

**NHS 24
BOARD MEETING
24 APRIL 2025
ITEM NO 11.2
FOR ASSURANCE**

**HEALTH BOARD COLLABORATION AND LEADERSHIP
NHS SCOTLAND EXECUTIVE GROUP**

Executive Sponsor:
Mr Jim Miller, Chief Executive Officer

Lead Officer/Author:
Mr John Gebbie, Director of Finance

Action Required:
The NHS 24 Board is asked to note:

- the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.
- the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.

The NHS 24 Board is asked to acknowledge and endorse:

- the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 (**Appendix 1**) and 12 (J) of the 1978 NHS Scotland Act
- the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

The NHS 24 Board is asked to note that:

- in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February (**Appendix 2**).

Key Points for the Board/Committee to consider:

This paper:

- sets the context for renewal and reform following the First Minister's statement on 27 January 2025.

- briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland.
- describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care.

Governance process:

This paper has been presented to the Executive Management Team at its meeting on 15 April 2025, as part of the agreed governance process for Board and Committee papers.

Strategic alignment and link to overarching NHS Scotland priorities and strategies:

This paper aligns with NHS Scotland priorities and strategies by setting the context for renewal and reform following the First Minister's statement on 27 January 2025. It emphasises the need for NHS Boards to work collaboratively to improve healthcare services.

Strategic alignment and link to Corporate Delivery Plan activity:

This paper aligns with the NHS 24 Corporate Delivery Plan through its focus on collaboration, innovation, and systematic planning.

Key Risks:

There are currently no key risks associated with this paper.

Financial Implications:

There are currently no financial implications associated with this paper.

Equality and Diversity:

The emphasis on collaboration across NHS Boards supports a holistic approach to addressing the diverse needs of Scotland's population, fostering inclusivity in healthcare delivery.

1. RECOMMENDATION

1.1 The NHS 24 Board is asked to note, acknowledge, and endorse the paper.

2. TIMING

2.1 This paper is presented to the NHS 24 Board following the First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, and the subsequent letter from the Director General Health and Social Care on 7 February 2025.

3. BACKGROUND

3.1 The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.

3.2 The First Minister's statement reflected the shift sought in DL(2024)31: A renewed approach to population-based planning across NHS Scotland, which was published on 28 November 2024. The DL emphasises the need for service planning to align with the population size and be collaborative. It highlights a significant shift in planning, organising, delivering, and potentially funding services to meet Scotland's changing needs and ensure high-quality, sustainable services. NHS Boards will be required to collaborate across NHS Board boundaries – and with Scottish Government – to implement these principles, particularly through the annual delivery plan process.

3.3 NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. This letter reaffirmed the principles set out in DL(2024)31 with an expectation for increased collaboration between NHS Boards to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.

3.4 This letter also aligns with the key priority deliverables set out in the First Minister's speech on 27 January 2025 which aims to improve access, reform and equity for the people of Scotland.

4. GOVERNANCE ARRANGEMENTS

4.1. Over the past year, steps have been taken to revise national governance arrangements. This is intended to enhance collaborative working in recognition that the challenges facing the NHS and social care require a system-level leadership and corporate working across NHS Board boundaries.

4.2 In October 2024, the NHS Scotland Executive Group was established. It is co-chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives Group. This newly formed group provides collective leadership in addressing key issues which require a national perspective. NHS Chairs received a briefing on the role of the Group on 5 November 2024.

4.3 NHS Boards are working to advance practical examples of building a more cohesive approach to the design and delivery of services on behalf of NHS Scotland. NHS Board Chief Executives undertook a successful two-day session on group development and digital innovation in September 2024 at the National Robotarium in Edinburgh. In relation to adoption of new digital developments and products it was agreed that the default position should be national development approach and local adoption. It was also recognised that this principle may well apply in a range of other planning matters.

5. RENEWAL AND REFORM

5.1 Since the end of 2024, a small cohort of Board Chief Executives, on behalf of the wider NHS Board Chief Executives Group, have contributed to a weekly reform coordination group. This group also includes senior Scottish Government officials and was set-up to create early dialogue on the phasing of reform and renewal plans due to be published this year. NHS Board Chief Executives have welcomed this approach as it has enabled NHS representatives to meaningfully contribute to and influence the early approach on reform and renewal.

5.2 Representatives of the reform coordination group led on delivery of a joint Chief Executives/Executive Leads and Scottish Government session on NHS Renewal, held at COSLA on 18 February. This session explored the current position of the 3 'products' that are due to be published in the first half of 2025:

- Operational Improvement Plan (by the end March)
- Population Health Framework (Spring)
- Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)

5.3 These policy documents will provide the platform for the delivery of the First Minister's commitments. There is significant opportunity for NHS Board Chairs, Chief Executives and teams to contribute to this work, as well as partners, patients and communities themselves. It is important that NHS Boards contribute to the scrutiny of any proposals to ensure that the plans are deliverable.

5.4 In parallel to reform, there is renewed focus on wider public sector reform and efficiency and productivity with an onus on Chief Executives and NHS Boards to ensure that all opportunities for service efficiency and improvement are explored and delivered, whilst simultaneously progressing longer term reform. A paper will be presented to the NHS Scotland Executive Group on 6 March on Business Services which will demonstrate opportunities available to NHS Boards to deliver transformation of business services and supporting systems.

6. IMPROVEMENTS IN PLANNED CARE

6.1 NHS Board Chief Executive representatives updated colleagues on weekly meetings they had contributed to which were convened and chaired by the First Minister, including the Cabinet Secretary for Health and Social Care and Scottish Government officials. This has resulted in the development of a National Planned Care Framework, which sets out a number of principles for achieving the necessary improvements in planned care.

6.2 The Framework seeks to create a balanced planned care system, ensuring all patients in Scotland have equal and timely access to care. It aims to maintain or improve care standards while balancing short-term and long-term actions on waiting lists. This draft framework was discussed and approved by the NHS Board Chief

Executives Group on 19 February. It will now be subject to engagement with NHS Boards.

6.3 The National Planned Care Framework exemplifies new working methods, adhering to the principles of cooperation and assistance outlined in section 12(J) of the 1978 NHS Scotland Act. As we advance in planning, organising, delivering, and potentially funding services to meet Scotland's evolving needs and lay the groundwork for service transformation, the Director General Health and Social Care and Chief Executive of NHS Scotland is committed to reviewing and modifying the performance governance of individual Boards to reflect this new approach, emphasising collective accountability. This will be important as there will likely be a requirement to adopt a collaborative approach to delivery across other key areas of healthcare policy.

7. ENGAGEMENT

7.1 Engagement in this process has involved several key stakeholders including NHS Board Chairs and Chief Executives.

8. FINANCIAL IMPLICATIONS

8.1 There are currently no financial implications associated with this paper.

9. MEASURABLE BENEFITS

9.1 The proposed collaborative approach is expected to enhance service accessibility, improve care delivery, and ensure equitable health outcomes across Scotland.

10. NEXT STEPS AND IMPACT FOR NHS 24

10.1 Next steps will involve NHS Boards collaborating across boundaries and with the Scottish Government to implement the principles of population-based planning and improve access, reform, and equity in health services as outlined by the First Minister's statement and DL(2024)31.

10.2 As we move forward, it is imperative that we focus on refining our collaborative efforts. Our broader strategic refresh planned for September will provide an opportunity to do this. A key feature of our Corporate Delivery Plan is the emphasis on collaboration, which will be highlighted throughout our planning to ensure that we foster seamless cooperation across external partners to enhance the effectiveness and efficiency of our services.

10.3 We have already set out plans on advancing our unscheduled care links through RUC and through the strategy refresh we will be assessing the impact of the forthcoming reform framework on NHS 24. This includes identifying opportunities for collaborative initiatives that can streamline processes and improve patient outcomes. We will also consider the Population Health Framework and the Operational Improvement Plan and identify the specific areas relevant to NHS 24. By integrating collaborative strategies, we can ensure that our approach is holistic and encompasses the diverse needs of the populations we serve.

10.4 This proactive approach will ensure that NHS 24 remains ahead of the curve and adequately prepared to adapt to new directives while maintaining a focus on delivering high-quality care.



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Dear Colleagues

A RENEWED APPROACH TO POPULATION BASED PLANNING ACROSS NHS SCOTLAND

Purpose of this DL

1. The purpose of this Directors Letter is to act as an enabler to reform and sets out the actions for NHS Boards associated with the renewed approach to population planning across NHS Scotland, as set out in the National Clinical Strategy (NCS).

Background

2. As part of the wider health and social care reform agenda, work has been underway to develop a renewed approach to planning of services in NHS Scotland, with an increased focus on the actions to move to the population level planning reflected in the NCS.
3. As established in the NCS, our planning across NHS Scotland needs to ensure that planning for services is undertaken at a level which is best aligned to the size of population who make use of those services, and that this is undertaken in a collaborative and coherent way.
4. This will be a significant change to the way we plan, organise, deliver and potentially fund services to enable us meet changing needs of Scotland and build the foundation for the transformation of our services.
5. These changes are underpinned by the statutory duty of NHS Boards to co-operate for the benefit of the people of Scotland, as in the *National Health Service Reform (Scotland) Act 2004*, which requires effective inter-Board co-operation in the planning and delivery of services for population groups which span more than one NHS Board area. The actions set out in this letter

DL (2024) 31

28 November 2024

Addressees

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are a key element of how NHS Boards will fulfil that duty.

6. This letter does not change any responsibilities on NHS Boards regarding their planning responsibilities as set out in *Public Bodies (Joint Working) (Scotland) Act*.
7. In summary, this DL covers
 - arrangements for national, regional and cross-Board collaborative planning;
 - the role of the NHS Scotland Planning and Delivery Board and Strategic Planning Board in providing leadership and oversight of population level planning;
 - assurance on the alignment of this move to planning on a population level with work underway on Whole System Infrastructure Planning.
 - a commitment that the Scottish Government will review and update how it commissions activity from the NHS Boards (particularly National Boards), to develop greater strategic oversight and coherency; and
 - reassurance that existing 'Place Based' integrated health and social care planning processes and governance remain in place, and that obligations set out in the *Public Bodies (Joint Working) (Scotland) Act (2014)* remain unaffected.
8. In codifying processes which have been established over the past 12-18 months, this letter naturally supersedes the following Health Department Letters (HDLs):
 - '**NHS Scotland: Guidance on Regional Planning for Health Care Services**' HDL (2002)10; and
 - '**Regional Planning**' HDL (2004) 46

Action

9. The actions within this DL are summarised below:
 - Boards to note the revised groupings for Regional working and for each Region to nominate a BCE as Regional Lead and the cohort of National Boards to nominate a BCE Lead, for a minimum two year period.

- Leadership teams are asked to demonstrate a strong commitment to collaborative working and instil collaborative cultures and a common purpose within their organisations, from the frontline to the board.
- To note creation of National Planning Executive Group
- To note that work is continuing on stronger alignment and refresh of Clinical Networks, which will result in a future DL.
- To note the annual publication of the list of Indicative Planning Populations.
- Once finalised, each Board will have a list of the services they have agreed with Scottish Government to deliver, which will ensure clarity on Scottish Government expectations of them. This will seek to include services that Boards are obliged to deliver, under enduring responsibilities, for others.
- As we update the Indicative Planning Population List in future years, Regions and Boards will be asked to confirm any changes to their planning arrangements.
- To note the development and application of a new Prioritisation Framework
- To note the resetting of work on development of a 20-30 year Whole-System Infrastructure Plan, which will be taken forward, in the first instance, through the National Infrastructure Board.
- To note the proposed new approach to commissioning and assessing proposals to deliver services.

10. In setting out these changes and moving to a population approach to planning of services, we recognise this will require a level of change culturally in working collaboratively. We will work with Board Chief Executives, and other system leaders, to consider how we best engage teams in working in this new way.

Yours sincerely



John Burns

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A renewed approach to population based planning across NHS Scotland

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1. Introduction and Background

A significant change to the way we plan, organise, deliver and fund services is required to meet the challenges and changing needs of Scotland's population and, as critically, build the foundation for the transformation of our services.

The changes to planning set out in this document focus primarily on those clinical services that are the direct responsibility of Health Boards, whilst recognising that such planning takes place within the broader context of whole system health and social care planning and public sector reform. In doing so therefore we need to ensure that the whole system enables effective integrated planning so that changes in one part of the system are not at detriment to capacity in another.

Furthermore, the work to develop a long-term primary care reform plan known as a "Route Map", supported by the national Primary and Community Health Steering Group, will set out key aspects of both how the primary care system operates currently and how it will operate in the context of wider reforms, including what future planning requirements look like and the role of Health Boards as part of this.

This DL is importantly set in the context of the renewed focus on prevention, as indicated in the parliamentary debate on health on 4 June 2024. The development of the population health framework will set out to enable Boards review, describe, prioritise and further develop their contributions to population health, and contribute to the increasingly integrated approaches to the planning and delivery of care.

In codifying processes which have been established over the past 12-18 months, this letter naturally supersedes the following Health Department Letters (HDLs):

- '**NHS Scotland: Guidance on Regional Planning for Health Care Services'** HDL (2002)10; and
- '**Regional Planning'** HDL (2004) 46

This guidance is also underpinned by the statutory duty of NHS Boards to co-operate for the benefit of the people of Scotland contained in the *National Health Service Reform (Scotland) Act 2004*. This requires effective inter-Board co-operation in the planning and delivery of services for population groups which span more than one NHS Board area, and the guidance set out in this document is a key element of how NHS Boards will fulfil that duty.

This DL does not change any responsibilities on NHS Boards or Integration Authorities regarding their planning responsibilities as set out in [Public Bodies \(Joint Working\) \(Scotland\) Act](#) and expectations on working across boundaries. NHS planning taking a more collaborative approach to national, regional and cross border planning, and coordination with local service planning all on a population basis, complements the Public Bodies (Joint Working) (Scotland) Act outcomes, which will continue to apply across health and social care, and will help to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

2. Context

This DL sets out the approach to planning across populations and aligns with the vision for Health and Social Care set out by the Cabinet Secretary in June and the

principles set out in the 2016 National Clinical Strategy, which will be enabled through the development of the National Clinical Framework..

The National Clinical Strategy set out four strategic design principles, which form the frame for our planning framework for services locally, regionally and nationally:

- Delivering more services closer to home in the community: with more acute services delivered in community settings.
- Equally, more specialist services delivered in more concentrated centres.
- Sustainable services across a population
- Digital and innovation as an integral part of delivery

The National Clinical Strategy also established the principle that appropriate clinically led planning for services is undertaken at a level which is best aligned to the size of population who make use of those services, and that this is undertaken in a collaborative and coherent way, with appropriate national leadership.

In support of this, in October 2023 the National and Regional Planning and Delivery Short Life Working Group produced high level recommendations, providing the initial direction for a more integrated, collaborative and coherent approach to the planning and delivery of health and care services nationally and regionally for the population of Scotland:

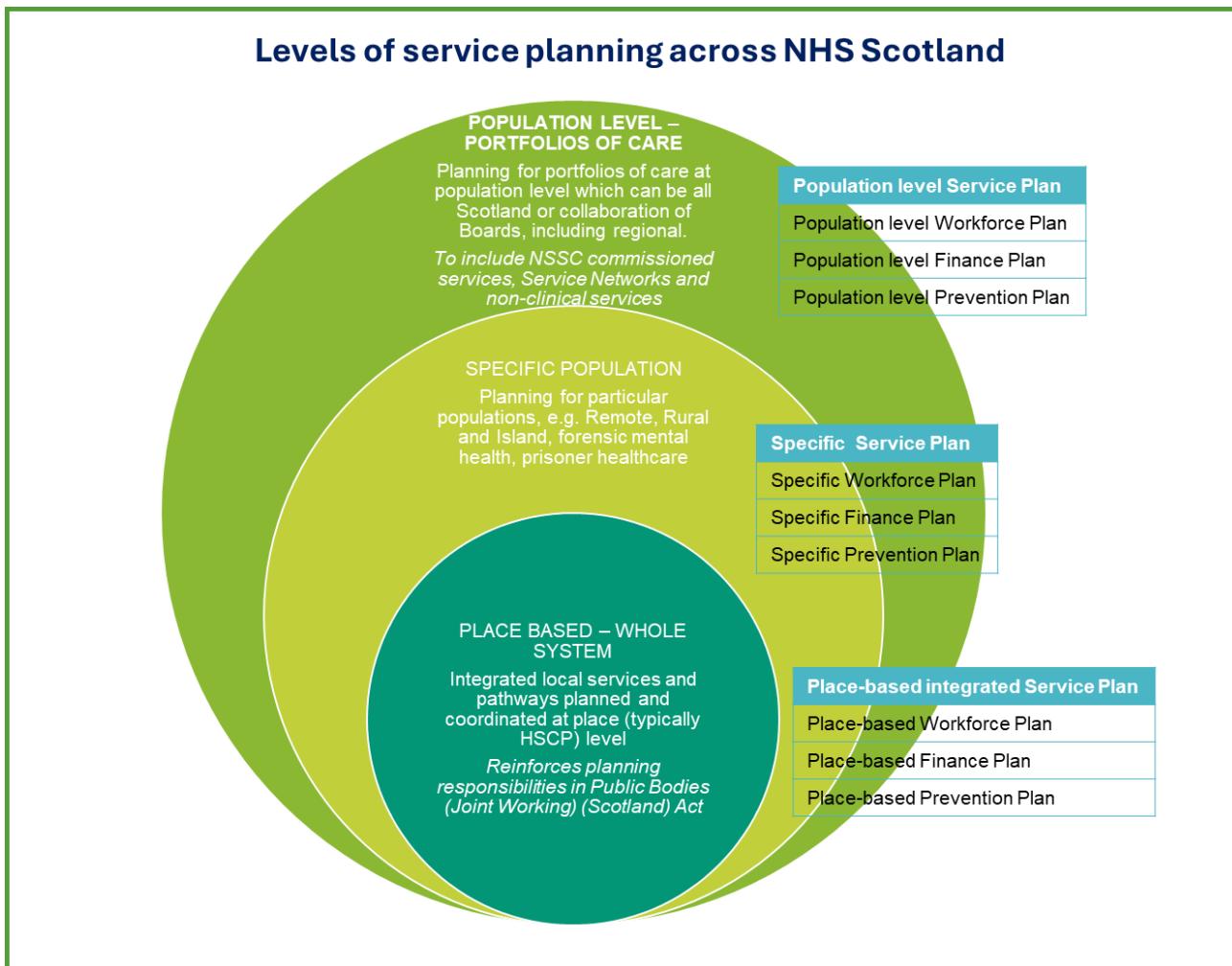
- Development of a Single Planning Framework
- Strengthening of coherence across National and Regional Planning
- Stronger understanding of the role of Networks and associated Groups

These recommendations have set the strategic direction of planning and delivery, as set out in this guidance, as a key enabler for the reform vision and programme introduced by the Cabinet Secretary for Health and Social Care in June 2024. A programme of reform and improvement is already underway in Primary Care, working closely with health and social care colleagues across the system to ensure an integrated approach overall.

3. Planning for services across NHS Scotland

The renewed approach for planning for NHS Scotland services reflects three levels of planning, as set out in Diagram 1 – Population level; Specific Population level; Place Based level noting also that planning incorporates clinical and non-clinical service planning. As this evolves, each level will also have aligned service, workforce and financial plans and critically a Prevention Plan that sets out actions to improve planning for prevention within each level.

Diagram 1: Levels of service planning



The Single Planning Framework will support sustainable service planning with the development of clear target operating models ensuring greater coherence, consistency and more effective use of resources. Models will demonstrate where accountabilities sit for different elements of the approach, how population based planning should inform local planning, and where issues are identified clear governance routes displaying how these can be escalated appropriately.

This Framework will also evolve to reflect the role of our National Boards in supporting the move to population level planning and to ensure coherence of planning and commissioning across our system.

4. ‘Place Based’ Integrated Health and Social Care Planning

The changes to planning set out in this document focus primarily on those services that are the direct responsibility of Health Boards, whilst recognising that such planning takes place within the broader context of whole system health and social care planning and public sector reform. It is also expected that, in the instances where services are delegated to local Integrated Joint Boards (IJBs), the planning of these services is undertaken collaboratively.

NHS planning, whether at national, regional or Board level must consider demand and capacity requirements across health and social care and the interdependencies within our systems. Planning will be undertaken in a complementary way and, where appropriate, will be clearly aligned to Integration Authorities' Strategic Plans and priorities, referencing sustainability and workforce plans.

This document does not change any responsibilities on NHS Boards or Integration Authorities regarding their planning responsibilities as set out in the Public Bodies (Joint Working) (Scotland) Act. NHS planning taking a more collaborative approach to national, regional and cross border planning, and coordination with local service planning all on a population basis, complements the Public Bodies (Joint Working) (Scotland) Act outcomes, which will continue to apply across health and social care, and will help to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

5. Sustainable service planning

In early 2024, an assessment of services with sustainability and resilience issues within individual NHS Boards was undertaken. This identified a concerning range of services as being unsustainable, demonstrating the need to urgently consider individual board approaches to planning and delivery, and instead use the opportunity to develop and introduce a new way of planning by collaboratively developing the national single planning framework.

Phase 1 consisting of Oncology, Vascular, Diagnostics, and Remote, Rural and Islands, are underway, with Task and Finish Groups defining the problem statement and understanding existing models for their specialty. Work to develop Sustainable Operating Models, for the short term, and Target Operating Models (TOMs), for medium to long term planning, will incorporate a population planning approach. Membership of these Task and Finish Groups include appropriate clinical and professional representation from Boards and report into the NHS Scotland Planning and Delivery Board.

As part of this approach in planning services, we are working collaboratively with HIS-Community Engagement to consider how we engage communities on population level service change, with reference to the recently updated Planning with People Guidance¹, which sets out the engagement responsibilities for community engagement on service changes.

The next phase of sustainability reviews is under development including objective assessment criteria and will be progressed under the remit of the NHS Scotland Planning and Delivery Board. This will include the levels at which we plan for our non-clinical services, on the most appropriate population level.

As the approach to sustainable services evolves, the process will be refined to demonstrate that there is an effective process to recognise and respond to services that are at risk and, through robust articulation of risks, inform future phases of service reviews.

¹ [Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/Health-and-social-care/Planning-with-People/Community-engagement-and-participation-guidance)

To support this, leadership teams, locally, regionally and nationally, are asked to demonstrate a strong commitment to collaborative working and instil collaborative cultures and a common purpose within their organisations, from the frontline to the board that recognises the priority of equity of access and outcomes for all across Scotland.

6. Indicative list of planning populations

The previous HDL (2002) 10, introduced a list of 'Indicative Planning Populations for Specialist Services' which highlights services planned and delivered on a regional basis; national basis; and with the UK.

The National Clinical Framework fully supports a population based approach and going forward this list will be reviewed and owned by the Strategic Planning Board, which will update it annually.

It is intended that this Indicative Planning Population list will be used as a baseline and companion piece to the Framework Document for NHS Boards, published by Scottish Government's Health Sponsorship Team. The document details the agreement across government and arms-length bodies, detailing the purpose and role of Scottish Government, Boards and the role of Health Sponsorship.

Once finalised, each Board will have a list of the services they have agreed with Scottish Government to deliver, which will ensure clarity on Scottish Government expectations of them. This will seek to include services that Boards are obliged to deliver, under enduring responsibilities, for others.

The process enables a transparent governance approach for service provision, and will provide a formal route for Scottish Government and NHS Boards to decide on whether they will stop/start delivering specific services.

7. Ways of working

Governance and reporting

In recognition of the need to work differently and more collaboratively, a revised governance structure has been introduced to support the DG Health and Social Care and Chief Executive NHS Scotland.

The NHS Scotland Executive Group (NHSEG) is a key lever to deliver transformation at a national level. The group will make decisions and recommendations on what should be delivered at a national level across relevant Health Boards.

The Executive Group is supported by a sub structure, which includes the NHS Scotland Planning and Delivery Board and Strategic Planning Board, who have a role in providing leadership and oversight of population level planning.

Mechanism for collaborative planning

Regional and national planning arrangements are described within two HDLs from 2002 and 2004. However, the strategic context has changed significantly since then with the publication of the Quality Strategy, new strategic planning mechanisms for integrated local services and pathways through the 2014 Public Bodies (Joint Working) (Scotland) Act. Most recently, in June 2024, the Cabinet Secretary for Health and Social Care set out his vision for achieving sustainable quality in the

delivery of healthcare services across Scotland reiterating the principles of the National Clinical Strategy.

In addition, the National Health Service (Scotland) Act 1978, as amended by the Public Services Reform (Scotland) Act 2010 provides the enabling framework for Boards to work collaboratively together in the planning and provision of services, with a view to securing the health of the population of Scotland. Indeed Boards, and Regions, have already made great strides in improving collaboration in response to better sustaining services for patients and communities.

Regions will remain as a core mechanism to support working across Boards and, indeed, as we look to plan long term, based on population needs, regions could, depending on the population level required, take the lead on implementation. Although regions are a useful construct, they are not intended to constrain population level planning and we expect that collaborations will take place across Boards outwith the current regions for services to ensure we are best meeting the needs of patients.

In this context and to reflect current ways of collective working, we are taking the opportunity to redefine each region, as follows, reflecting that these host arrangements do not remove the need for individual Boards to link into multiple regions for specific services, as is currently the case.

- **North:** Grampian, Highland*, Orkney, Shetland and Tayside
- **West:** Ayrshire & Arran, Dumfries & Galloway*, Forth Valley*, Greater Glasgow & Clyde, Lanarkshire, Western Isles* and Golden Jubilee Hospital.
- **East:** Borders, Fife and Lothian

* It is recognised that NHS Dumfries & Galloway and NHS Forth Valley have patient pathways into the East of Scotland, Western Isles and Argyll and Bute into West of Scotland and it is expected that there is flexibility to enable them to engage across multiple regional areas.

As we update the Indicative Planning Population List (referenced in section 6), Regions and Boards will be asked to confirm any changes to their planning arrangements.

In addition, each Region will nominate a BCE to act as the Regional Lead on the NHS Scotland Planning and Delivery Board. It will be expected that this individual will hold this role for a minimum of two years. National Boards will also nominate a BCE Lead to represent the interests and ensure coherence into our National Boards.

It is vital that there is read across between all plans and therefore a collaborative planning approach is crucial. The way we will achieve this is by establishing a National Planning Executive Group with clear and coherent planning, at appropriate population level, through agreement of priorities and visibility of associated workplans.

This Group will provide advice and assurance to the NHS Scotland Executive through NHS Scotland Planning and Delivery Board and Strategic Planning Board. This new forum is not intended to get in the way of existing inter Board working and collaboration, rather it is to facilitate and encourage join-up across the system.

At the centre of this planning approach is coherence and therefore on an annual basis this Group will consider the **national planning priorities** alongside the priorities of regional planning groups to ensure read across between all plans.

National Specialist Services Committee (NSSC)

NSSC consider and advise/recommend NHS Boards and Scottish Government on the provision of nationally designated specialist services for Scotland. Ministers approved the role, remit and membership of the National Specialist Services Committee (NSSC) in 2012. Their objectives are to provide proactive planning of services that require national commissioning.

Recommendations from the Committee are made to NHS Board Chief Executives and through them to Scottish Government. The policy for national specialist services, including deciding upon which services should be nationally commissioned and any strategic change in provision, are set by Ministers.

As part of their role, NSSC oversee the financial arrangements for designated national specialist services through an annual funding round to set the budget for designated specialist services, including current National Managed Clinical Networks and Strategic Networks.

As we look to further evolve coherence, we will consider the impact on this changes in the DL on the role of NSSC, especially considering the introduction of the Strategic Planning Board. A future DL on realignment of Networks will be issued in 2025.

Funded National Specialist Services

NSS NSD currently manage the list of National Specialist Services commissioned by NSSC. Going forward SPB will work with NHS Boards and NSD to publish an updated list of National Specialist Service on an annual basis and will engage with NSSC as we recognise this needs to be a coherent part of the system. NSD will also sit on the proposed National Planning Executive Group in support of a single integrated approach to planning and prioritisation.

8. Prioritising resource

With support of colleagues across NHS Scotland work has been progressing in the development of a prioritisation tool as a single framework to allocate funding, and in parallel consider areas for disinvestment, to NHS Scotland priorities. In doing so, it will seek to enable:

- Evaluation of competing demands by considering value and the proven outcomes and linked to the Vision for Health and Social Care..
- Value-based decision making
- Transparency in decisions and demonstrates good organisational governance.
- A consistent way to prioritise or deprioritise across different situations/services.
- Priority setting that considers workforce resources.

The framework will be useful when faced with service developments (availability of new treatments or diagnostic procedures, changes in policy or redesign of health

care pathways) which demand reallocation of funding and seek to provide the most effective, fair, and sustainable use of finite resource. The approach will also critically consider the necessary de-prioritisation to manage resources within available funding. The method will follow a three-step process with the output of the process being a ranked list of priorities.

Workshops were held between May and July 2024 to agree scope, consider decision making criteria, undertake gap analysis and agree weightings. A report was taken to the NHS Scotland Planning and Delivery Board and the Executive Leaders Group in October for endorsement, with final approval anticipated in January, with a view to implementing this for 2026-27. The prioritisation will incorporate the NSSC commissioned services to ensure a combined set of prioritised funding decisions.

Following endorsement of the framework, there will be a requirement for all stakeholders to work in partnership to implement. The prioritisation exercise will be repeated at least annually.

9. Whole System Infrastructure Planning

On 12 February 2024, the Scottish Government issued the Director's Letter to all NHS Boards [NHS SCOTLAND: Whole System Infrastructure Planning – DL \(2024\) 02](#). This outlined the requirements for all NHS Boards to prepare a whole-system infrastructure plan.



The first requirement related to submission, by January 2025, by Boards of a risk-based maintenance plan to support business & service continuity, aims to mitigate against some of the more serious inherent infrastructure risks. This will provide us with a baseline of infrastructure need for Scotland.

The second phase of work related to development of a 20-30 year Whole-System Infrastructure Plan, to support development of a national prioritised and deliverable investment programme. With the move to population planning of clinical services, the intention is that this work will now be set within the wider reform context and will be taken forward, in the first instance, through the National Infrastructure Board over the next few months. This presents the opportunity for service and infrastructure planning to be more co-joined so that deliverable service reform plans are formed which can prioritised alongside infrastructure needs and priorities. In doing so, consideration will also be given to development of a shared set of assumptions including trends in population migration across Scotland.

10. Scottish Government Commissioning of NHS Scotland Activity

As we look to take a population based approach to planning of services, we recognise the need to realign how we, in Scottish Government, commission, fund

and performance manage Boards to deliver outcomes. There is currently no overarching strategy for commissioning NHS services, technologies or medicines. Instead multiple independent commissioning routes have been adopted leading to a disjointed approach with little transparency or governance, creating the opportunity for duplication with unclear prioritisation and strategic direction, and potentially leading to mis-spent public monies.

As part of a renewed approach to planning for NHS Scotland, the Scottish Government will review and update its process for commissioning activity and move to a more coherent and consistent approach for assessing proposals for acute services. This will enable:

- clear internal direction for commissioning NHS Boards (enabling mutual understanding and agreement between SG and Boards)
- strategic overview: transparent assessment of future demands (horizon scanning) and therefore increased visibility and alignment of strategic activities/demands enabling reduced duplication across health directorate
- alignment with both SG and NHS Board financial planning
- informed decision making: prioritisation and value – directly linking to strategic objectives including the Vision for Health and Social Care prior to planning and approval stages
- consideration of a whole-systems approach and wider impacts of service planning
- clarity around the appropriate NHS Board(s) to commission for delivery of specific services
- strengthened ongoing monitoring procedures at a national level
- evidence-based decisions on decommissioning proposals

As with the Prioritisation Framework, it was agreed that the high level milestones within the National Services Directorate (NSD) annual commissioning process for designated national specialist services, would be used as a baseline and adapted to meet Scottish Government policy requirements for commissioning acute services.

Consideration will be given to incorporating existing objectives and processes to produce a clear and transparent approach which will enable an infrastructure for the new Prioritisation Framework to function. Implementation will be undertaken in phases and details on changes will be shared later this year.

11. Summary of Changes and Actions

The refreshed approach to planning across NHS Scotland aims to secure the best outcomes for patients and support our health services through planning and designing services collaboratively to ensure:

- Strong population based approach to planning of services, that consider needs of our people, integration with / read-across between workforce, financial and infrastructure planning and establish clear actions to improve prevention.
- Equity of outcomes and access across Scotland, with a clear line of sight to the overall vision for Health and Social Care and with delivery designed to meet local circumstances
- Efficiency and effectiveness, with service models designed to ensure high-quality, patient-centred and sustainable services;
- Clear governance, authority and lines of accountability across the planning landscape, resulting in equity of service provision as individual boards adopt consistent approaches.
- Strengthened understanding of and clarity on the remit, process and criteria for both national and regional planning.
- Improved collaboration of NHS Boards in national, regional and specialist planning.

It should be noted that work is underway through the NHS Scotland Planning and Delivery Board to strengthen and realign our clinical networks to provide a clear and collaborative mechanism for planning and delivery of our services across Scotland. The details will be set out in a future DL.

All NHS Boards will continue to produce their own Delivery Plans each year alongside their financial and workforce plans, and the Scottish Government will continue to issue guidance setting out its expectations around what these plans will cover.

As NHS Scotland moves to an increasingly population based approach to planning for services, the scope and nature of what individual NHS Boards plan will evolve. Future guidance on NHS Board Delivery Plans will set out in more detail the expectations around producing these plans as the national and regional planning context develops over time. Work is also underway to ensure coherence and alignment of workforce planning with these new approach.

For awareness, it is intended that a refreshed DL on Networks is issued early in 2025 which will look to set out a renewed approach to our clinical networks.

In setting out these changes and moving to a population approach to planning of services, we recognise that this will require a level of change culturally in working collaboratively. We will work with Board Chief Executives, and other system leaders, to consider how we best engage teams in working in this new way.

Key Changes and Actions

- Boards to note the establishment and roles of the NHS Scotland Executive Group, NHS Scotland Planning and Delivery Board and Strategic Planning Board in providing leadership and oversight of population level planning;
- Boards to note the revised groupings for Regional working and for each Region to nominate a BCE as Regional Lead, for a minimum two year period.
- National Boards to nominate BCE Lead, for a minimum two year period.
- Leadership teams are asked to demonstrate a strong commitment to collaborative working and instil collaborative cultures and a common purpose within their organisations, from the frontline to the board.
- To note establishment of National Planning Executive Group
- To note that work is continuing on stronger alignment and refresh of Clinical Networks, which will result in a future DL.
- To note the annual publication of the list of Indicative Planning Populations.
- Once finalised, each Board will have a list of the services they have agreed with Scottish Government to deliver, which will ensure clarity on Scottish Government expectations of them. This will seek to include services that Boards are obliged to deliver, under enduring responsibilities, for others.
- As we update the Indicative Planning Population List in future years, Regions and Boards will be asked to confirm any changes to their planning arrangements.
- To note the development and application of a new Prioritisation Framework
- To note the resetting of work on development of a 20-30 year Whole-System Infrastructure Plan, which will be taken forward, in the first instance, through the National Infrastructure Board.
- To note the proposed new approach to commissioning and assessing proposals to deliver services.

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All NHS Chairs and NHS Chief Executives

7 February 2025

Dear Colleagues

Following the First Minister's recent keynote speech on improving public services, I am writing to seek your support in taking forward the programme of reform and renewal for our NHS. The NHS Chairs meetings and the advent of the NHS Scotland Executive Group has meant a fundamental shift in the way we come together and lead the NHS, but we need to increase the pace at which we are implementing the range of improvements across our system, in order to maximise the effectiveness and efficiency of services.

In taking forward the range of system reform and improvement work, it is important that we fully utilise the opportunities provided by working across boundaries – giving life to the statutory duties placed upon all NHS Boards to work collaboratively in delivering healthcare services. This duty is set out in Section 12J of the National Health Service (Scotland) Act 1978 and provides the foundation for ensuring equitable and effective healthcare delivery across Scotland.

As system leaders, you are required to ensure that your Boards actively engage in collaborative arrangements with other Health Boards. This includes sharing resources, expertise and services, where appropriate, to optimise patient outcomes and improve efficiency across the system. Such co-operation is critical to achieving the best possible care for our population, especially given the complex challenges we face in addressing health inequalities and meeting the demands on services.

Over the last year we have strengthened our approach to collaboration and co-operation with you, beginning with the publication of the Model Framework Document for NHS Boards in April 2024. This document outlines how we collaborate and co-operate and provides a structured approach for Boards, detailing our respective roles, responsibilities, and the nature of how Boards interact with the Scottish Government. It aimed to provide greater clarity on governance and accountability and sets out our commitment to fostering effective partnerships to deliver high-quality healthcare services across Scotland.

Our commitment to working together has been further strengthened with the establishment of the NHS Scotland Executive Group, which first met in October 2024. Its primary aim is to support the effective governance, planning and delivery of healthcare services across Scotland. The NHS Scotland Executive Group plays a central role in supporting national and

regional planning initiatives, such as those outlined in the NHS Scotland Planning Framework.

The recent publication of the NHS Scotland Planning Director's Letter, in November 2024, provides additional guidance on population-based planning, once again highlighting the need for strengthened national and regional coordination. The DL emphasised the establishment of a Single Planning Framework to ensure coherence and alignment in service delivery, infrastructure investment, and workforce planning at national level. The NHS Scotland Planning and Delivery Board (NHSSPDB) will oversee and govern these efforts, ensuring that resources are deployed efficiently and equitably across all Health Boards.

At the regional level, the letter outlines the importance of collaboration between neighbouring Health Boards to develop strategies that address the specific needs of local populations. Regional planning groups are expected to drive innovation and adaptability, responding to the unique health dynamics within their areas whilst aligning with the broader NHS Scotland priorities. These planning efforts are integral to achieving the vision set out in the 2016 National Clinical Strategy and the Public Bodies (Joint Working) (Scotland) Act, which prioritise integration and partnership working across sectors.

I believe we have all of the foundations now in place to allow you to fulfil your roles, as NHS leaders, but also in how we come together as an NHS Scotland to meet the needs of patients and the expectations of our communities.

Moving forward, I intend to work with employers to enhance the Executive Management Appraisal System so that we can properly assess and record the impact of working across board and wider system boundaries. This will be incorporated into the guidance for the 2024/25 performance review and 2025/26 objective setting process, which the Chief People Officer will issue in late February / early March. Similarly, the appraisals of NHS Chairs will encompass how they are facilitating and supporting the level of cross boundary working that we all see as essential.

For now, I encourage you all to review your current arrangements for cross-boundary collaboration and identify any areas requiring improvement. Please also ensure that staff within your Boards are familiar with the statutory requirements of the Model Framework.

In the meantime, should you require clarification or support, please do not hesitate to contact my office.

Thank you for your continued leadership and dedication to delivering high-quality, patient-centred care for the people of Scotland.

Yours sincerely,

Caroline Lamb



Director General Health and Social Care and Chief Executive NHS Scotland