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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

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Addressees

For action

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For information

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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



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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:

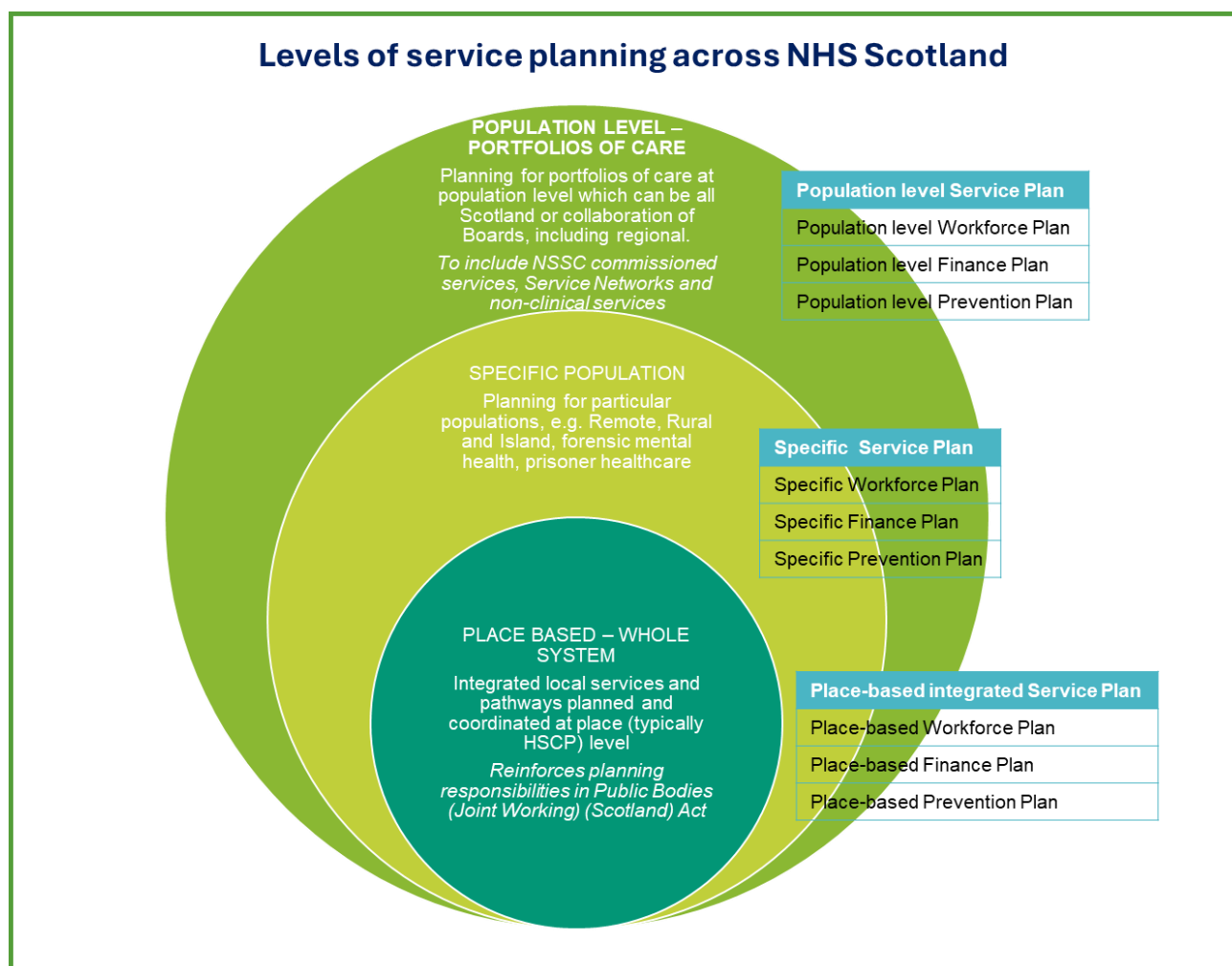
- Development of a Single Planning Framework
- Strengthening of coherence across National and Regional Planning
- Stronger understanding of the role of Networks and associated Groups

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/publications/planning-with-people-guidance/pages/1-1-introduction-to-the-guidance.aspx)

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 be 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.