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A NEW PRESCRIPTION: PUTTING PREVENTION AT THE HEART OF PUBLIC HEALTH

By Brian Whittle MSP

BRIAN WHITTLE MSP

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ENLIGHTEN

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FOREWORD

Scotland's health record is notoriously woeful, with data regularly placing us at or near the bottom of the charts across the west. For many years, politicians have talked about the need for a focus on prevention of ill-health, allowing people to live healthier lives for longer and reducing the strain on the NHS. Despite the talk, we haven't made anything like the progress required.

In this paper, Brian Whittle, a Conservative MSP and a former athlete, sets out his thoughts on how we can instil good practice in terms of exercise and diet in our young people, giving them habits that they will carry with them throughout their lives. Some of his recommendations would not be cheap, while others would be easier to introduce. As he says, this is a plan for a long-term revolution in Scotland's health.

Governments face tough economic choices in the modern world, with varied and rising demands on the public purse. They can't do, or fund, everything. But the ideas contained in this paper suggest innovative ways in which Scotland's health record might be improved, with positive consequences for us all. It is fit for purpose.

Chris Deerin, Director of Enlighten

A handwritten signature in blue ink, appearing to read 'C Deerin', written in a cursive style.

INTRODUCTION

The COVID-19 pandemic taught us many things about ourselves. From our ability to adapt to a sudden sweeping change in how we lived our lives, to the commitment we had to caring for each other. Of all the things many of us learned, there are two which have the greatest importance when considering our future approach to healthcare. First, the importance of being physically active. It's only when you are required to spend 23 hours a day at home that you suddenly come to appreciate the value and benefits of something as simple as going for a walk. Second, we were reminded that to a greater or lesser extent, we are all social animals – interaction with our friends and family has a profound effect on our wellbeing and theirs.

The loss of these two simple things during the pandemic exacerbated and brought into stark focus our existing public health challenges. Perhaps the biggest and most lasting effects of the pandemic has been to accelerate us further along the path Scotland has already been walking for too long. Poor diet, increasingly inactive lifestyles and social isolation have all served to give us some of the worst public health statistics in the developed world, an NHS straining at the seams and a mental health crisis.

Many of the solutions to these challenges lie outside the traditional health portfolio. However, by failing to recognise their importance and instead cutting investment in these areas to funnel more directly into the NHS, the pressure on the health service continues to rise. The vicious cycle then repeats; ever more funding to address the outcomes of ill-health, in turn leading to greater cuts in the very services which offer a long-term solution. It is a cycle that is unsustainable.

This document offers another way. By incrementally pushing health investment 'upstream' towards initiatives that aim to prevent ill health and treat it earlier in its progression, we can, over time, turn that vicious cycle into a virtuous one and by doing so, free up existing resources within the health service to invest in capital projects and a better working environment for healthcare professionals.

Although prevention is often discussed, this document will argue that the current government strategy continues to be focused too heavily on treatment while paying lip service to prevention. Furthermore, the document looks at the crucial role that sport and activity can and should take in the development of a Scotland that is physically, mentally, and emotionally healthier. Sport and physical activity more generally have been sliding down the government's list of priorities at the same time as the number of people dealing with preventable illness rises.

Given the opportunity, most of us want to take better care of ourselves. But it is the responsibility of government to create an environment where those opportunities exist for everyone, regardless of background or personal circumstance. If we can put those opportunities in front of people and give them the knowledge, confidence, capability and aspiration to grasp them, we can transform our approach to public health and help everyone live healthier, longer lives.

CONTEXT

The health of a nation is not solely defined by the number of people affected by conditions like heart disease or cancer. It's not simply about the number of people on waiting lists. The health of a nation should be judged through the performance of its economy, its ability to facilitate modern civil society, and its ability to build vibrant, thriving communities.

Achieving these aims requires us to think beyond narrow portfolio silos and recognise that the solutions to many of the challenges facing us lie in long-term, cross portfolio working. Health and education in particular have the potential to address some of the most persistent issues in society, from low workforce productivity to rising levels of poor mental health.

Scotland's economic inactivity rate is the highest it has been in a decade, and we are increasingly falling behind the rest of the UK. Research from the Scottish Fiscal Commission suggests that much of the higher inactivity rate in Scotland is due to higher levels of ill health and disability. The SFC has also starkly warned that an ageing population and the rising prevalence of long-term health conditions over the next twenty-five years presents a threat to Scotland's fiscal sustainability. This was again reiterated in the April 2025 Fiscal Sustainability Report, SFC's series of reports into the long-term fiscal sustainability of the Scottish Government ([Scottish Fiscal Commission 2025](#)).



SFC Chair Graeme Roy said recently:
“Improving the underlying health of Scotland’s population would lead to benefits to the public finances through lower spending and higher tax revenues and help to address the long-term fiscal sustainability challenges.”

We can also see persistent societal and health inequalities impacting other portfolios including education and justice. For example, despite years of initiatives and commitments by the Scottish Government, the most recent figures from 2023/24 show that Scotland's educational attainment gap remains stubbornly high ([Scottish Government, 2025](#)). Scotland has long known about the link between deprivation and health-harming activities like smoking and drug consumption, even as we have failed to address it. Now though, there are worrying trends showing drug use among children and young people is increasing in less deprived areas as well, suggesting the situation is getting worse, not better.

Scotland has the worst life expectancy in western Europe ([National Records of Scotland \(NRS\), 2024](#)). In no small part this is due to the failure of successive Scottish governments to sufficiently prioritise prevention of ill health.

The consequences of not properly balancing the NHS budget between treatment and prevention are plain to see: one in six Scots on a waiting list ([Public Health Scotland \(PHS\), 2025](#)), 18% of children aged 2-15 at risk of obesity ([Scottish Government, 2025](#)), and a 12% rise in drug and alcohol deaths ([PHS, 2024](#)) this past year alone. According to a Frontier Economics report from 2022 ([Bell and Deyes, 2022](#)), the total estimated cost of obesity alone to Scottish society is £5.3 billion. It's time to stop the cycle of ill-health that's putting ever greater pressure on the NHS.

Investing in preventative health measures not only addresses the costs of ill-health within the health portfolio, but it can have far-reaching positive impacts on other government portfolios. We can tackle economic inactivity and reduce spend on government benefits. By providing essential early intervention programmes that support individuals we can reduce the need for them to remove themselves from the workforce and support for those looking to return to work after extended absences. Taking a wider view of the benefits of prevention, it's clear that preventative approaches have the potential to make a difference across a whole range of portfolios, from reduced costs within the justice system, to improved educational attainment.

TECHNOLOGY

There is no single solution to this challenge. However, better and wider use of technology throughout the NHS, and the public sector more broadly, is crucial.

The development and delivery of digital services through Scotland's NHS have faced significant challenges over many years. While Scotland has not been short of digital health strategies over the years, the plans have often lacked clarity, and change has failed to materialise. In 2018, the Scottish Government introduced Scotland's Digital Health and Care Strategy, which emphasised the importance of a single data-sharing platform. However, the implementation has been inconsistent. Currently, NHS digital services are fragmented, with different health boards, employing different systems to do the same tasks. Often, these systems are incompatible with one another, leading to inefficiencies and increased pressure on healthcare providers.

Investing in healthcare technology can address many of these pressures, such as the lack of time and resources. A commitment to enhancing digital health services is crucial for making the most of the limited resources of the NHS. By developing digital solutions that streamline processes, reduce duplicate investigations, and minimise medical errors, we can significantly improve patient outcomes. Enhanced IT systems can optimise treatment pathways for conditions like endometriosis, MS, and brain tumours, leading to better care and faster diagnoses. Additionally, smartphone apps and wearable health tech can facilitate digital monitoring at home, reducing the need for patients to travel to their GP or hospital.

While it would be no small task to standardise processes and introduce new ways of working, the long-term benefits of a consistent, coherent digital healthcare infrastructure are well-documented and essential for the future of healthcare in Scotland.

ACTIVITY AND INCLUSION

In December 2024, the Scottish Government announced another “record investment” to support health and social care, including £200m to reduce NHS waiting lists. This came amid warnings from Public Health Scotland of a six-fold increase in young people reporting mental health conditions from 2011 to 2022 ([Royal College of Psychiatrists \(RCPsych\)](#), 2025). That compares to a 2.5-fold increase among all ages. NESTA, the social innovation agency, has also predicted that 31% of adults and 17% of children will be categorised as obese by 2030 ([Bain et al.](#), 2023). Such findings further emphasise the fact that while we are living longer, we are doing so while suffering from a growing number of complex conditions.

31% of adults and 17% of children will be categorised as obese by 2030.

In January this year (2025) at the Scottish Parliament’s Public Audit Committee ([Scottish Parliament](#), 2025), the Chief Executive of NHS Scotland and Director General of Health and Social Care stated that the Scottish Government is already considering which procedures are of limited clinical value and could, therefore, be removed from NHS provision. However, Public Health Scotland have said they can find “limited indications of procedures of limited clinical value being carried out in Scotland.”

It's reasonable to conclude therefore that the NHS’s ability to increase the supply of care to patients is limited without greater resources. However, as the SFC and others have warned, putting ever greater amounts of money into healthcare is unsustainable. Against this backdrop, it’s clear that rather than increasing the supply of NHS care, the solution must come from reducing the demand for the NHS.

That is why I believe it is time that Scotland changes its relationship with the NHS. By putting a greater emphasis on steps people and communities can take to protect their health rather than relying on medical intervention once illness appears, we can dramatically reduce the prevalence of preventable conditions and improve outcomes for patients.

An active lifestyle is associated with a range of health benefits, including a 20-30% reduction in premature mortality, a 33% reduction in heart disease, and a 65% reduction in risk of type 2 diabetes ([Scottish Sports Alliance, 2015](#)). Additionally, regular physical activity can significantly reduce the risk of mental health concerns such as depression, improve overall mental well-being, and give those with neurodivergence a positive outlet.

As with any change, this kind of shift in our understanding of what “health” looks like will be immensely challenging, but the alternative is not an option. The Scottish public can no longer endure spiralling waiting lists, the loss of local care, and cuts to services. The traditional approach of using ever greater sums of money to plug holes in the dam isn’t sustainable or effective. Instead, we need to build new defences against illness through support for community and school-based activities which promote inclusion, physical health and mental wellbeing. People are living longer lives. We need them to live longer, healthier lives.



20-30% reduction in premature mortality.

33% reduction in heart disease.

65% reduction in type 2 diabetes.

Reduced mental health risks.

Communtiy Approach

The Covid-19 pandemic demonstrated how important inclusion and social interaction is to our health. We saw the best of Scotland as communities worked together to address the specific needs of people in their area. We have seen the impact similar community interventions can have on public health through pilots and grassroots efforts, but there has been little success from attempts to scale these projects up or make them available across the country

For many people the perception of statutory services, rightly or wrongly, is as faceless bureaucratic entities where you are a number, not a person. Community sector organisations don't have that same image, giving them more scope to encourage people to engage. All too often the greatest barrier to accessing support is having the confidence to take the first step towards it. The Community Sector is the best tool we have to remove that barrier.

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East Ayrshire has numerous impressive examples of how the voluntary sector can reach those that statutory services cannot and provide a greater level of support.

Killie Heartmates

The organisation was created by patients who had completed their hospital-provided cardiac rehab and wanted to keep getting the health benefits it was providing. The local hospital was unable to offer more classes, so the group banded together and set up the Heartmates to provide it themselves. Today, the group is aligned with Chest Heart and Stroke Scotland and, with the support of Crosshouse Hospital and NHS Ayrshire and Arran, provides support for dozens of people in the area who have finished initial hospital-based rehab classes to stay active. The group, who also undertake regular social events, is open to adults of all ages and abilities and the hospital regularly refers patients with different medical diagnoses to the group ([Killie Heartmates](#), N.D).

EACH Recovery Matters

The organisation has launched a number of groups to provide support to those facing challenges related to drug and alcohol issues. These range from music groups to an outdoor recreation group called New Heights. New Heights aims to support those in recovery by building confidence, positive coping mechanisms, and learning new skills through outdoor activities such as kayaking, abseiling, and rock climbing. During 2024 alone, they supported 626 individuals through their recovery programmes and pilots and provided over 5,000 meals during their Community Friends drop-in sessions ([Fearon, 2024](#)).

Building a Thriving Community Sector

While the community sector is able to remove barriers for others, it faces significant barriers of its own in providing services. Funding, recruitment (both of volunteers and paid staff) and access to facilities are among the most common issues faced by community groups of all kinds. The solutions to these issues are not a mystery, nor are they particularly complex. What is required, however, is a political will to act and challenge the status quo.

For example, 86% of Scottish community sports groups say there isn't enough government investment into grassroots sports to support their impact at a community level. Two of their key asks are a more equitable funding model that recognises the value of community sport and improving the affordability and accessibility of venues ([SportED, 2024](#)).



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sports clubs.

Today in Scotland, around 1 in 5 people are believed to be members of a sports club ([SportScotland, 2023](#)). If we want that number to increase, it is time for a long overdue review of how we fund sport. Currently, SportScotland receives £36.4 million to support sport at all levels across Scotland. At the same time, it is continually being asked to cover more with less money. For example, the Scottish Government has tried to pass responsibility for funding Jog Scotland to them without any further investment. This is not a credible or constructive way to support a sector that has the potential to reduce demand pressures on so many other government portfolios. Mass participation activities like Jog Scotland should be fully funded and support for expansion should be available.

When it comes to facilities, we are failing to make the most of what we have. Across the country, many school buildings are underutilised outside school hours and other local authority sports facilities are both thin on the ground and often prohibitively expensive for community groups. We should conduct a national audit of how school facilities are used out-of-hours to help find community organisations the local spaces that fit their needs. We should also work with local authorities to ensure that hire costs are not a barrier to access.

Volunteers are the backbone of huge numbers of community organisations, many of which are struggling to recruit and retain them. There is a significant opportunity to bring more people into volunteering roles by encouraging those close to retirement to consider becoming a volunteer. Not only would this allow community organisations to potentially attract a wealth of skilled volunteers, but it can also bring mutual benefits for those entering retirement, offering a sense of purpose and a means of countering the social isolation which can come when people exit the routine of work. There are various ways this scheme could work, but a good starting point would be by offsetting the cost to employers of giving those approaching retirement training in relevant qualifications for harder to fill volunteer roles as part of their retirement package.

Role of Education

Giving our children and young people the support they need to look after their mental and physical health throughout their lives is a vital step in improving our health as a nation for the long term. The scale of the challenge we face is laid bare in the statistics:



Reports that referrals for ADHD assessments among children have risen across health boards by 500% to 800% between 2019 and 2021 ([RCPsych, 2025](#)).



Over 4,300 children, some as young as two have been sent for specialist help with obesity ([Stainer, 2025](#)).



Nearly one third of young people reporting issues with anxiety ([Inchley et al., 2023, p. 24](#)).



35% of young people reporting low mood ([Inchley et al., 2023, p. 24](#)).

Education is one of the most important battlegrounds in the fight to reduce inequalities. Very often it is in schools that children have some of their more formative new experiences and develop life-long habits around diet and exercise. So, it is vital that our approach to education addresses not only the needs of children and young people during their school years but considers the skills they will need throughout their lives. Education must offer young people the opportunity to learn coping skills, build resilience in the face of failure and develop perseverance in the face of adversity. Leaving school with self-discipline, a respect for others and an understanding of how to set and achieve goals can be as valuable for pupils as having a good set of academic qualifications.

Breakfast and Activity

Embedding an understanding of how to lead a healthy lifestyle within the curriculum is a crucial component of encouraging children and young people to lead healthier lives. However, some of the best chances to introduce pupils to these concepts in a practical way lie before the school day starts and after it ends.

The expansion of provision of free breakfasts in school for primary-age pupils presents a major opportunity to grow their horizons by making that free breakfast available alongside an offering of activities for young people. This could include sports, art, drama, coding or anything else that could spark an interest, giving pupils an outlet and encouraging them to be active and socialise.

This model has the additional benefit of removing any stigma around pupils accessing free meals as the breakfast club becomes about the activity first and the food second. A balanced breakfast has also been shown to improve focus and boost academic performance within the classroom. Additionally, there are wider physiological benefits through moderated metabolism and regulation of appetite for school-aged children, both of which impact mood and behaviour.

Organised activity in school-age children has been closely associated with improved mental health and a greater sense of belonging among pupils when compared to those who do not participate ([Denovan and Dagnall, 2023](#)). One of the most devastating effects of the pandemic on children was in the loss of opportunity to socialise with other people. That is still having an effect today on pupils' mental health and behaviour in the classroom. This initiative would not only support children to try new things, it would allow them to do it together with their classmates.

To be clear, this policy is not a “quick fix” to any of the serious problems within our health and education system. It is an investment in the future of Scotland's children which can only deliver a return over the long-term. However, that pay off, seen both in improved individual outcomes and through reduced demand for other public services like CAHMS or the criminal justice system, has the potential to far outweigh the upfront cost.

Physical Activity and Sport in Schools

The Scottish Government describes education as an experience that “should open the doors to opportunities which enable children and young people to become successful learners, confident individuals, responsible citizens and effective contributors to society” (Scottish Government, N.D).

A key part of creating responsible citizens who contribute to society lies in giving children and young people the tools to take positive steps to protect their own health.

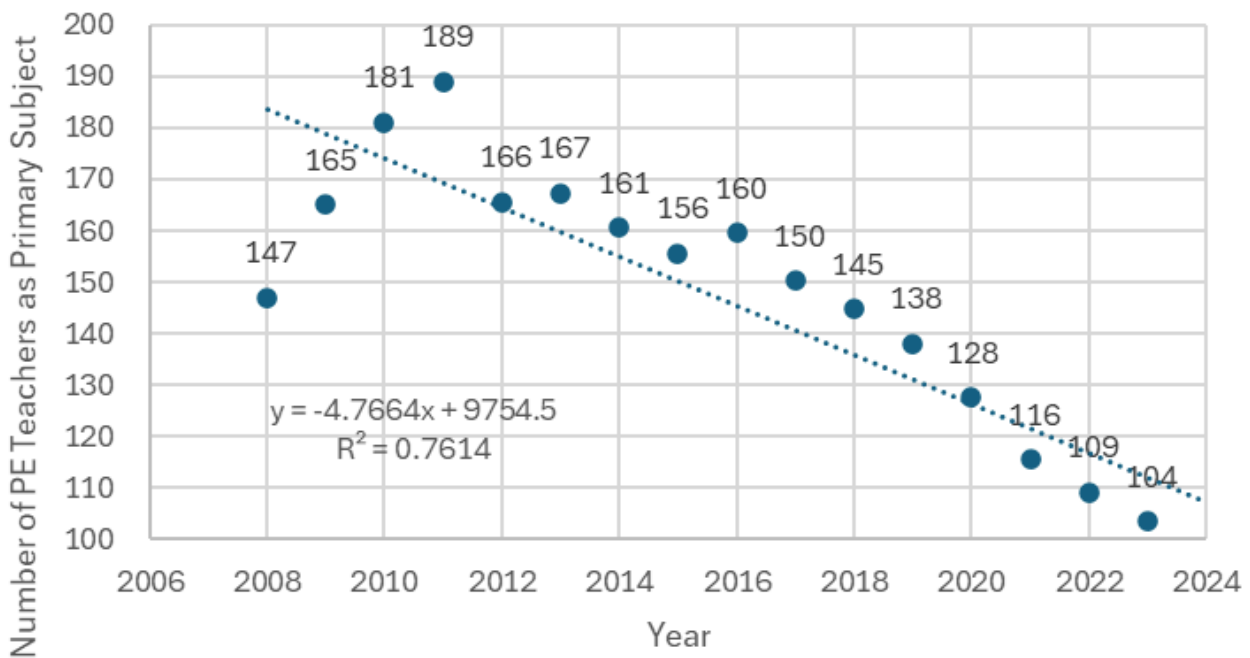
The Scottish Government talks about creating healthy, active lifestyles, but that talk has not turned into serious action to move Scotland away from a culture of inactivity. The percentage of children meeting the daily recommended amount has been more or less stagnant throughout the entire period of Scottish devolution – hovering around 70% of boys aged 5-15 and roughly 65% for girls in the same age group, even when school-based activities are considered (Birtwistle et al. 2023). Concerningly, those statistics decline further as children age.

The Scottish Household Survey 2022 reported that children in the most deprived areas were significantly less likely to participate in sports compared to those in the least deprived areas.

There is also a stark inequality in sports participation among children from different socioeconomic backgrounds. The Scottish Household Survey 2022 reported that children in the most deprived areas were significantly less likely to participate in sports compared to those in the least deprived areas. In recent years, the gap has been widening to a difference of as much as 20% in 2022 (Scottish Government, 2023).

Number of Primary School Physical Education Teachers as Primary Subject Taught per Year in Scotland

Source: Teacher Census Supplementary Statistics 2024, 19 March 202024



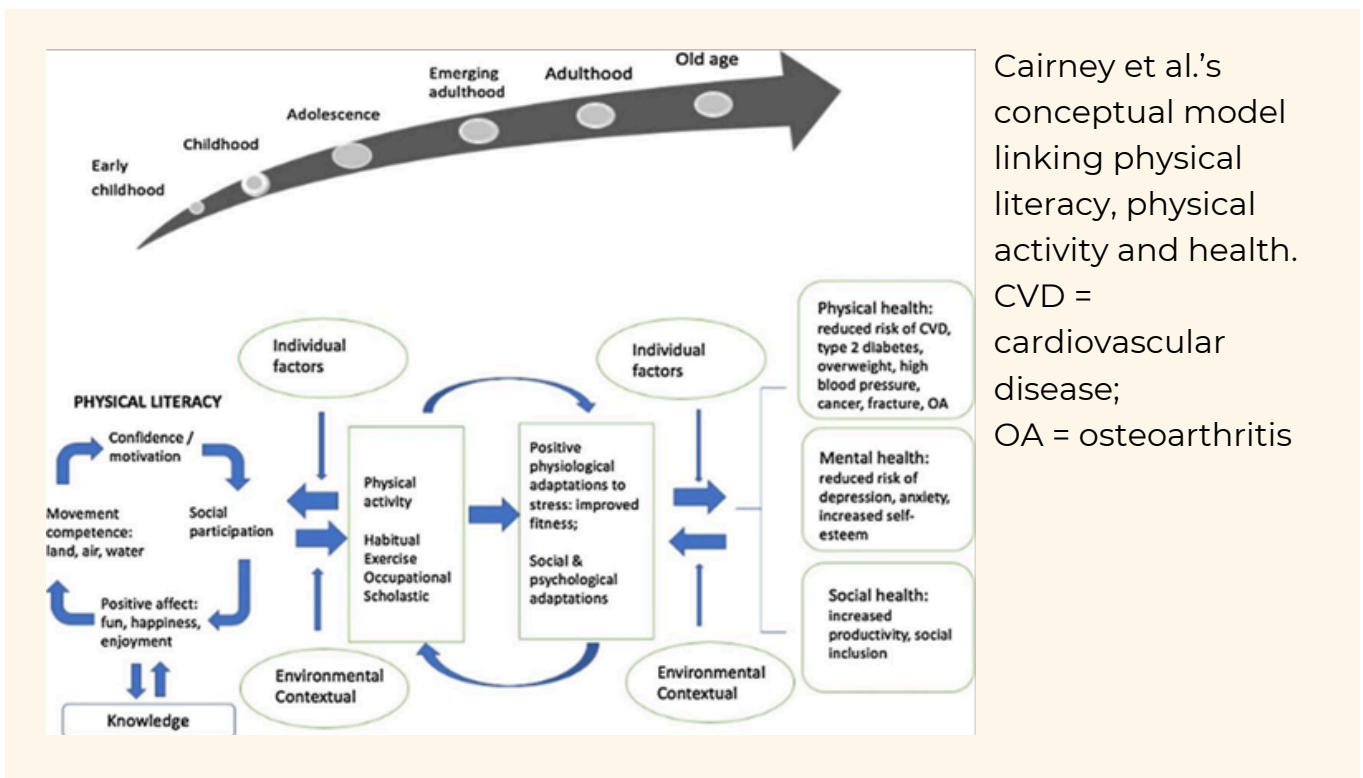
These figures are perhaps no surprise given the shocking decline in dedicated PE teachers in primary schools. Since 2011, the number of teachers whose principal subject is PE has fallen by 44%, from 189 to 104 ([Scottish Government](#), 2025)

This means that Scotland has just under 2,000 primary schools and just over 100 primary teachers whose main focus is PE.

In 2014, the Scottish Government made a commitment that “every school pupil in Scotland will benefit from at least two hours per week of physical education in primary school,” Given the figures above it is impossible to see how the Scottish Government’s current approach can be expected to inspire and encourage the next generation to commit to leading a healthier, more active lifestyle.

Physical activity is any activity that encourages movement, like games, active play, and of course, sport. Crucially, physical activity contributes to children meeting their social skills as well as their physical skills such as proprioception, which is essential for developing balance and coordination. However, by following an educational approach which splits the curriculum quite definitively into academic activity and physical activity, successive Scottish governments have failed to recognise that these aspects work best when offered in tandem.

The Physical Literacy Consensus Statement for England defines physical literacy as our relationship with movement and physical activity throughout life (Sport England, 2023). It aims to create a positive and meaningful relationship with movement and physical activity that supports people to be more likely to be and stay active throughout their life, benefiting their health, wellbeing and quality of life.



Physical literacy is currently not included within Scottish Government policies or explicitly within the educational curriculum. This is an error. Embedding physical literacy into the education system offers us a powerful tool in our effort to change Scotland's indifferent relationship to physical activity, and through that, improve our health as a nation.

NUTRITION

Improve Procurement

Scotland's food and drink sector produces some of the highest quality food in the world. At the same time Scotland's public sector routinely buys imported produce rather than home-grown. It has also been well established that once fruit and vegetables are picked, they start to lose nutrients. All too often, public sector procurement takes an approach that says as long as the minimum nutritional standards are met, the only other factor is price.

This is short-sighted and fails to recognise the wider benefits to the economy and public health of encouraging the use of locally produced food.



East Ayrshire Council is an example of this kind of approach. It has a policy which prioritises local sourcing, with much of its produce coming from within Ayrshire. This ensures they know exactly where it comes from and can be confident that they are serving pupils fresh and nutritious food. This demonstrates that supporting the local rural economy not only should be done but can be done effectively. It's also worth noting that the majority of secondary schools in the region have full kitchens on site, as do a number of primary schools.

The links between nutritious diets, medical recovery, behaviour, focus, attainment, and wellbeing are well established by a wide body of research. By improving the quality of food served across the public sector we can improve outcomes across a whole range of settings.

Hospital and Care Homes

During prolonged hospital stays, patients can benefit from extra protein, zinc, and vitamins (especially vitamins C and D) to help heal bones, skin, and restore muscles ([University Hospitals Coventry & Warwickshire NHS Trust, 2025](#)). This is also true of those within care settings to keep patients from becoming frail and reduce the need for more intensive care in a hospital setting. Those within hospital and care settings should be afforded the highest level of nutrition to aid with rehabilitation.

Prison Service

Nutrition also plays a key role in stabilising mood and supporting mental health. In fact, studies have found that improving prisoners' nutrition reduces incidents of violence by 30% ([Wilson, 2022](#)). Improving prisoner diets is a low-risk way to improve safety within prisons and support recovery of inmates following their sentence.

Schools

In the academic year 2022/23, a study found that 21.9% of Primary 1 age children were at risk of becoming overweight or obese ([PHS, 2023](#)). Taken together with concerns about rising levels of violence in schools and the widening gap in attainment, policymakers must re-examine their approach to promoting healthy diets within Scotland's schools. Time and time again, studies have shown that eating regular meals with a wide variety of nutritious foods helps mood, attention and learning.

The public sector should be incentivised to procure locally sourced nutritious food and to then cook it on site. The benefits of this for education, the prison service, and within hospitals and care homes would be significant. Nor does it seem unreasonable to prioritise the use of public funds to support local Scottish businesses and the purchase of quality local foods, rather than pre-packaged, ultra-processed foods. While this might mean a slightly higher level of spend on procurement, the potential for cost savings elsewhere through improved outcomes would almost certainly offset this.

A standard approach to procurement across Scotland will prevent the piecemeal delivery that we currently see on the ground. The following policy changes in procurement could address this and realise the positive outcomes of healthy, nutritious meals.

- The highest nutritional value of meals should be the primary objective of food procurement policy.
- Fresh local produce should always have precedence over importing the same product from abroad.
- Information about food sourcing across the public sector should be made readily available online.

Healthy Diets in Schools

Simply providing school meals is not enough. The Scottish Government's publication of Healthy Eating Guidance in schools is a step in the right direction but will not make a long-term impact on students without giving pupils greater knowledge about food. The Scottish Government should provide greater learning opportunities to students to understand where their food comes from, understand how these ingredients can be used to fuel their bodies, and learn how to cook with them.

Giving pupils an entitlement to free school meals does not necessarily translate to all those pupils taking up the offer. Even though pupils could access free school meals, evidence from teachers is indicating that a worryingly high proportion of these pupils (especially secondary pupils) will still leave the school grounds with their peers and purchase less healthy options. Not only are they choosing a far less healthy meal, but they are also paying for it. This situation is exacerbated by the prevalence of so-called "urban food deserts", where a limited choice of food outlets and food options force people into unhealthy choices. Nowhere is this more obvious than the striking numbers of fast-food takeaways and convenience stores operating near schools, which are routinely queued out the door every lunchtime.

It is vitally important that school meals are as nutritious as possible, but also that students are engaged with what makes a meal nutritious and where food comes from. Being told a healthy diet is good for you isn't as powerful a motivator as knowing why it's good for you.

The correlation between the demise of basic home economics classes in schools and the declining skills in food preparation cannot be ignored. Curriculum for Excellence has squeezed the subject choices available to many pupils and a lack of qualified home economics teachers has been highlighted by the Ex-Chair of the Scottish Food Commission, Shirley Spear. Knowing how to prepare a simple, inexpensive, healthy meal is a basic life skill that every school should be teaching.

Japan is a good example of the positive outcomes that occur when there is decisive political will to act. In 2005, the Japanese enacted the “Basic Law on Shokuiku” creating statutory food nutrition and food origins education in all public schools in response to growing concerns about unhealthy and disordered eating in children and young people ([Miyoshi et al., 2012](#)). This approach was expanded in 2007 with the creation of the Diet and Nutrition Teacher, a role responsible for implementing Shokuiku programs, providing guidance on childhood nutrition, managing school lunches, and engaging with parents. The result: a better understanding of food and nutrition by children that manifests as a low prevalence of childhood obesity ([Oudat et al., 2025](#)) and lower proportion of children skipping breakfast ([Tanaka and Miyoshi, 2012](#)), and an environment where over 50% of all school procurement across roughly 34,000 schools is local as of 2021 ([The Global Child Nutrition Foundation, N.D](#)).

Providing this tangible connection to students will help form valuable healthy relationships with food from a young age that they can carry into adulthood and into their homes after school, allowing engagement with their parents on these topics as well.

CONCLUSION

Something has to give. Like many other nations, Scotland faces a public spending squeeze, low economic growth and an ageing population. Unlike some other nations however, it is facing those challenges burdened by some of the worst public health statistics in the western world, a health service under significant pressure and substantial backlogs for treatments.

There are no easy solutions here. No quick fixes or silver bullets. What this document proposes are the first steps on a long road to changing Scotland's relationship with poor diet and physical activity. The price of travel will be significant but those costs pale into insignificance when compared to the costs already being faced by our NHS, social security system and other public services, all of which bear the burden of our poor public health. In the same way, each and every one of us lives with the consequences of poor health. Not only in our own bodies and minds but in our interactions with overstretched public services and in the ever-growing sense that despite continually being asked to pay more in tax, we get less and less back.

It's easy to measure the cost of spending on prevention but it's often difficult to quantify how much isn't spent elsewhere as a consequence. With that said, it is clear for all to see that the current approach, focussed on treating the consequences of unhealthy lifestyles rather than the causes, is unsustainable. The warnings from the Scottish Fiscal Commission and others could not be starker; we must change course or risk driving the NHS and other public services over a cliff.

Some of the recommendations made here would come with significant price tag, while others could be achieved within existing budgets. Many of these changes aren't intended to be introduced overnight, but incrementally over time. A key aspect of prevention is driving investment on health further upstream, helping to reduce demand for more expensive treatment later. These proposals have a cost, but the cost of inaction is far greater.

The ideas contained in this document are not particularly complicated, nor should many of them be particularly controversial. Taken together though, they represent our intention to change the whole culture of healthcare; from managing ill-health, to protecting good health.

Scotland needs a new approach to health. One that centres on giving everyone the knowledge, skills and opportunity to take better care of themselves. As this document sets out, this is a change that works best when it starts from the ground up, through community organisations and the education system in the early years of life. Our communities are full of groups of all sizes and types already doing this kind of work - they just need a government willing to accept that sometimes it doesn't have all the answers or that it can always do it better.

Alongside the community sector, education has the greatest potential as a vehicle for this new approach. Many of the habits we carry with us throughout our lives are developed in school and once fixed, they can be hard to change. If we want the next generation of Scots to live longer, healthier lives, that journey should begin as early as possible within their education.

We already know what a greater emphasis on prevention could potentially achieve. Regular physical activity can reduce premature death by 20-30%, reduce the risk of heart disease by 33% and slash the risk of type-2 diabetes by as much as 65%. It has also been shown to reduce the risk of developing various cancers, mental health issues and stress. In later life it can protect against cognitive decline, decrease the risk of falls and fractures and improve overall wellbeing. If we instil people with the desire to live a healthy, active lifestyle when they are young, we give them the best chance of enjoying a higher quality of life, throughout their life.

Putting prevention at the heart of our approach to health, rather than treating it as an optional extra, is the most credible and sustainable way to address many of the challenges facing our country.

When it comes to the health of the nation, prevention isn't just better than cure – it is the cure.

SUMMARY OF RECOMMENDATIONS

Invest in technology to simplify and streamline administration within the NHS and improve the ability of patients to quickly access services.

Help people live healthier, longer.

- Create a new guaranteed, long-term (5 years minimum), funding stream for community sector organisations who can demonstrate a significant contribution to preventing illness and improving public health in their area.
- Introduce a presumption against local authorities bringing services supplied by community sector groups in-house.
- Support people to live more active lives
- Protect local sports facilities from closure
- Expand access to school facilities for sports clubs after hours
- Ensure charges for community groups using council facilities are not a barrier to access.
- Carry out a national audit of community sports facilities.
- Encourage more people to become volunteers in community groups
- Create incentives for firms to give those approaching retirement training for harder to fill volunteer roles.
- Examine the costs involved in becoming a volunteer (disclosure checks, training courses etc) and explore options to reduce those costs to individuals and community organisations.

A new emphasis on early intervention

- Put schools and the educational environment at the heart of plans for preventing illness.
- Introduce universal free breakfast clubs offering pupils a range of activities alongside a healthy breakfast.
- Set a minimum number of specialist primary school PE teachers per head for each local authority and provide specific funding to ensure that every primary school pupil has regular access to a specialist PE teacher.
- Embed physical literacy into the curriculum.

- Support an expansion of home economics provision in schools with a focus on learning the basics of nutrition and how to cook a balanced meal.

Recognise and promote the benefits of a healthy, balanced diet.

- Reform public sector food procurement to place greater emphasis on locally sourced produce, with a particular focus on improving access for SMEs.
- Introduce a presumption against future use of central production kitchens serving multiple schools or hospitals.
- Carry out an audit of current provision of kitchen facilities for both catering and teaching in primary and secondary schools.
- Change procurement policies to prioritise maximising nutritional value over cost.
- Increase transparency for pupils, parents and patients about the origins of all food served in schools and hospitals.
- Consider limiting the number of fast-food retailers in the immediate vicinity of schools.
- Consider whether permitting secondary school pupils to leave schools at lunchtime should be more tightly controlled.

BIBLIOGRAPHY

Bain, F., Mariani, E., Daly, N., Merriam, S. and Collinson, G. (2023), Counting the cost of obesity in Scotland, London, NESTA. Available online: <https://www.nesta.org.uk/feature/counting-the-cost-of-obesity-in-scotland/>

Bell, M and Deyes, K. (2022), Frontier Economics, Estimating the Full Costs of Obesity, A report for Novo Nordisk. Available online: <https://www.frontier-economics.com/uk/en/news-and-insights/articles/article-19130-the-annual-social-cost-of-obesity-in-the-uk/>

Birtwistle, S., Deakin, E., Wildman, J., Maiolani, E., Martini, O., Holman, E. and Rule, S., 2023. Scottish Health Survey 2022: Main Report (Volume 1). Scottish Government. Available online: <https://www.gov.scot/publications/scottish-health-survey-2022-volume-1-main-report/documents/>

Cairney, J., Dudley, D., Kwan, M., Bulten, R. and Kriellaars, D., 2019. Physical literacy, physical activity and health: Toward an evidence-informed conceptual model. Sports Medicine, 49(3), pp.371–383.

Denovan, A. and Dagnall, N., (2023). The benefits of sport participation and physical activity in schools: A final report for the Youth Sport Trust and HMC (The Head's Conference). Manchester Metropolitan University. Available online: <https://www.youthsporttrust.org/research-listings/research/benefit-of-sport-participation>

Fearon, K. (2024) Social Impact Report 2024. Kilmarnock: EACH Recovery Matters. Available online: <https://eacharecovery.org/social-impact-report-2024/>

Killie Heartmates (N.D), Killie Heartmates Exercise for Life. Available online: <https://killieheartmates.co.uk/414653868/414653869>

Inchley, J., Mabelis, J., Brown, J., Willis, M., Currie, D. (2023) Health Behaviour in School-aged Children (HBSC) 2022 Survey in Scotland: National Report. MRC/CSO Social and Public Health Sciences Unit, University of Glasgow. Available online: <https://www.gla.ac.uk/schools/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/programmes/complexity/healthbehaviourinschool-agedchildrenhbscscotlandstudy/>

Miyoshi, M., Tsuboyama-Kasaoka, N. and Nishi, N., (2012). School-based 'Shokuiku' program in Japan: application to nutrition education in Asian countries. Asia Pacific Journal of Clinical Nutrition, 21(1). Available online: <https://pubmed.ncbi.nlm.nih.gov/22374574/>

National Records of Scotland (2024), Life Expectancy in Scotland 2021-2023. Available online: <https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2021-2023>

Oudat, Q., Messiah, S.E. and Ghoneum, A.D., (2025). A multi-level approach to childhood obesity prevention and management: Lessons from Japan and the United States. Nutrients, 17(5). Available online: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11902064/>

Public Health Scotland (2023). Primary 1 Body Mass Index (BMI) statistics Scotland, School year 2022 to 2023, Available online: <https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/primary-1-body-mass-index-bmi-statistics-scotland-school-year-2022-to-2023/>

Public Health Scotland (2024), Drug-related deaths increase in Scotland. Available online: <https://publichealthscotland.scot/news/2024/august/drug-related-deaths-increase-in-scotland/>

Public Health Scotland (2025), NHS waiting times - stage of treatment - Inpatients, day cases and new outpatients quarter ending 31 March 2025. Available online: <https://publichealthscotland.scot/publications/nhs-waiting-times-stage-of-treatment/stage-of-treatment-waiting-times-inpatients-day-cases-and-new-outpatients-quarter-ending-31-march-2025/#:~:text=The%20number%20of%20long%20waits,over%20two%20years%20ever%20reported>

Royal College of Psychiatrists in Scotland, NDC Pathways proposal final - January (2025), Royal College of Psychiatrists. Available online: <https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-scotland/policy-and-public-affairs/policy-updates>

Royal College of Psychiatrists (2025), RCPsychiS - Budget Response Briefing. Available online: <https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-scotland/policy-and-public-affairs/policy-updates>

Scottish Fiscal Commission (2025), Fiscal sustainability report , April 2025. Available online: <https://fiscalcommission.scot/publications/fiscal-sustainability-report-april-2025/>

Scottish Parliament (2025) Official Report: Meeting of the Parliament, 7 January 2025. Edinburgh: Scottish Parliament. Available online: <https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/recent-publication?meeting=16239&iob=138721>

Scottish Government (2023). Scottish Household Survey 2022: Key Findings. Available online: <https://www.gov.scot/publications/scottish-household-survey-2022-key-findings/pages/7/>

Scottish Government (2025), Scottish Health Survey 2022: supplementary tables, Table 8.9. Available online: <https://www.gov.scot/publications/scottish-health-survey-2022-supplementary-tables/>

Scottish Government (2025), Summary Statistics for Attainment and Initial Leaver Destinations, No. 7: 2025 edition. Available online: <https://www.gov.scot/publications/summary-statistics-for-attainment-and-initial-leaver-destinations-no-7-2025-edition/>

Scottish Government (N.D), Schools Policy, From Cabinet Secretary for Education and Skills. Edinburgh. Available online: <https://www.gov.scot/policies/schools/#:~:text=Education%20should%20open%20the%20doors,and%20close%20the%20attainment%20gap>

Scottish Government, 2025. Teacher Census Supplementary Statistics. Available online: <https://www.gov.scot/publications/teacher-census-supplementary-statistics/>

Scottish Sports Alliance (2015), A Manifesto for Scottish Sport: 2015, Edinburgh: Scottish Sports Association. Available online: <https://thessa.org.uk/details/58/39/A-Manifesto-for-Scottish-Sport-2015-Scottish-Sports-Alliance>

Sport England, (2023). Physical Literacy Consensus Statement for England. Available online: <https://www.sportengland.org/news-and-inspiration/physical-literacy-consensus-statement-england-published>

SportED (2024), The Pulse; Issues facing grassroots sport and the communities and young people it serves. Winter 2024-25. Available online: <https://sported.org.uk/wp-content/uploads/2025/01/Winter-2024-Pulse-Scotland.pdf>

SportScotland (2023) The Potential of Sport - Maximising sport's contribution to national and local outcomes. Edinburgh. Available online: <https://sportscotland.org.uk/about-us/our-publications/archive/the-potential-of-sport/>

Stainer, R. (2025). Children aged two among thousands of overweight Scottish youngsters referred for specialist help on the NHS, Daily Mail. Available online: <https://www.dailymail.co.uk/news/article-14352761/Children-aged-two-thousands-overweight-Scottish-youngsters-referred-specialist-help-NHS.html>

Tanaka, N. and Miyoshi, M., 2012. School lunch program for health promotion among children in Japan. Asia Pacific Journal of Clinical Nutrition, 21(1). Available online: <https://pubmed.ncbi.nlm.nih.gov/22374573/>

The Global Child Nutrition Foundation, N.D.How Japan leverages School Meals as a 'Living Textbook' for Lifelong Healthy Eating. Available online: <https://gcnf.org/how-japan-leverages-school-meals-as-a-living-textbook-for-lifelong-healthy-eating/>

University Hospitals Coventry & Warwickshire NHS Trust, (2025). Dietary information to promote wound healing. Nutrition & Dietetics leaflet, March 2025. Available online: <https://www.uhcw.nhs.uk/download/clientfiles/files/Patient%20Information%20Leaflets/Clinical%20Support%20Services/Dietetics/Dietary%20information%20to%20promote%20wound%20healing.pdf>

Wilson, K. (2022).How small changes to prison food drastically cut inmate violence, Science Focus. BBC. Available online: <https://www.sciencefocus.com/the-human-body/prison-food-nutrition-violence-mental-health>