



Meeting:	Board Meeting
Meeting date:	25th November 2025
Title:	Sub-national planning
Responsible Executive/Non-Executive:	Fiona Davies, Chief Executive
Report Author:	Gareth Adkins, Director of People & Culture

1 Purpose

The board is asked to note:

- Further detailed legal directions on the development of sub-national planning arrangements including the information in the Director’s Letter (DL2025) 25 and the board briefing pack including:
 - o Board collaboration to meet specific objectives
 - Delivering High Quality and Safe Orthopaedic Elective Care Services and meeting Treatment Time Guarantee for all patients across Scotland
 - Delivery of digital front door through MyCare.scot service
 - Development of optimal flow navigation and virtual services so that emergency healthcare services meet the needs of local populations
 - o Board collaboration to develop a consolidated financial plan for Scotland East and West is required for 2026–27, supported by the NHS Scotland Finance Delivery Unit: with the aim to support financial balance and sustainability, with expected deficit reductions by 2028–29.
- Recruitment processes underway to appoint directors from territorial boards to support the Sub-National Planning and Delivery Committees

This is presented to the Board for:

- Noting

This report relates to a policy development

This report will align to the following NHSScotland quality ambition(s):

Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well	X	Listen Well	X	Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary

2.1 Situation

A Director’s Letter (DL) which included legal directions was issued on 14th November 2025 setting out arrangements for a renewed approach to population-based planning.

A Board briefing pack and accompanying letter from the Chief Executives for NHS Greater Glasgow and Clyde and NHS Lothian was issued on the same day with a request for all boards to be briefed.

Appendices 1 – 4 include the briefing pack, letter and DL for consideration by the board.

2.2 Background

Over recent years, the Scottish Government has reinforced its expectation that health services move from organisation-level planning to true population-based planning - placing the health and wellbeing of defined populations at the centre of service design and delivery.

In the DL(2024)08 ‘Framework Document for NHS Boards’ the Scottish Government emphasised the need for collaborative planning arrangements that transcend traditional organisational boundaries and focus on cross-system delivery of care. 2.

This was further developed in DL(2024)31 ‘A Renewed Approach to Population Based Planning Across NHS Scotland’, which required Health Boards to work jointly in the development of sub-national plans, improve alignment with integration authorities and strengthen assurance arrangements through the national improvement architecture.

The recent DL in appendix 2 includes legal directions and sets out further changes to the approach to national planning.

2.3 Assessment

Fuller details are included in the board briefing pack with the key points summarised here:

Purpose and Context

- The Directions come into force on 13 November 2025 and are issued under the NHS (Scotland) Act 1978, Patient Rights (Scotland) Act 2011, and Public Bodies (Joint Working) (Scotland) Act 2014.
- They support a shift from organisation-level to population-based planning for health services, aiming for consistency, safety, and value in the face of rising demand, workforce challenges, and financial constraints.
- The Directions supersede previous regional planning guidance (HDL(2004)46).

Collaborative Structures

- Health Boards are to organise into two collaborative sub-national structures: Scotland East and Scotland West.
- Each will be supported by a Sub-National Planning and Delivery Committee (SPDC), chaired by the respective NHS Board Chairs (NHS Lothian for East, NHS Greater Glasgow and Clyde for West).
- Chief Executives for NHS Lothian and NHS Greater Glasgow and Clyde will have lead role in establishing and coordinating SPDCs.

Planning and Objectives

- Health Boards must collaborate to meet specific objectives
 - Delivering High Quality and Safe Orthopaedic Elective Care Services and meeting Treatment Time Guarantee for all patients across Scotland
 - Delivery of digital front door through MyCare.scot service
 - Development of optimal flow navigation and virtual services so that emergency healthcare services meet the needs of local populations
 - Once for Scotland approach to business systems
- Plans must:
 - Describe deployment of capacity, workforce, and infrastructure.
 - Set measurable improvement trajectories.
 - Identify governance and assurance arrangements.

Financial Planning

- A consolidated financial plan for Scotland East and West is required for 2026–27, supported by the NHS Scotland Finance Delivery Unit.
- The aim is to support financial balance and sustainability, with expected deficit reductions by 2028–29.

Accountability and Assurance

- Each Health Board remains responsible and accountable for its statutory functions.

- Statutory commissioning responsibilities remain unchanged.
- Quarterly sub-national performance reports must be submitted to Ministers.
- Disagreements should be resolved through SPDCs; failure to comply may result in escalation under the NHS Scotland Support and Intervention Framework.

Implementation Timeline

- Scotland East and West should immediately establish support arrangements.
- Finalised Plans to be submitted by SPDC Chairs to the COO by:
 - **31 March 2026** (Part 2 objectives)
 - **30 June 2026** (Part 3 objectives)
- Quarterly reporting follows Ministerial approval.

Support Arrangements

Chief Executives for NHS Lothian and NHS Greater Glasgow and Clyde have initiated a recruitment process to provide the support arrangements for the SPDCs.

Expressions of interest have been requested for the following directors roles:

- Chief Operating Officer
- Finance
- Medical
- People & Culture
- Strategic Planning

Key Requirements for the successful applicants have been set out:

- Applicants should report to a NHS Scotland Territorial Health Board Chief Executive currently, have the support of their employing Chief Executive to take on this additional role and be able to demonstrate:
- Significant experience of leading operational delivery at Executive or senior system level across large or multiple organisations
- A proven track record in delivering large-scale service transformation and operational improvement programmes
- Strong collaborative leadership across complex systems, with experience of working across more than one Health Board (desirable)

The recent request for expressions of interest indicates these opportunities are open to Territorial Board directors across all health boards. There are implications for donor boards in filling capacity for successful applicants as the time commitment will be 3 days per week working on behalf of the SPDCs.

Recommendations

The board is asked to note:

- Further detailed guidance on the development of sub-national planning arrangements including the information in the Director’s Letter (DL2025) 25 and the board briefing pack including:
 - o Board collaboration to meet specific objectives
 - Delivering High Quality and Safe Orthopaedic Elective Care Services and meeting Treatment Time Guarantee for all patients across Scotland
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- Recruitment processes underway to appoint directors from territorial boards to support the Sub-National Planning and Delivery Committees

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited		None	X

Comment on the level of assurance

For noting

3 Impact Analysis

3.1 Quality/ Patient Care

The purpose of progressing sub-national planning is articulated in the guidance including improving quality and patient care

3.2 Workforce

Workforce planning will be included in the scope of sub-national planning and the noted priorities

3.3 Financial

Consolidated financial plans are referenced in the guidance

3.4 Risk Assessment/Management

Further consideration of risks associated with implementing the new arrangements may be required

3.5 Data Protection

Nothing highlighted at this stage

3.6 Equality and Diversity, including health inequalities

Nothing highlighted at this stage

3.7 Other impacts

Nothing highlighted at this stage

3.8 Communication, involvement, engagement and consultation

A series of meetings have been held over the last few weeks involving Chief Executives and Chairs in advance of the formal DL being issued.

3.9 Route to the Meeting

Direct to board via attached communications

4 Recommendation

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4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – Board and leadership Team Brief paper

Appendix 2 – DL 2025 (26)

Appendix 3 - Board and leadership Team Brief slide set

Appendix 4 – letter to boards regarding sub-national planning.

Title/ Purpose of Briefing:	DL(2025)25 Implementation of Sub National Planning: Co-operation and Planning Directions 2025
Date Produced:	13th November 2025
Developed For:	NHS Board Members & Senior Leadership Teams
Board Lead:	

Purpose

This document is intended to brief Board members and senior leadership teams on the background to and content of the Director's Letter (DL (2025) 25) issued on 13 November 2025 and the associated Ministerial Direction to Health Boards.

1. Background

Following the Director's Letter of November 2024 outlining a renewed approach to population-based planning across NHS Scotland, the First Minister made a policy speech on 27 January 2025, launching the NHS Scotland Service Renewal Framework (SRF) and signaling a national commitment to the renewal of population health priorities across Scotland.

Throughout 2025, following the publication of the Service Renewal Framework, the Population Health Framework, and the First Minister's June 2025 speech setting out an ambitious vision for transforming Scotland's public services, the First Minister and the Cabinet Secretary for Health and Social Care have been exploring the potential benefits of a more collaborative, Scotland-wide approach to health planning and delivery.

The First Minister tasked the Director-General for Health and Social Care with identifying ways to strengthen collaborative working across Scotland and to develop options for appraisal and subsequent implementation. Over recent months, this work has advanced significantly, culminating in the agreement and formal sign-off of a new sub-national planning and delivery structure by the First Minister on 15 October 2025.

On 21 October 2025 the Chief Operating Officer and Deputy Chief Executive for NHS Scotland wrote to all Chairs and Chief Executives to inform them of the Ministerial Direction and guidance that will be issued to deliver a new approach to sub-national service planning and delivery in 2026/2027.

On 13th November 2025 the Cabinet Secretary for Health and Social Care made a parliamentary speech signalling his expectation that Health Boards work together to make best use of the capacity that there is in our system and ensure there are no barriers to Boards working collaboratively to deliver high-quality, safe, and effective care to patients and communities across Scotland.

Following this DL (2025) 25 setting out the Sub-national planning directions was issued to the service.

What does the DL say?

The DL and associated Ministerial Direction describes expectations on Boards to actively participate in new planning structures to deliver a series of outcomes, initially in a joint plan to be submitted to the Scottish Government no later than 31st March 2026.

The DL sets out the four initial planning objectives for 2026/27 and planning groupings - Scotland East and Scotland West. The DL can be found here:

<https://www.publications.scot.nhs.uk/files/dl-2025-25.pdf>

The vehicle for developing these plans will be Sub-national Planning and Delivery Committees (SPDCs), chaired by Chair of NHS Greater Glasgow and Clyde and Chair of NHS Lothian.

The Chief Executives of NHS Lothian and NHS Greater Glasgow and Clyde have been asked to play a lead role in establishing and co-ordinating the Sub-national Planning and Delivery Committees (SPDCs) and supporting them in their work.

Arrangements will be made immediately to establish the SPDCs.



Dear Colleagues

IMPLEMENTATION OF SUB-NATIONAL PLANNING: CO-OPERATION AND PLANNING DIRECTIONS 2025

Purpose

1. This letter accompanies the Co-operation and Planning Directions 2025 (the Directions), given under section 2(5) of the National Health Service (Scotland) Act 1978 (the 1978 Act), section 11(2) of the Patient Rights (Scotland) Act 2011 (the 2011 Act) and section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act), which come into force on **13 November 2025**.
2. This letter, including the Guidance attached at **Annex A**, has been developed to support the implementation of the Directions. A copy of the Directions is attached at **Annex B**.
3. In order to comply with the Directions, Health Boards are encouraged to organise themselves in to two collaborative sub-national structures - Scotland East and Scotland West - through which they co-operate with each other in the planning and delivery of the objectives specified in the schedule to the Directions. These objectives deliver key aspects of the [Health and Social Care Service Renewal Framework \(2025–2035\)](#), the [Population Health Framework](#), as well as wider ambitions related to public sector reform.
4. Following discussion, Scotland East and Scotland West will each be supported by a Sub-National Planning and Delivery Committee (SPDC), whose membership is representative of the respective Health Boards.
5. In anticipation of the Directions and the Guidance, the SPDC for the East will be chaired by the Chair of NHS Lothian and for the West will be chaired by the Chair of NHS Greater Glasgow and Clyde, with the respective Chief Executives playing a lead role in establishing and co-ordinating the SPDCs and supporting them in their work.

DL(2025)25

13 November 2025

Addressees

For action

NHS Board Chief
Executives
NHS Board Chairs

For information

Directors of Finance
Directors of Planning
Directors of HR
IJB Chairs/Chief Officers

Enquiries to:

Directorate of Chief
Operating Officer

E-mail:

healthplanning@gov.scot



Context

6. Scotland's health service faces sustained pressures from rising demand, workforce challenges and financial constraints. To address these, services must be planned at a scale that supports consistency, safety and value.
7. The Directions support a move from organisation level planning to population-based planning, building on **DL(2024)08** ([Framework Document for NHS Boards](#)) and **DL(2024)31** ([A Renewed Approach to Population Based Planning Across NHS Scotland](#)). The previous guidance on Regional Planning, HDL(2004)46, is superceded.

Co-operation and Planning

8. The Directions require Health Boards to (i) meet a specific objective (relating to the MyCare.scot service) and (ii) develop and submit plans detailing how certain other objectives (relating to the Treatment Time Guarantee for orthopaedic elective services; emergency healthcare services; Once for Scotland approach to Business Systems and the MyCare.scot service) will be achieved.
9. As detailed in the Directions, Health Boards must co-operate with each other (as provided for by section 12J of the 1978 Act) when exercising certain functions and otherwise, in complying with the Directions, consider entering into section 12K agreements with other Health Boards.
10. A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27 and submitted to the COO with support from the NHS Scotland Finance Delivery Unit (FDU). Further detail is contained in Annex A. This will also support a shift back to balance across all areas and services.

Sub-National Plans

11. The plans referred to in paragraph 2(1)(b) and (c) of the Directions (the Plans) must:
- (a) describe how capacity, workforce and infrastructure will be deployed;
 - (b) set measurable improvement trajectories; and,
 - (c) identify governance and assurance arrangements to monitor delivery and outcomes.
12. Health Boards are expected to work with SPDCs to ensure appropriate alignment of planning resources and expertise across Scotland East and Scotland West in support of these new sub-national structures, as well as coherence and alignment with community health and nationally commissioned health services.
13. Clinical leadership will be integral to the development and implementation of the Plans, providing advice and ensuring that safe, effective and evidenced-based clinical models of care are developed.

Accountability and Assurance

14. Each Health Board remains responsible and accountable for the proper exercise of all its statutory functions.
15. Statutory commissioning responsibilities remain unchanged and Health Boards are encouraged to explore entering into Section 12K agreements with each other, in complying with the Directions.
16. A quarterly sub-national performance report should be submitted to Ministers on behalf of Scotland East and Scotland West. These reports would form part of the national assurance arrangements to reflect the collective impact of joint planning and delivery.
17. Health Boards within Scotland East and Scotland West should make every effort to resolve disagreements relating to the development or implementation of their Plans through their respective SPDCs.
18. Failure to comply with the Directions may result in escalation under the NHS Scotland Support and Intervention Framework.

Action Required

19. Scotland East and Scotland West should now move immediately to establish the necessary support arrangements to implement the Directions and the development of Plans.
20. Once finalised and agreed, a single Plan should be submitted by the Chair of each SPDC to the COO by 31 March or 30 June 2026¹, for Ministerial approval, with quarterly reporting (see paragraph 16 above) following thereafter. A series of deadlines for drafts of the Plans will be agreed between the COO and the Health Boards.
21. Further Directions may be issued should these sub-national arrangements mature, and additional objectives are identified.

Yours sincerely



Christine McLaughlin

NHS Scotland Chief Operating Officer/Deputy Chief Executive

¹ The deadline for submitting Plans for Part 2 objectives is 31 March 2026. The deadline for submitting Plans for Part 3 objectives is 30 June 2026.

IMPLEMENTING THE CO-OPERATION AND PLANNING DIRECTION 2025: GUIDANCE FOR HEALTH BOARDS

Context

1. Over recent years, the Scottish Government has reinforced its expectation that health services move from organisation-level planning to true population-based planning - placing the health and wellbeing of defined populations at the centre of service design and delivery. In the DL(2024)08 '[Framework Document for NHS Boards](#)' the Scottish Government emphasised the need for collaborative planning arrangements that transcend traditional organisational boundaries and focus on cross-system delivery of care.
2. This was further developed in DL(2024)31 '[A Renewed Approach to Population Based Planning Across NHS Scotland](#)', which required Health Boards to work jointly in the development of sub-national plans, improve alignment with integration authorities and strengthen assurance arrangements through the national improvement architecture.
3. The Directions and this Guidance mark a significant shift from organisation-level planning to a model that places the health and wellbeing of defined populations at the centre of service design. It is a key enabler of the [Health and Social Care Service Renewal Framework \(2025–2035\)](#), the [Population Health Framework](#), and the [Programme for Government 2025–26](#). These frameworks collectively call for a transformation in how services are planned and delivered — emphasising prevention, equity and care that is person-centred and delivered closer to home.
4. This new approach strengthens accountability for population-based planning, improves service equity and supports the transformation of Scotland's health and care system. It recognises that while Health Boards remain legally responsible and accountable for their statutory functions, the scale and complexity of modern health services means that collaboration on a sub-national basis is essential to achieve optimum outcomes. A Scotland East and Scotland West model would provide an immediate mechanism to give effect to those expectations, supporting Health Boards to act at the appropriate scale for planning while preserving local accountability and responsiveness.
5. Scotland East and Scotland West should work collaboratively to ensure equitable access to services based on population need, under a Once for Scotland model. These two new structures will replace the existing three-area regional planning groupings and will strengthen delivery now and build the foundations for the long-term sustainability of NHS Scotland.
6. National and place-based planning will continue under current arrangements.
7. SPDCs should work closely with Health Boards, Special Health Boards, the Common Services Agency and Healthcare Improvement Scotland to ensure effective development and delivery of the Plans.

Guidance

8. This Guidance supports implementation of the Co-operation and Planning Directions 2025 given under Section 2(5) of the National Health Service (Scotland) Act 1978, Section 11(2) of the Patient Rights (Scotland) Act 2011 and Section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014. It explains expectations for collaborative sub-national planning through the Scotland East and Scotland West sub-national structures and provides recommended implementation options to assist planning at pace to deliver sustainable, safe, and effective health care services.

Definitions

9. For this Guidance:

- Chief Operating Officer (COO) means the NHS Scotland Chief Operating Officer.
- The Plans mean the Plans provided for at paragraph 2(1)(b) and (c) of the Directions.
- Sub-National Planning and Delivery Committees (SPDCs) means the committees Scotland East and Scotland West could each establish to lead strategic planning.
- Scotland East means a sub-national structure consisting of NHS Borders, NHS Fife, NHS Grampian, NHS Lothian, NHS Orkney, NHS Shetland, and NHS Tayside.
- Scotland West means a sub-national structure consisting of NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Highland, NHS Lanarkshire, and NHS Western Isles.

Priority Objectives and Sub-National Plans

10. The Directions set out the priority objectives. The Plans should set out how the objectives specified in the first column of the tables at Parts 2 and 3 of the schedule to the Directions will be achieved along with target milestones.

11. Paragraph 2(2) of the Directions specify that the Plans must:

- (a) describe how capacity, workforce and infrastructure will be deployed;
- (b) set measurable improvement trajectories; and,
- (c) identify governance and assurance arrangements to monitor delivery and outcomes.

Governance and Delivery Arrangements

National Oversight

12. The COO will put in place arrangements which will provide single national oversight of Scotland East and Scotland West.

Community Health and Nationally Commissioned Services

13. The Directions and this Guidance do not in any way alter the statutory functions of Health Boards and integration authorities. In complying with the Directions and considering this Guidance, Health Boards should remain mindful of the need to ensure coherence and alignment with the provision of community health services and nationally commissioned health services.

Financial Planning

14. A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27, with support from the NHS Scotland Finance Delivery Unit (FDU), and submitted to Ministers. This would allow review of the consolidated position, common pressures and for areas of overspend to be identified. Areas of recurring overspend could be triangulated with workforce planning and service planning to move towards a sustainable model.

15. There is no change to the Scottish Public Finance Model and all Health Boards have a statutory responsibility to achieve financial balance on an annual basis. By year three of this approach (i.e. financial year 2028-29), we expect that these sub-national structures will result in significant reductions to certain Health Boards' deficits. This will be discussed with individual Health Boards, as appropriate, in line with the relevant stage for finance within the NHS Scotland Support and Intervention Framework.

Support and Contact

16. Questions about the Directions, draft plans or reporting should be sent to healthplanning@gov.scot.

DIRECTIONS

NATIONAL HEALTH SERVICE SCOTLAND

The Co-operation and Planning Directions 2025

The Scottish Ministers give the following Directions in exercise of the powers conferred by section 2(5) of the National Health Service (Scotland) Act 1978¹, section 11(2) of the Patient Rights (Scotland) Act 2011² and section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014³ and all other powers enabling them to do so.

Citation, commencement and interpretation

1. (1) These Directions may be referred to as the Co-operation and Planning Directions 2025 and come into force as soon as they are made.

- (2) These Directions are given to every Health Board.

- (3) In these Directions—

“the 1978 Act” means the National Health Service (Scotland) Act 1978;

“the 2014 Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“delegated function” means any function that a Health Board has been directed to carry out by an integration authority under section 26 of the 2014 Act;

“Health Board” means a Health Board constituted by an order under section 2(1)(a) of the 1978 Act;

“Part 1 objective” means the objective specified in Part 1 of the schedule;

“Part 2 objective” means an objective specified in the first column of the table at Part 2 of the schedule;

“Part 3 objective” means an objective specified in the first column of the table at Part 3 of the schedule;

¹ 1978 c. 29. Section 2(5) was amended by the National Health Service and Community Care Act 1990 (c.19) and the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 (asp 3).

² 2011 asp 5.

³ 2014 asp 9.

“relevant date” means the date, relative to a Part 2 or Part 3 objective, specified in the corresponding entry in the second column of the table at Part 2 or Part 3 of the schedule;

“retained function” means any function carried out by a Health Board which is not a delegated function.

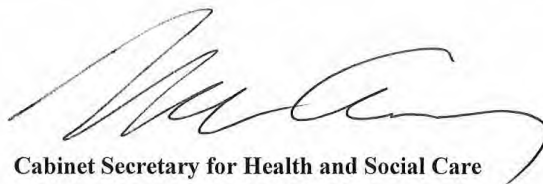
Co-operation and Planning with other Health Boards

2 (1) The Scottish Ministers direct Health Boards—

- (a) to achieve the Part 1 objective by 31 March 2026;
- (b) to develop and submit a plan or plans by 31 March 2026 detailing how each Part 2 objective will be achieved by the relevant date;
- (c) to develop and submit a plan or plans by 30 June 2026 detailing how each Part 3 objective will be achieved by the relevant date;
- (d) to co-operate with other Health Boards, as provided for by section 12J of the 1978 Act, when exercising retained functions in accordance with sub-paragraph (1)(a) to (c) of this paragraph;
- (e) to consider entering into and where considered appropriate to do seek to enter into, agreements with other Health Boards, as provided for by section 12K of the 1978 Act, when exercising retained and delegated functions in accordance with sub-paragraph (1)(a) to (c) of this paragraph.

(2) The plans referred to in sub-paragraph (1)(b) and (c) above must—

- (a) describe how capacity, workforce and infrastructure will be deployed;
- (b) set measurable improvement trajectories;
- (c) identify governance and assurance arrangements to monitor delivery and outcomes.



Cabinet Secretary for Health and Social Care

St Andrew's House
Edinburgh
13 November 2025

SCHEDULE

PART 1

MyCare.scot service

Organisational readiness, including local change processes, for implementation of the required interfaces and ways of working to enable the lawful sharing of personal information and delivery of digital services for the Digital Front Door Programme⁴.

PART 2

Column 1: Objective	Column 2: Relevant date
<i>Treatment Time Guarantee for Orthopaedic Elective Care Services</i> The treatment time guarantee provided for in the Patient Rights (Scotland) Act 2011⁵ and the Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012⁶ will be met in respect of all patients requiring orthopaedic elective care services. Once the treatment time guarantee has been met, services will continue to be provided to these patients in such a manner that high-quality and safe care is ensured.	31 March 2029
<i>Emergency Healthcare Services</i> Implementation of the recommendations contained in the Four Hour Emergency Access Standard: Expert Working Group Recommendations Report dated October 2024⁷. Otherwise, providing high-quality, financially sustainable emergency healthcare services, to a safe standard so that everyone gets the emergency healthcare they need in the right place, at the right time. This will involve the development of optimal models for flow navigation and virtual services so that emergency healthcare services meet the needs of local populations.	31 March 2029

⁴ [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

⁵ 2011 asp 5.

⁶ S.S.I. 2012/110.

⁷ [A&E performance - Four Hour Emergency Access Standard: Expert Working Group recommendations report - gov.scot](#)

<i>Once for Scotland approach to Business Systems</i> Full implementation of a “Once for Scotland” approach to business systems in a manner which ensures effective programme delivery, governance and assurance, including— • investment of the appropriate level of resources necessary to fully deliver programme outcomes; • an appropriate scheme of delegation which ensures swift but well governed programme delivery; • effective engagement with stakeholders thus building support among stakeholder group; • regular assurance reviews.	1 October 2028
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PART 3

<i>Column 1: Objective</i>	<i>Column 2: Relevant date</i>
<i>MyCare.scot service</i> Provide the necessary support to the Digital Front Door Programme to enable the rollout of digital communications and the opening up of required systems in line with the full national roadmap which is expected to be published in March 2026⁸.	31 December 2027
<i>MyCare.scot service</i> Provide the necessary support and integration to enable the provision of an enhanced service featuring continuous enhancements and is further developed based on feedback and co-design.	31 December 2030

⁸ A high-level summary of the road map is published at [Health and social care app - MyCare.scot: national rollout - high-level summary - gov.scot](#).

Briefing for Boards and Leadership Teams

Implementation of Sub-national Planning: Co-operation and Planning Directions 2025

DL(2025)25

14 November 2025

New Sub-national Planning Structure

PURPOSE OF THIS BRIEFING

This briefing provides an overview of the new sub-national Planning Direction and implications for Boards

TYPE OF BRIEFING

- ☒ Awareness
- ☐ Assurance
- ☐ Approval

*Delete “x” if not applicable

BACKGROUND

Has the matter been raised at this or another committee/CMT/Board before?

DL (2025)25 13th Nov 2025

n/a

KEY ISSUES

What are the Top 5 key points that the committee must be aware of, or consider for approval?

- 1

Context of this change in planning structure within NHSScotland
- 2

Intent of the new sub-national planning approach & alignment of Health Boards to new sub-national planning structures
- 3

Requirement for Scotland East and Scotland West plans – 4 Initial Key Priorities in 2026/27
- 4

Implementation & Governance – role of NHSGGC & NHS Lothian Chairs and Chief Executives
- 5

Key next steps for implementation & the requirement to implement at pace to support delivery of Scotland East and Scotland West plans by 31 March 2026

OPTIONS / RECOMMENDATIONS / NEXT STEPS

The Board are asked to note:

- The new sub-national planning: Co-operation & Planning directions 2025 and the need to set up Sub-national Planning and Delivery Committees for Scotland East and Scotland West
- An implementation handbook for Scotland East and Scotland West is now being developed to support the implementation of the DL at pace
- Scotland East and Scotland West plans will be required to be submitted to SG no later than 31 March 26

Context

Nov 2024

- Director's Letter issued, outlining a renewed approach to population-based planning across NHS Scotland

Jan 2025

- First Minister delivers policy speech launching the NHS Scotland Service Renewal Framework (SRF) - signaling a national commitment to renewing population health priorities across Scotland

Jun 2025

- Public Sector Reform Strategy, Service Renewal Framework, and Population Health Framework
- FM sets out vision for transforming Scotland's public services - FM and Cabinet Secretary explore benefits of a collaborative, Scotland-wide approach to health planning and delivery
- FM tasks Director General for Health and Social Care to identify ways to strengthen collaboration and develop options for appraisal and implementation

Oct 2025

- FM formally signs off a new sub-national planning and delivery structure
- NHS Scotland Chief Operating Officer and Deputy Chief Executive write to all Chairs and Chief Executives about Ministerial Direction and guidance for delivering a new approach to sub-national service planning in 2026/2027

Nov 2025

13th Nov:

- **Cabinet Secretary for Health & Social Care Parliamentary Statement**
- **DL(2025)25 Implementation of Sub-National Planning: Co-operation and Planning Directions 2025**

New Sub National Planning Structures

‘Scotland East’ and ‘Scotland West’ will be established

- Health Boards will jointly plan and deliver key functions in support of SRF, PHF, and wider ambitions of public sector reform
- Replaces three regional planning groupings and strengthens delivery and builds the foundations for the long-term sustainability of NHS Scotland
- 14 territorial health boards will be aligned to Scotland East and Scotland West

Key Principles:

- **All Health Boards will contribute**
- **There is no change to existing accountable officer status for Chief Executives of Health Boards**

Sub-national Planning Approach

Scotland East and Scotland West will support population-level planning for NHS Scotland, with a focus on the following outcomes:

- Reducing unwarranted variation in access and outcomes
- Improving financial sustainability through smarter use of shared resources
- Improving clinical sustainability of specialist and fragile services by planning across a wider footprint

Plans will be developed by Scotland East and Scotland West by 31 March 26 and should set out how the four national objectives will be achieved along with target milestones, plans should:

- a) describe how capacity, workforce and infrastructure will be deployed;
- b) set measurable improvement trajectories; and,
- c) identify governance and assurance arrangements to monitor delivery and outcomes

A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27, with support from the NHS Scotland Finance Delivery Unit (FDU), and submitted to Ministers.

Scotland East and Scotland West & Health Board Alignment

Scotland West	Scotland East
Lead role in establishing and co-ordinating the SPDCs: Chief Executive of NHS Greater Glasgow & Clyde	Lead role in establishing and co-ordinating the SPDCs: Chief Executive of NHS Lothian
NHS Ayrshire & Arran NHS Dumfries & Galloway NHS Forth Valley NHS Greater Glasgow and Clyde NHS Highland NHS Lanarkshire NHS Western Isles	NHS Borders NHS Fife NHS Grampian NHS Lothian NHS Orkney NHS Shetland NHS Tayside
Population: 3,066,790* Number of Local Authority Areas:18	Population: 2,480,110* Number of Local Authority Areas:14
2025/26 Expected NHS Total Funding £9,510,297,576**	2025/26 Expected NHS Total Funding £7,096,633,103**
West Health Boards combined Employee Headcount as at June 2025 94,197 (80,286 <u>wte</u>)	East Health Boards combined Employee Headcount as at June 2025 74,983 (63,319 <u>wte</u>)

* Total Population figures by Council area (mid 2024) 5,546,900

**2025/26 Total Expected NHS Total Funding £16,606,930,679 – Source Scottish Government NHS Finance Estimates (Oct 2025)

Sub-national Implementation & Governance

Scotland East and Scotland West:

- New Strategic Planning and Delivery Committees (SPDCs) for Scotland East and Scotland West, chaired by Chair of NHS Lothian and Chair of NHS GGC
- Clinical leadership will be integral to the development and implementation of the Plans, providing advice and ensuring that safe, effective and evidenced-based clinical models of care are developed
- A quarterly sub-national performance report should be submitted to Ministers on behalf of Scotland East and Scotland West. These reports would form part of the national assurance arrangements to reflect the collective impact of joint planning and delivery

Key Components/ Principles:

- Health Boards are expected to work with SPDCs to ensure appropriate alignment of planning resources and expertise across Scotland East and Scotland West in support of these new sub-national structures
- Each NHS territorial Board Chief Executive & Chair will be responsible for the delivery of their element of the sub-national plans

Sub-national Plan Priorities 2026/27

Orthopaedic
Elective Care
Services

Digital Front
Door

Emergency
Healthcare
Services

Business
Systems

Sub-National Financial Plans

- A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27
- Enables a review of the consolidated position, common pressures and for areas of overspend to be identified
- Areas of recurring overspend could be triangulated with workforce planning and service planning to move towards a sustainable model
- By year 3 (financial year 2028-29), we expect that these sub-national structures will result in significant reductions to certain Health Boards' deficits

Financial Planning

- A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27, with support from the NHS Scotland Finance Delivery Unit (FDU), and submitted to Ministers
- This would allow review of the consolidated position, common pressures and for areas of overspend to be identified. Areas of recurring overspend could be triangulated with workforce planning and service planning to move towards a sustainable model.
- There is no change to the Scottish Public Finance Model and all Health Boards have a statutory responsibility to achieve financial balance on an annual basis
- By year three of this approach (i.e. financial year 2028-29), we expect that these sub-national structures will result in significant reductions to certain Health Boards' deficits. This will be discussed with individual Health Boards, as appropriate, in line with the relevant stage for finance within the NHS Scotland Support and Intervention Framework

Summary & Next Steps

Board members and senior leadership teams are asked to note:

- Plans for Scotland East and Scotland West will be required to be submitted no later than 31 March 26
- To support the implementation of the DL at pace, an implementation handbook for Scotland East and Scotland West is under development
- The formation of Scotland East and Scotland West will act as a catalyst for enhanced opportunities for sharing expertise and ensuring the sustainability of NHS Scotland

Dear Colleagues

Implementation of Sub-national Planning: Co-operation and Planning Directions 2025

The Director's letter, DL (2025) 25, that has now been issued to NHS Board Chairs and Chief Executives presents a significant opportunity to strengthen planning and delivery to build the foundations for the long-term sustainability of NHS Scotland.

It invites us to work in a different way to optimise the opportunities for the people of Scotland. The expectation is that we work collaboratively to deliver sub-national plans by 31 March 2026 for the key areas set out in the DL and produce a consolidated financial plan for Scotland East and Scotland West for 2026-27.

We recognise the ask of us to play a lead role in establishing and co-ordinating the Sub-National Planning and Delivery Committees (SPDCs) and supporting them in their work. We will now move immediately to establish the SPDCs and a schedule of meetings will follow.

As the Scottish Government has now publicised the new sub-national planning approach, we enclose communications resources to support the announcement. These have been prepared to support clear and consistent messaging to our organisations and comprise:

- Board and Leadership Team Briefing
- Presentation for use with Boards and Leadership Teams
- Staff communication

We would ask that these are shared with your Comms Leads so that the staff communication included in the pack can be issued.

We look forward to working together with you to plan and deliver for the people of Scotland.

Yours sincerely

A handwritten signature in black ink that reads 'J Gardner'.

Professor Jann Gardner
Chief Executive
NHS Greater Glasgow and Clyde

A handwritten signature in black ink that appears to read 'C Hiscox'.

Professor Caroline Hiscox
Chief Executive
NHS Lothian

Cc: NHS Chief Executives, Special Boards