary care clinicians should be provided with criteria for ensuring that people disproportionately affected by health inequalities are prioritised for referrals. This includes people with disabilities, older people, the LGBTQ+ community, migrant and ethnic minority communities, victims of abuse, care leavers, and unpaid carers. The proposed focus on proportionate universalism and the social determinants of health further aligns with the Marmot Places approach.

Why:
The CLW model is well established in approximately 80% of primary care settings across Scotland, often hosted by a third sector partner, and evidence exists of its positive and financially sustainable impact in addressing health inequalities, improving wellbeing, and reducing demand on statutory services.

It is also an example of secondary prevention in the health system, a core policy priority, whereby people experiencing health issues are socially prescribed sustainable community-based solutions.

The National Academy for Social Prescribing reported in 2024 that social prescribing referrals in several areas in England reduced GP appointments by up to 50%, and reduced A&E attendances by up to 66%. In Scotland, an evaluation of the Community Link Worker project in Clackmannanshire and Stirling found a substantial reduction in GP appointments leading to savings of up to £72,000 in 2023/24. For these reasons, the previous Cabinet Secretary for Health and Social Care reinforced the integral role of Community Link Workers in tackling poverty and inequality in his address to the 2025 Scottish Community Link Worker Network Conference.

Despite this proven impact, the VHS Essential Connections report published in November 2023, found that community link working is not universally or uniformly implemented, and many existing Community Link Worker projects do not have sustainable funding. This led to a review of the Community Link Worker programme in Scotland that is currently underway. Given the commitment in the Population Health Framework to develop a National Social Prescribing Framework, further embedding the community link worker model in Scotland aligns with key policy priorities.

3) **Develop a targeted Action Plan for understanding and addressing the increasing health inequalities experienced by young adult men.**

What

A targeted Action Plan responding to the increasing body of evidence that some young, working-aged men are at significant risk of socio-economic exclusion and premature mortality caused by drugs, alcohol, or suicide. This proposal complements existing work to address health inequalities experienced by women and girls, recognising that effective action on health inequalities requires responses tailored to the specific needs of different population groups.

The Plan should commit resource for research into the root causes of inequalities experienced by young men, as well as providing funding for preventative, asset-focused and community-led projects which address the root causes of socio-economic exclusion. The key measures for success of the Action Plan would include reductions in drug and alcohol related deaths and suicide rates for this demographic group, as well as decreased labour market exclusion and increased educational attainment.

Why

In our (IN)VISIBLE report exploring the impacts of sex and gender on health, published in May 2026, we cited numerous sources of evidence that a subset of young men is at increased risk of health inequalities linked to socio-economic exclusion. In particular, the Scottish Health Equity Research Unit at University of Strathclyde described this as 'a persistent policy blind spot'.

The socio-economic exclusion experienced by many young men has implications for their health, given their increasing likelihood of dying 'deaths of despair', but it also has repercussions for wider policy areas including social security, justice, education, and community cohesion.

4) **Commit to piloting dedicated trans and non-binary health clinics that support inclusive outpatient treatment and screening services.**

What

Commitment to pilot dedicated health clinics for trans and non-binary people that offer inclusive access to a range of health services, including screening services and tailored mental health support. Key success measures would include increased screening uptake, earlier presentation for treatment, and improved experiences or perceptions of care.

Why

Our (IN)VISIBLE research report exploring the link between gender and health uncovered evidence of considerable health inequalities experienced by trans and non-binary people. This community are more likely to avoid treatment in traditional NHS Scotland services due to the fear of discrimination or stigma from clinicians and a lack of services or spaces that reflect their lived gender. Dedicated health services, delivered in partnership with relevant third sector organisations, would provide safe and inclusive spaces for trans and non-binary people to seek health advice and treatment.

Further Information

To arrange a meeting, or for further clarity on any of the points raised, please contact our External Affairs Lead, Sarah Latto, on sarah.latto@vhscotland.org.uk.

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