Initial Analysis of WE for HCS Committee Pre-Budget Scrutiny 2027-28

At the time of writing, the Committee received 11 pieces of written evidence from organisations that cover public bodies and the public sector (including Public Health Scotland, Audit Scotland, sportscotland, COSLA, NHS24); civil society (Coalition of Care and Support Providers in Scotland, the Health and Social Care Alliance Scotland); and, sporting associations and groups (Scottish Sports Association, Scottish Football Association, Scottish Swimming, and the Scottish Governing Body for Sport CEO/COO Forum). Five out of 11 submissions were focused on sport.

Every submission had distinctive comments and emphases regarding health, care and sport. This initial analysis provides insights from recurring themes raised across them, including:

1. **Shifting attention towards prevention**. Almost every piece of WE discussed the important role that prevention and early intervention should play. It was seen to have wide-ranging benefits that could alleviate pressure on acute services. Organisations suggested that sport and physical activity neds to be embedded more directly as preventative in the budget, and that further scrutiny is needed more generally to ensure the right measures are tagged as preventative. Impacts of these measures need to be monitored. Most submissions also noted that policy commitments have not been matched by resources.
2. **Community-based and -led delivery**. Written evidence suggests that funding is not directed sufficiently at community services and supporting community health. Several organisations identified different ways to strengthen greater community-led delivery, especially in relation to physical activity.
3. **Cross-portfolio and joined-up working**. Related to the above, many pieces of WE noted that many decisions and allocations are based on organisational boundaries rather than people's needs or focusing on health and care outcomes. Written evidence suggests that budgetary decisions are not taken in the round and acknowledge the interconnections across different portfolios. Organisations recommend greater joined-up thinking.
4. **Infrastructure, facilities and capital investments**. Capital spend is not keeping up with maintenance requirements. Many sporting organisations and associations, in particular, raised the ageing physical infrastructure to support sport and physical activity, and that this requires considerable further investment to prevent net losses of sporting facilities.
5. **Budgetary challenges and impacts**. Many raised overall pressures and challenges to health and social care budgets. Most of the written evidence suggests that proposed efficiency savings targets will be challenging to achieve and will not necessarily make health and social care any more sustainable. Almost all WE submissions noted the importance of multi-year funding settlements as opposed to one-off or single-year allocations, which are significantly impacting long-term planning, resilience and stability in the health, care and sport sectors. Organisations, especially in sport, noted the difference that funding uplifts have made, but also that these are often temporary and are in danger of being absorbed by cost-of-living pressures.
6. **Role of local government**. COSLA and Audit Scotland summarise a very challenging position for local authorities. Other organisations summarise the impact that this is having on the health, care and sport sectors. In particular, sporting organisations and

associations have noted that the pressures are negatively impacting the expansion of sport and physical activity. This theme overlapped with the others in relation to greater joined-up thinking and the need for capital investments to support infrastructure.

These six themes are developed further in the next pages. The final section summarises other issues raised by organisations.

1. Shifting attention towards prevention

Prevention was recognised across almost every piece of written evidence and was discussed in relation to several different issues.

1.1. General priority with many benefits

Prevention was noted as important with wide-ranging benefits across the health and care sectors. For example, the Health and Social Care Alliance Scotland (pp.1-2) suggests moving investment 'upstream' in health care and in social care to 'prevent avoidable ill health, reduce inequalities and ease pressure on acute and crisis services'. Meanwhile, the Scottish Sports Association (p.2) said that: 'In essence, everything that we can do to keep individuals out of hospital and care settings, where the associated health budget costs are more significant, should be a priority of investment decisions in this area'.

Most organisations that submitted evidence believed in the importance of a preventative approach and that this should be embedded and prioritised in policy decisions regarding health and social care, and that this should shape budgetary decisions around both day-to-day spending and capital investment (e.g. COSLA, p.6).

1.2. What counts as preventative measures

Several organisations noted that **sport and physical activity need to be embedded more directly as part of preventative measures and interventions in the budget**. For example:

7. The Scottish Football Association recommends that football and physical activity should be treated by the Scottish Government as part of prevention infrastructure rather than discretionary spending. Sport budget lines, including investment in football, should be included in preventative budget tagging.
8. Scottish Swimming (p.1, p.4) notes that sporting and community infrastructure (such as swimming facilities and aquatic activity) should be recognised as essential preventative health infrastructure.

COSLA (p.8) notes that the preventative impacts must be acknowledged across policy areas and in other budgetary areas, including in education, housing, leisure, parks, active travel and culture. The future development of preventative tagging must enable tracking across portfolios and 'enable budgets to be clawed back to where the preventative investment was initially made'. Audit Scotland (p.4) also notes that budget spending on 'education, social care, justice and health services are working together towards shared preventative outcomes'. They add

that **further scrutiny is needed by the Committee to understand what types of spending are included in different categories of preventative spending**.

Meanwhile, the Coalition of Care and Support Providers in Scotland (pp.1-2), say that further evidence is needed on where investment can have the greatest preventative impact, and **recommend building a stronger evidence base to inform which preventative measures to pursue**.

Finally, Public Health Scotland suggest that 'classifying expenditure as preventative improves visibility but is not the same as changing the conditions and systems that generate demand. **Future budgets should show both how much is classified as preventative and whether investment is narrowing inequalities and reducing avoidable demand**' (p.4). This is echoed by the Health and Social Care Alliance Scotland (p.4), who also note that the Preventative Budgeting Tool allows the committee to 'scrutinise whether commitments to prevention are translating into identifiable investment and improved outcomes'.

1.3. Progress towards prevention

Despite the emphasis to prevention, Audit Scotland (p.2) notes that this theme is not new: since 2007, the role of preventative measures have been highlighted in National Performance Frameworks and other reviews. However, efforts to reduce demand through investment into preventative measures have not been sufficient over the last 20 years. Similarly, COSLA (p.2) noted that a greater focus on prevention would support wider population health efforts but that this was not met in the previous budget.

Across written evidence, **most organisations agree that prevention has become an increasingly important policy priority but that this has not been matched with sufficient funding**. Among others, the Coalition of Care and Support Providers in Scotland says that preventative budgeting has been 'limited and uneven' (p.10); Public Health Scotland 'does not have sufficient evidence to conclude that the balance of investment has shifted materially upstream' (p.4); while the Health and Social Care Alliance Scotland (p.4) notes that 'our members have repeatedly expressed frustration at the gap between positive rhetoric on prevention and their experience of funding and service delivery'.

Swimming Scotland (p.4) notes that prevention cannot be realised if facilities are unaffordable, inaccessible, operating at insufficient capacity, or at risk of closure. **It calls for a joint task force to develop a long-term national plan regarding sport, facilities and preventative health**. Meanwhile, sportscotland (pp.4-5) and the Scottish Football Association (p.3) also note that meaningful **prevention cannot be achieved with only short-term or one-off funding streams, but needs sustained investment**. Public Health Scotland (p.4) notes that further progress on preventative measure requires multi-year and transition funding, going across organisational boundaries, making use of stronger place-based decision-making, and sharing accountability.

2. Community-based and -led delivery

A second theme that came up regularly is the need to improve local and community-based delivery of health and care services. COSLA (p.5) said: 'decisions on how to allocate resources must be made locally, in response to local pressures and demand drivers, local populations, and out of respect for local democracy'. Public Health Scotland (p.3) suggests that **funding could be directed more towards care delivered earlier, closer to home and around people's needs. Stronger primary and community services, community health, and care hubs should be developed as part of this**.

SportScotland (p.3) summarises the work that leisure trusts do to support health and social care through social prescribing, including:

9. 100% of members deliver health and wellbeing initiatives
10. 84% deliver physical activity referral
11. 67% delivery strength and balance programmes
12. 72% deliver dementia friendly activities
13. 67% deliver falls prevention
14. 55% deliver weight management programmes

Put differently, social prescribing through sport and physical activity can be part of a preventative, person-centred and community-based health and care system. This was raised by other sporting organisations:

15. Swimming Scotland (p.3) notes that swimming could be incorporated into social prescribing to support rehabilitation, healthy-ageing programmes and support for people with long-term conditions. They give the example of Sport Aberdeen, where a programme generated an estimated £662,678 social value while helping to reduce social issues. Other organisations similarly raised the potential of greater community-led delivery:
16. The Scottish Sports Association (p.2) says that public service reform is an opportunity to strengthen partnerships between sport governing bodies, Active Schools, education and leisure providers. Shared services could reduce duplication. Integration between education systems and leisure trusts could be enhanced (e.g. making sure Young Scots cards can align with leisure centre memberships, etc.). However, coordination needed to make partnerships work will require sufficient funding to make this work.
17. The Scottish Football Association recommends that football clubs and community trusts are well-placed to deliver and develop partnerships between NHS Scotland and physical activity providers to reach and engaging people before they become patients and support preventative measures. Such clubs would have local knowledge to support people. Through additional funding, these clubs could be commissioned to support initiatives, such as walking football for people with long-term conditions.

Several organisations, including the Coalition of Care and Support Providers in Scotland (p.3), the Health and Social Care Alliance Scotland (pp.1-2), and Public Health Scotland (p.2), suggest that **third sector organisations (including social care providers) should be recognised as equal partners in decision-making and resource allocation**.

3. Joined-up working and wider public service reform

The previous theme highlights not only the opportunities of greater community-led delivery for preventative measures and health/social care more generally, but also a third theme raised in submissions around the need for greater cross-portfolio and joined-up working (e.g. the Coalition of Care and Support Providers in Scotland, p.3; Swimming Scotland, pp.2-3). Submissions noted that **governance and budgetary arrangements are organised around organisational boundaries rather than people's needs**.

Relatedly, submissions also note the importance of a range of different policy frameworks that have been published by the Scottish Government, and that budget processes need to engage with these more directly. Audit Scotland (p.2, p.3), for example, says that a system-wide approach is needed to tackle a range of demands and pressures while also protecting long-term preventative initiatives. They note: 'The Scottish Government will need to align its implementation plans for health and social care with its Public Service Reform Strategy, Financial Sustainability Delivery Plan, Health and Social Care Service Renewal Framework, Population Health Framework and outstanding commitments from the NHS Operational Improvement Plan' (p.1), adding that it is important for to 'monitor and transparently report on how these plans and strategies are delivering the required improvements'.

A particular link between health, sport and education was emphasised. For example, sportscotland notes that 45% of Scotland's sports halls are in schools, while COSLA notes that 73% of sites with built sports facilities are council-owned. This suggests that the infrastructure of sporting facilities is a cross-cutting issue (discussed below). Several sporting organisations and associations noted the interconnectivities of sports and physical health to other portfolios:

18. The Scottish Sports Association (p.2) notes that sport and physical activity needs further recognition as a cross-cutting area that has wide-ranging benefits. Not only does it improve health and well-being outcomes, but also improves mental health, has economic benefits, builds community cohesion, supports social interactions and acts as a diversion from anti-social behaviours.
19. The Scottish Football Association (p.2): 'Resources should be allocated according to the outcomes they produce, rather than the portfolio they come from. The benefits of football mostly fall to health, education, justice and community budgets, yet the sport budget pays for them. As long as that mismatch continues, football will be underfunded relative to the savings it creates'. They go on to give an example of cross-portfolio funding and how this has had positive impacts for families.
20. Swimming Scotland (pp.2-3) recommends supporting formal partnerships between health boards, local authorities, leisure trusts, and aquatic providers.

In sum, the evidence calls for **greater acknowledgement of interconnections in the budget**.

The Coalition of Care and Support Providers in Scotland (pp.6-7) emphasises that social care must be reframed as an investment that can reduce pressure on the health sector by reducing hospital and primary care service demands.

4. Infrastructure, facilities and capital investments

Audit Scotland (p.3) writes that capital expenditure in health has fallen by 22% since 2021-22. Furthermore, **capital spend is not keeping up with maintenance requirements**. The Scottish Government, says Audit Scotland, needs to be transparent about how much of its capital budget is meeting ongoing maintenance and other obligations, how much is allocated to ongoing projects, and what is available for new initiatives.

A major issue raised by sporting organisations and associations is around infrastructure. As the Scottish Sports Association (p.3) says, the majority of sports need access to blue or green space, which requires investment in infrastructure from paths to access points or other appropriate facilities. Some of these facilities, such as aquatic facilities and swimming pools, have high operational costs (Swimming Scotland). Several submissions noted the challenging state of physical infrastructure for sports:

21. **Swimming Scotland (p.3) identified that 122 of 195 public pools are over 38 years old (the average life span of a pool)**. By 2040, Scotland could have a net loss of 150 pools. An annual investment of £40.5m is required to build four pools per year to maintain current provision.
22. Meanwhile, **sportscotland (pp.4-5) found that 40% of built facilities are beyond their typical design life**. Funding pressures on local authorities (see below) are preventing regular maintenance of services.
23. The Scottish Football Association (p.3) calls on the Scottish Government to co-invest in 'Pitching In' alongside football stakeholders to match-fund. This would considerably grow funds for the sport.

COSLA (p.6) recommends that the Scottish Government should prioritise a sustainable local government capital settlement to allow councils to invest according to local needs and to align with issues relating to housing, regeneration, transport and community infrastructure with health, and PSR outcomes. This is because capital allocations should be done in the round, with housing, schools, roads, active travel routes, etc., all of which affect health and care.

5. Budgetary challenges, impacts and recommendations

Audit Scotland (pp.2-3) notes that, despite more money and more staff, NHS Scotland's performance has not improved. It is also slightly larger and better paid compared to the rest of the UK. Nevertheless, the NHS in Scotland is struggling to provide healthcare in a timely way, as long waiting times are showing.

5.1. Overall pressures

WE suggests that there are significant challenges to the health and social care budgets. Other organisations said the following:

24. The Health and Social Care Alliance Scotland (p.3): 'research published in December 2025 found that 64% of participating third sector members reported being financially insecure, up from 49% in March 2024'.
25. The Coalition of Care and Support Providers in Scotland (pp.8-9) notes challenges facing social care providers, including rising costs regarding premises, workforce, energy, insurance, transport, digital infrastructure. Funding is not keeping pace.

Given existing shortfalls and pressures on health and social care services, **most of the written evidence suggests that the proposed spending review savings are going to be challenging to achieve through efficiency savings** (e.g. Audit Scotland, p.4; Coalition of Care and Support Providers in Scotland, p.8; sportscotland, p.4), and will not necessarily make health and care sustainable if avoidable demand continues to rise (Public Health Scotland, p.4). COSLA notes that eligibility for social care has moved largely to critical need only, limiting the availability of care packages and shifting away from preventative delivery.

Short-term savings may also have long-term impacts. Swimming Scotland (p.4), for example, notes that reducing opening hours of swimming pools, increasing prices or closing facilities altogether may generate savings but leads to fewer opportunities for physical activity and weaken swimming provision. **Several organisations also note that the impact of efficiency savings are often felt more by lower income households and people with disabilities** (Swimming Scotland, p.4). Others also worry that preventative measures are more likely to be cut as a result of efficiency savings (Coalition of Care and Support Providers in Scotland, pp.10-11).

5.2. The need for multi-year funding

Almost all WE submissions noted the importance of multi-year funding as opposed to one-off or single-year funding allocations (e.g. Public Health Scotland, p.2; Swimming Scotland, p.4; Scottish Football Association, p.2). At present, COSLA (p.7) notes that 'Single-year settlements, ring-fenced funding and fragmented reporting have forced resources towards crisis response'.

A range of reasons are given in written evidence why multi-year funding is beneficial:

26. It allows for more confidence in planning ahead and prepare for long-term challenges (Scottish Governing Body for Sport CEO/COO Forum, p.1) as well as make innovations (Scottish Sports Association, p.2);
27. It allows for more investment in sustainable models of support, which would be less reactive (Coalition of Care and Support Providers in Scotland, p.4);
28. Local authorities can undertake planned maintenance and develop sustainable investment instead of relying on emergency interventions (Scottish Swimming, p.2)
29. Such an approach 'would enable preventative and community organisations to retain skilled staff, plan effectively and sustain support rather than operating through repeated short-term funding cycles' (the Health and Social Care Alliance Scotland, p.2).

NHS24 (p.1) notes that, when allocating resources at a recurring basis, then this should ensure that measurably benefits are agreed up front and closely monitored to ensure outcomes that are expected are achieved.

5.2. Impact of funding uplifts

While organisations welcomed funding increases, many noted that these are not necessarily allowing for long-term planning. For example, the Health and Social Care Alliance Scotland (p.3) notes that **additional funding is in danger of being absorbed by acute pressures**.

Similarly, sportscotland (p.3) notes that there is a risk that much of the additional funding provided for sports will be absorbed by pay pressures, inflation and increasing demand, which may limit the extent to which resources can be directed towards longer-term transformation. This was echoed by NHS24 and COSLA, too.

Regarding sport and physical activity, sporting organisations and associations welcomed the uplift of funding to their portfolio. This was mostly in the form of an increased funding to sportscotland of £20m, and one-off £20m to support the 'Summer of Sport' in 2026-27. The funding helped to address many of the pressing issues in the sector, such as general cost of living increases, and improve resilience (Scottish Governing Body for Sport CEO/COO Forum, p.2). The Scottish Sports Association also notes that the funding allowed for investment in staff and enabled greater stability in budget planning, relieving previous real-terms decreases in budgets. In their evidence, sportscotland (pp.4-5) summarise that they were able to make targeted investments in supporting local authorities to strengthen sport clubs through officer investment; introduce a fund for club support to strengthen coaching, governance, etc.; and introduce a pathway investment fund and a growth innovation fund to support development environments and strengthen long-term participation and engage different communities.

Although the 'Summer of Sport' activities run into 2027, and so evaluation has not yet taken place by many organisations (e.g. Scottish Football Association p.4; COSLA, p.8), sportscotland's (pp.4-5) early indications are positive: it generated 9,800 additional activity session, over 291,000 attendances, and more than 23,000 pathway opportunities. In particular, it engaged a lot of young people not previously engaged in sport. The Scottish Football Association (p.4) also finds that investment has increased the participation of girls and women from ~23,000 to ~28,000 (a 23% increase since 2023). Football is now the number one sport for girls and women in Scotland, overtaking tennis for the first time. **Both the Scottish Football Association (p.4) and sportscotland (pp.4-5) recommend that the funding should be permanently uplifted, rather than be time-limited**. The Scottish Sports Association (p.4) notes that if additional investment is only one-off, then it would introduce people to sport and physical activity but who then cannot sustain it after the programme's ends because of limited infrastructure and access (echoed by the Scottish Football Association, p.4). Meanwhile, the Scottish Governing Body for Sport CEO/COO Forum (p.2) notes that the Scottish Government has yet to commit to £30m more, as part of the 2028-29 funding cycle, to fully meet Government's 2021 commitment.

Funding uplifts in sport have improved and widened access, but that these came following flat budgets and declining real terms revenues (Scottish Sports Association p.2). **Furthermore wider challenges remain that the Scottish Government should address**:

30. The Scottish Sports Association (p.4) notes that 'people with disabilities account for only 11% of sports club members, 8% of qualified coaching workforce and 12% of children with disabilities take part in sporting activity'.
31. Meanwhile, the Scottish Governing Body for Sport CEO/COO Forum (p.2) is positive of the 'Summer of Sport' uplift but notes that this was targeted at younger people and more could be done for adult sport engagement.
32. The Scottish Football Association (p.4) notes that funding should be targeted more at communities with the lowest participation. One study (from Edinburgh Leisure) indicates that only 33% of residents living in the most deprived areas take part in sport, compared to 63% of the least deprived.

33. Swimming Scotland (p.5) notes that increased funding requires investment in facilities. Funding must support participation, sustainable pools/facilities; inclusive provision; swimming/water safety; recruitment of teachers, coaches, volunteers, support for clubs; and, transport and outreach. Furthermore, they note that swimming facilities have high operating costs and sustaining them requires access to long-term funding.
34. As summarised in the previous section, several organisations note that a high number of sports facilities have gone beyond their typical design life.
35. COSLA (pp.8-9): notes that the uplift has been to sportscotland, which means that local authorities cannot take a wider view and continue to struggle with funding.

Swimming Scotland (p.2) **recommends introducing two complementary funding streams**:

36. Swimming Pool Sustainability Fund to protect strategically important existing pools
37. Swimming Pool Development Fund to support replacement and new pools in areas where there is unmet demand

Swimming Scotland cites a similar scheme in England of a successful targeted intervention that has provided support for over 300 facilities and 500 projects. Scotland should learn from this model and go above it through a sustained, multi-year programme.

Finally, and more generally, COSLA (p.4) raised questions around the transparency of the spending review. Audit Scotland say (p.2) that: 'The Scottish Government has not produced a medium-term financial strategy or a fiscal statement in 2026, meaning the current extent of the fiscal gap over the medium term is unclear. **There is currently limited information on how the planned reforms and efficiencies in health and social care will impact the medium-term position, meaning it is less evidence how the Scottish budget for a single year matches across to its plans for medium term balance**'. This is particularly important given the significant budgetary challenges in the sector.

6. Local government and sport

COSLA (p.2) summarises the financial constraints facing local authorities and councils: **there is a projected funding gap of £529m in 2026-27, and a cumulative £1bn gap between 2025-26 to 2027-28**. Integrated Joint Boards have less than a week's running costs in reserves. Due to these pressures, councils have prioritised statutory service delivery at the expense of preventative services (see above, Section 1). Audit Scotland (p.2) also raises the challenging position of IJBs and local authorities more generally.

The impact of these constraints has been noted by almost all sporting organisations and associations. As noted by sportscotland (pp.6-7): '**The financial pressures facing local government have had a significant and growing impact on the provision of sport and leisure services across Scotland**' (see also Swimming Scotland, p.5). Indeed, the Scottish Governing Body for Sport CEO/COO Forum (p.3) says that: 'Many governing bodies report that a disproportionate time is spent trying to find affordable facilities' as local authorities have increased prices/costs to deal with funding challenges. The Scottish Sports Association (p.5) similarly found that the cost of access remains a barrier to participation, with many sports governing bodies being priced out of local authority facilities.

Research has shown that local government spending on sport/leisure has reduced by 25% in real terms between 2010-11 and 2022-23 (Scottish Football Association, p.4; sportscotland, pp.6-7). Research also suggests that one-third of councils and leisure operators have closed facilities since the pandemic, including sports centres, swimming pools and outdoor sports facilities, with fewer coaches and staff available (sportscotland, p.6-7).

As noted above, COSLA recommends that the Scottish Government should prioritise a sustainable local government capital settlement to allow councils to invest according to local needs and to align with issues relating to housing, regeneration, transport and community infrastructure with health, and PSR outcomes.

7. Other themes

The above themes give a snapshot of recurring themes across written evidence, but cannot do justice to all the issues raised by organisations. Other important points that were made relate to the following:

38. Public Health Scotland (p.1) argues that a central guiding principle should be the reduction of health inequalities. In addition to the above themes, they also note the importance of legislating for healthier food environments, and achieving a tobacco-free generation and reducing alcohol and drug deaths.
39. The Health and Social Care Alliance Scotland suggested that emphasis should be placed on 'human rights budgeting'.
40. NHS24 (p.1) was one of the few that emphasised the acceleration of digital alignment across public sector organisations to reduce duplication and also suggests that AI should be considered in future service delivery. The Coalition of Care and Support Providers in Scotland (p.7) also noted the importance of improving digital infrastructure.
41. The Coalition of Care and Support Providers in Scotland and the Health and Social Care Alliance Scotland raised issues relating to the social care workforce, and the significant unpaid care work that takes place across the health and social care sectors.
42. The Coalition of Care and Support Providers in Scotland (pp.4-5) recommends investing in a more consistent and standardised approach to commissioning, which would simplify things, make things more efficient, save costs, etc. pp.4-5.