Obesity Action Scotland
Healthy weight for all

Public Service Reform: Pre-budget scrutiny 2027-28

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Sent via email: psr.committee@parliament.scot

Obesity Action Scotland welcomes the opportunity to contribute to the Public Service Reform Committee's pre-budget scrutiny for 2027–28. We strongly support the Committee's focus on prevention, long-term sustainability, and the reconfiguration of public services to better meet Scotland's future needs.

Obesity prevention is one of the best examples of preventative public service reform, with direct implications for health, social care, productivity, and wider societal wellbeing. Scotland continues to face high and rising levels of obesity. One in three adults are living with obesity, and rates are significantly higher in our most deprived communities. In 2024, 36% of adults in the most deprived areas were living with obesity compared with 19% in the least deprived[1]. This inequality gap has widened over time and clearly reflects the intersection of health and poverty and demonstrates the need for cross-government action. In 2011, the Christie Commission identified a decisive shift towards preventative spending as essential to improving outcomes and reducing future demand on public services[2]. Fifteen years on, obesity prevention remains a key opportunity to realise this ambition.

Obesity Action Scotland recognises the significant fiscal pressures facing public services and the need to identify efficiencies where these can reduce duplication, streamline delivery and improve outcomes. However, there is a risk that the prevention agenda becomes overly associated with an efficiencies agenda. Too often, prevention has been viewed with suspicion because it is presented primarily as a mechanism for cost containment rather than as an approach to improving health, wellbeing and life chances. While effective prevention can generate efficiencies and reduce future demand, its primary purpose is to improve outcomes and reduce inequalities. Greater transparency is therefore needed about the distinct, though complementary, objectives of prevention and efficiency, so that public and organisational confidence and support for long-term preventative investment can be maintained.

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[1] Scottish Government (2025) *The Scottish Health Survey 2024: Main Report*. Available at: https://www.gov.scot/publications/scottish-health-survey-2024-main-report/

[2] Scottish Government (2011) *Christie Commission on the future delivery of public services*. Available at: https://www.gov.scot/publications/commission-future-delivery-public-services/

Prevention spending remains weighted towards managing consequences rather than preventing causes

The Scottish Government's preventative budgeting pilot provides useful insight into Scotland's current investment profile[3]. While approximately £3 billion of spending reviewed was identified as preventative, only 18% of this preventative expenditure was classified as primary prevention, representing around 2.7% of the total budget reviewed. Larger proportions were directed towards secondary (6.4% of the budget) and tertiary (6.1%) prevention. This suggests that public expenditure remains weighted towards managing existing illness and risk rather than preventing poor health from occurring in the first place.

If Scotland is to realise the ambitions set out in the Christie Commission, the Public Service Reform Strategy and the Population Health Framework, future budgets should seek not only to increase preventative investment overall but shift the balance towards upstream primary prevention. Long-term improvements in population health will not be achieved by treatment services alone.

Prevention should be viewed holistically

Frontline services are often viewed as acute or reactive services. However, a shift in mindset is needed to recognise prevention as a core frontline function, in its own right. Measures such as vaccination programmes, public health interventions and obesity prevention are critical to addressing the social determinants that drive inequalities and future poor health. However, they can also enhance quality of life and wellbeing in the here and now. Investing in prevention is therefore not an alternative to supporting frontline services, but an essential component of a sustainable and effective frontline system.

Prevention should also be viewed more holistically. Healthy weight is influenced by a wide range of factors, including mental health, social connectedness, financial security, housing, transport, and access to supportive local environments. Poor mental health can increase vulnerability to unhealthy eating behaviours, while obesity can negatively affect self-esteem, mental wellbeing, and social participation. Similarly, social isolation and loneliness can affect both physical and mental health outcomes.

Public service reform should therefore adopt a whole-person approach that recognises the interconnected relationship between physical health, mental health and social wellbeing. Investment in prevention should support people to live healthier lives overall, rather than focusing solely on individual risk factors or clinical outcomes.

[3] Scottish Government (2026) Scottish Budget - piloting an approach to identifying preventative spend: pilot results. Available at: https://www.gov.scot/publications/piloting-approach-identifying-preventative-spend-scottish-budget/

The obesity system illustrates how preventative spending has become increasingly medicalised

The obesity system highlights the risk of prevention becoming increasingly medicalised. Investment in weight management services remains important, particularly for those living with severe obesity and obesity-related conditions. However, there is a danger that preventative spending becomes increasingly synonymous with healthcare treatment.

The growing availability of obesity medications and digitally delivered weight management programmes should not reduce investment in population-level prevention. Recent analysis concludes that the availability of GLP-1 therapies strengthens, rather than diminishes, the case for primary prevention because treatment does not address the environmental and commercial drivers of obesity[4].

GLP-1 medicines cannot become the sole response to Scotland's obesity challenge. Even if clinically effective, no health system can treat its way out of an obesity epidemic driven by wider social, economic and environmental factors. Without continued investment in population-level prevention, demand for treatment will continue to grow, creating an unsustainable cycle of increasing expenditure. Public service reform should therefore view obesity medications as one component of a comprehensive strategy, rather than an alternative to preventative action.

Population-level prevention offers the greatest long-term return

A healthier population reduces pressure on frontline services. Obesity drives increased demand across the health and social care system, contributing to more GP appointments, higher rates of hospital admission, greater need for long-term support, and rising social care demand. It also places significant pressure, and associated costs, on specialist services treating conditions linked to obesity, including type 2 diabetes, coronary heart disease, stroke, and the need for joint replacement surgery.

Evidence suggests that universal and population-level preventative approaches offer some of the greatest long-term returns. Modelling published in The Lancet Public Health found that universal preventive interventions generated some of the largest reductions in childhood obesity prevalence, reinforcing the importance of investing in upstream population wide measures[5]. These would include:

- Expanded restrictions on the promotion and advertising of HFSS foods,
- Improving school food environments and free school meal provision,

[4] Holm, S. et al. (2026) *The case for primary prevention of obesity in the era of GLP-1 therapies*. Available at: https://www.sciencedirect.com/science/article/pii/S2666776226000918

[5] Russell, S.J., Mytton, O.T. and Viner, R.M. (2023) *Estimating the effects of preventive and weight-management interventions on the prevalence of childhood obesity in England: a modelling study*. Available at: https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2823%2900216-5/fulltext

- Tackling food insecurity,
- Planning and transport policies that support physical activity,
- Community food initiatives,
- Fiscal measures that incentivise healthier affordable choices,
- Implementation of healthy food standards and reporting across large food businesses, including supermarkets.

These measures represent investments in prevention that can improve population health, reduce inequalities, and lessen future demand on public services. Evidence also suggests that population-wide interventions are likely to achieve greater reductions in obesity prevalence than treatment-focused approaches alone.

Children and families should be prioritised

Public service reform should place particular emphasis on children and families because this is where opportunities to prevent future health inequalities and service demand are greatest.

Programmes such as Thrive Under Five demonstrate how healthy weight, nutrition and food insecurity objectives can be addressed simultaneously within communities[6]. Supporting families early in life can improve health, wellbeing, educational outcomes and future economic participation, with benefits accruing across the life course.

However, a recurring challenge is the inability of successful pilot initiatives to secure long-term mainstream funding. Short-term, non-recurrent funding limits the ability to plan effectively, retain skilled staff and demonstrate impact; thus, limiting the benefit of a preventative approach. Longer funding cycles would provide greater stability and enable successful programmes to be embedded and scaled.

Improving monitoring and simplifying delivery

Public service reform offers an opportunity to simplify the system by reducing bureaucracy. Existing reporting requirements are often complex and fragmented across policy areas. Short turnaround times for planning, reporting and funding applications can place additional pressure on already stretched services and reduce the time available for delivery, improvement and collaboration. Greater simplification and alignment across funding and portfolios would enable organisations to focus more of their limited capacity on delivering services and improving outcomes.

[6] Glasgow Centre for Population Health (2021) *Thrive Under 5*. Available at: https://www.gcph.co.uk/our-work/44-thrive-under-5

Effective preventative budgeting also requires effective measurement. Scotland currently lacks routine population surveillance of obesity throughout later childhood and adolescence, with obesity data routinely collected only at Primary 1 through the Child Health Programme[7].

This creates a significant evidence gap and limits Scotland's ability to assess whether preventative interventions are succeeding over time. Given evidence showing strong links between adolescent and adult obesity[8], strengthening routine monitoring throughout childhood and adolescence would improve evaluation, enable more effective targeting of resources and provide a clearer understanding of the return on investment from preventative spending.

Long-term funding is essential

A key challenge for preventative spending is that investment costs are often incurred immediately, while many benefits emerge over the medium-to-long term. Annual budgeting cycles can therefore undervalue interventions that deliver substantial future savings. The introduction of Minimum Unit Pricing for alcohol provides a practical example of preventative policy in action, illustrating how population-level measures can improve health outcomes and reduce future demand on public services.

The Scottish Government's Public Service Reform Strategy recognises that Scotland has not yet shifted sufficiently towards prevention and that reform is needed to reduce future demand on public services[9]. UK modelling by Nesta shows that obesity imposes substantial productivity costs through reduced labour market participation, sickness absence and lower productivity at work[10]. This argument is corroborated by the OECD who have highlighted obesity prevention as a strong economic investment, estimating that every dollar spent on prevention can generate up to six dollars in economic returns[11]. By reducing healthcare costs, improving productivity, increasing labour market participation and preventing chronic disease, effective obesity prevention policies can deliver substantial long-term benefits for both public finances and economic growth.

However, these benefits cannot be realised within a single-year funding horizon. Public service reform should be driven by improving outcomes and reducing future demand, rather than focusing solely on short-term efficiencies. Whilst efficiencies may arise through effective reform, prevention should not be viewed primarily as a cost-cutting exercise. The primary objective

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[7] Public Health Scotland (2025) *Primary 1 Body Mass Index (BMI) statistics Scotland: School year 2024 to 2025*. Available at: https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/primary-1-body-mass-index-bmi-statistics-scotland-school-year-2024-to-2025/

[8] Association between adolescent overweight and adult mortality risk: A systematic review - ScienceDirect

[9] Scottish Government (2025) *Scotland's Public Service Reform Strategy: Delivering for Scotland*. Available at: https://www.gov.scot/publications/scotlands-public-service-reform-strategy-delivering-scotland/

[10] Nesta (2025) *The economic and productivity costs of obesity and excess weight in the UK*. Available at: https://www.nesta.org.uk/report/the-economic-and-productivity-costs-of-obesity-and-overweight-in-the-uk/

[11] OECD (2019) *The Heavy Burden of Obesity: The Economics of Prevention*. Available at: https://www.oecd.org/en/publications/the-heavy-burden-of-obesity_67450d67-en.html

should be to improve population health, reduce inequalities and create more sustainable public services over the long term.

Obesity Action Scotland urges the Scottish Government to adopt a longer-term approach to budgeting by providing multi-year funding for preventative programmes, alongside robust long-term evaluation. Prevention should not be viewed as additional spending, but as a strategic investment that reduces future expenditure by avoiding demand across health, social care and wider public services. Budget-setting should therefore prioritise long-term value over short-term savings.

Conclusion

Obesity Action Scotland encourages the Committee to place a preventative approach at the centre of Scotland's public service reform agenda. A healthier population is essential to delivering the Government's priorities of eradicating child poverty, growing the economy and tackling the climate crisis. Investing in prevention today will reduce future demand on public services, support a more productive workforce, and enable healthier, longer lives for Scotland's people.

We would welcome continued engagement with the Committee as it develops its report and recommendations.

About Obesity Action Scotland

Obesity Action Scotland was established in 2015 to provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland. It is funded by a grant from the Scottish Government and hosted by the Royal College of Physicians and Surgeons of Glasgow on behalf of the Academy of Medical Royal Colleges and Faculties.

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