

Policy Briefing:

Prevention, Health, and the Third Sector

September 2026

Introduction

This policy briefing has been produced by Voluntary Health Scotland (VHS) to ensure that policymakers and elected representatives fully understand why prevention matters for improving health outcomes in Scotland. It also demonstrates the vital role of the third sector in delivering preventative health services, and in identifying targeted solutions for addressing health inequalities at the earliest possible stage. Finally, the briefing shares a series of asks for ensuring that prevention is meaningfully embedded across the health system, and that the third sector is an equal partner in the delivery of preventative health services.

To inform this briefing, VHS hosted a consultation event with 27 of our member organisations exploring the role of the third sector in prioritising prevention. The findings from that event, plus desk-based research, form the basis of the insights and recommendations provided.

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.

Why Prevention Matters for Health

Health is the largest single area of Scottish Government spending. In the [2025-26 Scottish Budget](#), £21.7 billion was allocated to health and social care, equating to approximately 34% of the total budget. Audit Scotland, in their [2025 NHS in Scotland Report](#), found that health funding is now 24.9% higher in real terms than it was ten years ago, and that health and care spending could rise to 55% of Scottish Government spending in 2074/75, leading to an ‘overall unsustainable fiscal position’.

Despite increasing levels of spending, health outcomes in Scotland are not improving. The most recent [figures on healthy life expectancy for 2022-2024](#) show that, on average, both men and women can expect to be in ill health before their 60th birthday. When compared to average life expectancy rates for 2022-2024, this equates to approximately 17-21 years in ill health for the average Scottish adult.

For these reasons, a key priority in our [Manifesto for Health Creation](#) is creating a prevention-centred health system. It further states that: *‘Committing to a prevention-first approach, and building the system to successfully implement this, will support interventions that create health and relieve pressure on acute services.’*

Similarly, a [Joint Statement on Prevention](#) that VHS published with several partner organisations in September 2025, found that *‘the need for collective action is more urgent than ever before’* due to persistent health inequalities. In an [update to this joint statement](#), published in September 2026, it was identified that *‘we are now entering a critical period, with a new five-year Programme for Government and budget decisions on the horizon, as well as local government elections in May 2027.’*

Defining Prevention

In our Manifesto for Health Creation, we asked the Scottish Government to *‘establish shared definitions of primary, secondary and tertiary prevention.’* The Joint Statement on Prevention published in September 2025 further states that *‘a lack of clarity on what ‘prevention’ means, and confusion on what constitutes prevention activity in a community setting, too often results in unnecessary obstacles to achieving sustainable outcomes.’*

Since then, the Scottish Government Prevention Unit has [defined prevention](#) as *‘activity intended to stop the establishment, escalation or recurrence of problems*

that lead to negative outcomes for people.’ This closely correlates with the definition in the [Population Health Framework](#), that ‘prevention in public health is about keeping people healthy and avoiding the risk of poor health and early death.’

The Prevention Unit and the Population Health Framework further define the three levels of prevention as follows:

	Population Health Framework	Prevention Unit
Primary	Invest in the building blocks of health to stop problems happening in the first place	Population-level action, or action which targets a large subset of the population, to build resilience and stop known risks from developing into problems
Secondary	Focusing on early detection of a problem to support early intervention and treatment or reducing the level of harm	Targeted action to identify and respond to early signs of a problem to prevent escalation
Tertiary	Minimising the negative consequences (harm) of a health issue through careful management	Intervention once there is a problem to stop it from getting worse or recurring in future

Whilst we welcome the clear, shared definitions provided by the Prevention Unit, we believe that the definition of primary prevention specifically does not reflect the targeted, community-based, primary prevention activity that is often delivered within the third sector. The Scottish Health Equity Research Unit (SHERU) [July Prevention Watch Briefing](#) also acknowledged that the Prevention Unit definition *‘is slightly different from the standard three-tiered public health definition of primary prevention, which includes both targeted and universal action.’*

Key Ask:

1. A review of the definition of primary prevention developed by the Prevention Unit to ensure that it reflects the totality of primary prevention activity taking place.

Preventative Health in National Policy and Budgeting

The Scottish Government has acknowledged that a greater shift to prevention is necessary to protect the future of Scotland’s health system, and for the long-term sustainability of Scotland’s finances. The [Public Service Reform Strategy](#),

Population Health Framework and Health and Social Care Service Renewal Framework all recognise prevention as core principles, with the latter stating that *‘With growing demand for services, increasing health challenges, and financial pressures across the system, investing in prevention and early support has never been more important.’*

National preventative policy and budgeting in health are not new - there are many examples of existing successful preventative interventions that are funded by the Scottish Government. This includes the Communities Mental Health and Wellbeing Fund which was launched by the Scottish Government in 2021, and has so far distributed £84 million to community projects working to address poor mental health and wellbeing. Similarly, the Scottish Government provided £400,000 towards the establishment of ‘The Nook’ walk-in wellbeing hubs, a SAMH project that has opened two centres in Glasgow and Aberdeen to date.

To better embed prevention in decision-making, and ensure a joined-up approach, the Scottish Government launched the Prevention Unit in June 2026 to oversee cross-portfolio work on prevention. They also published the results of a pilot around preventative budget tagging, an approach they plan to roll out across the next Scottish Budget. Finally, the recently published 5-year Programme for Government identifies ‘early intervention and prevention throughout life’ and ‘catching and minimising ill-health early’ as key health priorities. This clear commitment to embedding prevention in decision-making is welcome, however it appears to be slightly at odds with the government’s fiscal approach.

We believe that such an ambitious shift to prevention requires additional investment in the short-term. However, the Scottish Government aims to deliver £0.5 billion in efficiency savings over the next three years, including a requirement for NHS boards to return 3% efficiency savings. This is taking place in a landscape of seismic NHS reform with the proposed replacement of the current 14 territorial health boards with 2 detailed in the Programme for Government. We believe that such significant reform, in a context of efficiency savings, could undermine ambitions regarding the shift to prevention.

There is also a need to introduce a more long-term, holistic approach to decision-making around prevention. In particular, the siloed, short-term nature of public sector spending can create challenges with workforce sustainability, meaningful collaboration, and adequate evaluation, as well as creating a considerable amount of unnecessary administration and bureaucracy. We therefore welcome the decision to publish a five-year Programme for Government this year which could support a shift away from short-termism in decision-making.

Key Asks

2. The introduction of clear targets for primary, secondary and tertiary preventative budgeting in the Scottish Budget, as well as dedicated resource that is ring-fenced from efficiency savings.
3. A greater focus in preventative health policy on the long-term, holistic impacts of interventions. This would help to ensure the most efficient and impactful use of public resource.
4. A multi-year approach to planning and resource allocation around prevention, in alignment with the Programme for Government, would support efforts to meaningfully embed prevention.
5. Utilise the National Performance Framework (NPF) to increase accountability at a local level around the shift to preventative spend, and to ensure decisions are driven by wellbeing outcomes.

The Role of the Third Sector

There is strong recognition in national policy that the third sector has a vital role to play in providing person-centred and financially sustainable preventative solutions for creating good health. The [Population Health Framework Sector Summary for the Community and Voluntary Sector](#) states that *‘The community and voluntary sector is well placed to help establish and sustain communities that create good health and support people to lead healthier and more connected lives.’*

Whilst third sector organisations are not public sector, many are commissioned to deliver public sector services. In addition, the services provided by the wider third sector actively reduce demand for public sector services. This was reflected in findings from the [CommonHealth Assets](#) research project, which found that interventions from community-led organisations improved outcomes for participants across all measures, and reduced reported use of some frontline services.

In 2018, the Lloyds Bank Foundation published their [The Value of Small report](#) which presented research by Sheffield Hallam University, the Institute of Voluntary Action Research (IVAR) and the Centre for Voluntary Sector Research at the Open University. This found that small and medium sized charities can react more

quickly due to flat and responsive organisational hierarchies, and that they tend to be well embedded in local organisational and social networks.

Primary Care Community Link Workers, usually hosted by third sector organisations, support patients to access sources of information, support, and connection within their local community. This is a form of social prescribing, a key commitment in the Population Health Framework. The [National Academy for Social Prescribing reported in 2026](#) that social prescribing referrals in England reduce GP appointments in the longer term (after 1 year). In Scotland, a [2024/25 evaluation](#) of the Community Link Worker project in Clackmannanshire and Stirling found a substantial reduction in GP appointments leading to annual savings of approximately £40,000.

Third sector organisations also deliver activity to improve the health literacy and accessibility of communities at risk of health inequalities. This includes community kitchens, health walks, and specialist services like the [Lanarkshire Deaf Hub](#) which facilitates access to health services for deaf people. It also includes activity to support community decision-making and connection, such as that funded by the [Community Renewal Trust](#) in communities like Bingham in Edinburgh.

Frontline third sector services also have an important role in identifying systemic barriers or emerging issues, further supporting preventative approaches. For example, a representative from Scottish Independent Advocacy Alliance reflected that [collective advocacy](#) creates spaces for people to get together, support each other, and explore shared issues. The resulting intelligence can help planners, commissioners, service providers and researchers to know what is working well, where gaps are in services and how best to target resources.

Addressing the ‘Implementation Gap’ in Prevention

Despite the national policy narrative around prevention, many of our third sector members are still reporting that the preventative activity they deliver is not being prioritised by local decision-makers, despite having a proven impact. This is largely caused by the complexity of governance structures at a local level, and the failure to recognise the third sector as an equal partner in the delivery of preventative health services.

Audit Scotland’s [NHS in Scotland: Spotlight on Governance](#) report from May 2025 found that *‘the complexity of planning arrangements can make lines of accountability unclear and decision-making difficult.’* It further highlights that the operation of Integration Joint Boards (IJBs) *‘has proved difficult in practice’*, and

that ‘*challenges with information sharing and complicated governance and approval processes*’ in the planning of mental health services ‘*made it more difficult to develop and provide person-centred services.*’ These governance challenges appear to have an impact on the extent to which prevention is prioritised at a local level, despite national policy commitments.

The challenge around shifting to prevention at a local level is also affected by decision-making structures that value financial or service impacts over human outcomes. In our Joint Statement on Prevention from last year, we argued 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, and the positive impacts on individuals and communities.*’ We further stated that ‘*it is extremely important to explicitly acknowledge that implementing prevention policy in a rights-based way may mean doing things that some stakeholders find very difficult, for a range of cultural and practical reasons.*’

As stated previously, the third sector is recognised as having a vital role in delivering trusted, person-centred, preventative services. Despite this, third sector services are often most vulnerable to insecure or unsustainable funding for the reasons detailed above. The VHS [Essential Connections report](#) published in November 2023, found that many existing Community Link Worker projects do not have sustainable funding. This was highlighted last year with the proposed withdrawal of funding for the CLW project in Orkney, although this was subsequently reversed until March 2027. Similarly, in 2023, there were [proposed cuts to funding for the CLW programme in Glasgow](#). Again, these were reversed following substantial backlash.

Similarly, in 2024 the [Edinburgh IJB](#) made the decision to close their third sector grants programme from March 2025, despite the important contribution of the funded organisations in supporting health and wellbeing in the city. This decision left 64 third sector organisations in Edinburgh at risk of significant funding shortfalls. In response, the [City of Edinburgh Council](#) established a resilience fund to mitigate the impact, with Council Leader Jane Meagher stating that ‘*Many of these local charities are at the forefront of helping those in our city with the greatest need.*’

In 2025, SCVO undertook a [research project to establish levels of public sector funding in the third sector](#). This research, based on analysis of over 600 charity accounts, identified that public sector funding made up 40% of the sector’s income in 2023, worth around £3.3 billion. It further found that public sector funding of the sector has stayed at 2021 levels in cash terms, but its real term value has

fallen by £177m (5%), resulting in stand-still or tightened budgets for many organisations.

The [SCVO Fair Funding page on Health](#) shares a quote by a representative from an organisation supporting people with long term conditions:

“We deliver preventative work that saves the NHS money in the long run, yet we’re the first to face cuts when budgets are tight. It’s completely counterproductive.”

Because of this, we asked for Third Sector parity in our Manifesto for Health Creation, including a formal long-term partnership between the statutory and third sectors and a commitment to Fair Funding. The Scottish Government has committed to develop a [Third Sector Partnership](#), co-designed with the Third Sector, and appear to be progressing this at pace given the [Motion](#) on this theme tabled in the Parliamentary chamber on the 15th June 2026.

Key Asks:

6. The introduction of clear targets for primary, secondary and tertiary preventative budgeting at a local level, reinforced with clear evidence on the impact of preventative spend.
7. A rights-based approach to decision-making around prevention would help to ensure the ‘highest attainable standard of health.’
8. The Third Sector Partnership should establish a formal partnership with the Government, NHS Boards and Local Authorities that is underpinned in statute. It also needs to reflect the SCVO Fair Funding principles in full, particularly that funding is multi-year, flexible, sustainable, accessible, and transparent.

Next steps

We would welcome 1-1 discussions with any policymaker or MSP who has an interest in the themes raised in this briefing.

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.