

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	16 December 2025
Agenda Reference:	Board Paper 25/26/50
Title:	Sub-National Planning Arrangements
Responsible Executive/Non-Executive:	Brian Chittick, Chief Executive, NHS Shetland
Report Author:	Brian Chittick, Chief Executive, NHS Shetland

1 Purpose

The Shetland NHS Board is invited to note the latest legal directions and guidance regarding the development of sub-national planning arrangements. This includes the Director's Letter (DL2025) 25 and associated briefing materials, which set out:

- The requirement for Board collaboration to deliver high-quality, safe orthopaedic elective care and meet the Treatment Time Guarantee for all patients across Scotland.
- The implementation of digital access to services via MyCare.scot.
- The development of improved emergency healthcare navigation and virtual services tailored to local needs.
- The creation of a consolidated financial plan for Scotland East, supported by the NHS Scotland Finance Delivery Unit, aiming for financial sustainability and deficit reduction by 2028–29.

This is presented to the Board for:

- Awareness
- Discussion

This report relates to:

- Emerging issue
- Government policy/directive
- Legal requirement
- NHS Board / Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person-centred

2 Report summary

2.1 Situation

A Director's Letter issued on 14 November 2025 provides legal directions for a renewed approach to population-based planning. The Scottish Government has emphasised a shift from organisation-level planning to population-based planning, placing the health and wellbeing of defined populations at the centre of service design and delivery.

2.2 Background

Recent guidance requires Health Boards to collaborate in developing sub-national plans, improve alignment with integration authorities, and strengthen assurance arrangements. The new legal directions supersede previous regional planning guidance.

2.3 Assessment

Key Changes and Collaborative Structures

- Health Boards are now organised into two collaborative sub-national planning structures: Scotland East and Scotland West.
- NHS Shetland is included in the Scotland East grouping, alongside NHS Borders, NHS Fife, NHS Grampian, NHS Lothian, NHS Orkney, and NHS Tayside.
- Each structure is supported by a Sub-National Planning and Delivery Committee (SPDC), chaired by the respective NHS Board Chairs (NHS Lothian for East).
- Chief Executives for NHS Lothian and NHS Greater Glasgow and Clyde are leading on the establishment and coordination of SPDCs.

Planning Objectives

Boards must work together to achieve:

- Delivery of high-quality, safe orthopaedic elective care and compliance with the Treatment Time Guarantee.

- Implementation of the MyCare.scot digital front door.
- Development of optimal emergency healthcare navigation and virtual services.
- Adoption of a “Once for Scotland” approach to business systems.

Plans should detail capacity, workforce, infrastructure deployment, measurable improvement trajectories, and governance arrangements.

Accountability and Assurance

- Each Health Board, including NHS Shetland, remains responsible and accountable for its statutory functions.
- Statutory commissioning responsibilities are unchanged.
- Quarterly sub-national performance reports must be submitted to Ministers.
- Disagreements are to be resolved through SPDCs; unresolved issues may be escalated under the NHS Scotland Support and Intervention Framework.

Implementation Timeline

- Scotland East and West must immediately establish support arrangements.
- Finalised plans are to be submitted by SPDC Chairs to the Chief Operating Officer by 31 March 2026 (Part 2 objectives) and 30 June 2026 (Part 3 objectives).
- Quarterly reporting follows Ministerial approval of the plans.

2.3.1 Quality/ Patient Care

Throughout this transition, patient safety must remain the highest priority. NHS Shetland is committed to ensuring that no changes introduce inequalities for Island patients. Any potential risks or disparities must be identified and addressed promptly, with a focus on maintaining equitable access and outcomes for all.

2.3.2 Workforce

Workforce planning is integral to sub-national planning priorities. Ongoing communication and engagement with staff, patients, and stakeholders will support the transition.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Financial plans and risk assessments will be developed in line with guidance. Alignment with the NHS Shetland Strategic Risk Register will have to be undertaken to ensure the delivery of this Directive is contiguous with the delivery of the Board’s strategic objectives.

2.3.5 Equality and Diversity, including health inequalities

There are no impact assessments (including an Island Impact Assessment) available to underpin this strategic directive.

2.3.6 Other impacts

The Executive Management Team is currently working through the expected impact on both NHS Shetland's Strategic Intent as well as Business as Usual, e.g. shared care operational pathways delivered on mainland Scotland.

2.3.7 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. Subsequently, there has been one meeting of the East SPDB.

2.3.8 Route to the Meeting

This has been previously considered at a Board Development Session in the immediate period after release of the Direction.

2.4 Recommendation

- Awareness – For Members' information only.
- Discussion – Examine and consider the implications of the matter.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Board and leadership Team Brief paper
- Appendix 2 - DL 2025 (25)
- Appendix 3 - Board and leadership Team Brief Slides
- 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 superseded.

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.

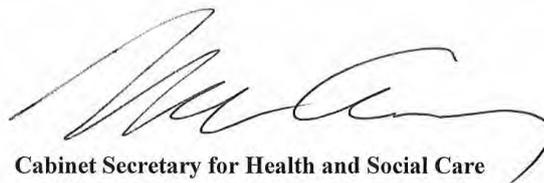
Co-operation and Planning with other Health Boards

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
13th 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

<i>Column 1: Objective</i>	<i>Column 2: Relevant date</i>
<p><i>Treatment Time Guarantee for Orthopaedic Elective Care Services</i></p> <p>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.</p>	31 March 2029
<p><i>Emergency Healthcare Services</i></p> <p>Implementation of the recommendations contained in the Four Hour Emergency Access Standard: Expert Working Group Recommendations Report dated October 2024⁷.</p> <p>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.</p>	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](#)

<p><i>Once for Scotland approach to Business Systems</i></p> <p>Full implementation of a “Once for Scotland” approach to business systems in a manner which ensures effective programme delivery, governance and assurance, including—</p> <ul style="list-style-type: none"> • 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>
<p><i>MyCare.scot service</i></p> <p>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.</p>	31 December 2027
<p><i>MyCare.scot service</i></p> <p>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.</p>	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 wte)	East Health Boards combined Employee Headcount as at June 2025 74,983 (63,319 wte)

* 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

E: ocnhs@gov.scot

All NHS Chairs and NHS Chief Executives

21 October 2025

Dear Colleagues

Following the Director General's briefing to you on 15 October 2025 regarding the approach we will now take to sub-national service planning for 2026/27, I wanted to write to you in advance of the formal ministerial direction and guidance being issued.

As Caroline indicated in her call, the approach we will now take builds on [DL\(2024\)31 Renewed Approach to Population Planning](#), as well as underlining the path set out in [The Health and Social Care Service Renewal Framework](#) published in June 2025. It also aligns with the existing [Framework Document for NHS Boards](#) that was developed in partnership with the NHS and 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.

This is about optimising the utilisation of our capacity to reduce unwarranted variation in access and outcomes, whilst achieving financial sustainability. In doing this, we want to ensure that there are no barriers to boards working collaboratively to deliver high quality, safe and effective care to patients and communities across Scotland. Whilst Board geographical boundaries and current Chief Executive Accountable Officer status will remain, there will be a new expectation about structured sub-national planning and delivery.

To enable this new approach to planning, Ministers have agreed that boards can put in place two sub-national planning structures, one focussed on the East of Scotland and one on the West of Scotland. Within that, our special health bodies will also engage to maximise the national level support and engagement that will be pivotal in delivering on this new planning approach.

Where there are clear opportunities to plan at a larger scale, sub-national level, around particular services then boards will be expected to come together in the East and West planning and delivery committees in order to develop plans that maximise the benefits for patients and maximise the use of resources. This approach will be aligned with the development of the Single Authority Model (SAM) and locally planned services.

In taking these arrangements forward, the Chief Executives of NHS Greater Glasgow and Clyde and NHS Lothian have been asked to lead and be responsible for establishing the planning arrangements for the 2 sub-national structures and the production of a sub-national plan for delivery in 2026/27. Assurance around that work will be delivered via the Sub-national Planning and Delivery Committees which will be chaired by NHS Greater Glasgow and Clyde and NHS Lothian board chairs. While these are Scotland's 2 largest boards, it is essential that all boards participate in this work equally and ensure all areas maximise the benefit from the new approach to cooperation. Once the sub-national approach is established, existing regional structures will transition into the sub-national structures with a transfer of the valuable work done to date.

Once developed and agreed at the sub-national level, plans will be provided to my Directorate for scrutiny and assurance to Ministers. It will then be for local boards to deliver against those plans.

Over the next 2 weeks, we will issue further, detailed, guidance on this approach through a Directors Letter (DL). We will also issue a ministerial direction that will support you in taking this new approach to planning. In addition, we will write to the relevant Scottish Parliament committees and to COSLA to make them aware of this new approach. In doing so we will seek to ensure that the direction and purpose of this change is clear, in that we are seeking to further empower our NHS to plan and deliver services in the most effective way for patients.

While we continue to work up the detailed guidance that will support this approach, I would be grateful if you can ensure this correspondence is treated in confidence. Thank you for your continued leadership across the health and care system.

Yours sincerely



Christine McLaughlin
Chief Operating Officer and
Deputy Chief Executive NHS Scotland