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| <b>Meeting:</b>               | NHS Grampian Board   |
| <b>Meeting date:</b>          | 11 December 2025   |
| <b>Item Number:</b>           | 5.1  |
| <b>Title:</b>                 | Sub-National Planning – Scottish Government<br>Director's Letter DL (2025)25 |
| <b>Responsible Executive:</b> | Laura Skaife-Knight, Chief Executive   |
| <b>Report Author:</b>         | Sarah Duncan, Board Secretary  |

## **1 Purpose and recommendations**

### **This is presented to the Board for:**

- Awareness

### **Recommendation**

The Board is asked to review the information provided in this paper, provide comment on the implications of the new model of sub-national planning and discuss ways NHS Grampian's engagement in this development will be maximised.

### **This report relates to:**

- Government policy/directive

### **This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

### **This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below)**

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care
- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent
- Worsening health in Grampian particularly in those who experience multiple disadvantages

## **2 Report summary**

### **2.1 Situation**

The Scottish Government issued DL(2025)25, attached as Appendix 1, on 13 November 2025, setting out a refreshed statutory approach to sub-national planning across NHS Scotland. The direction implements duties under the NHS (Scotland) Act 1978, Patient Rights (Scotland) Act 2011, and the Public Bodies (Joint Working) (Scotland) Act 2014, and is a core enabler of the Service Renewal Framework (2025–2035), the Population Health Framework, and Scotland’s Public Service Reform Strategy.

### **2.2 Background**

The new model is designed to strengthen accountability for population-based planning, improve equity of access, and support the long-term transformation and sustainability of Scotland’s health and care system. While individual Health Boards remain responsible and accountable for all statutory functions, DL(2025)25 recognises that the scale and complexity of modern healthcare require structured collaboration at sub-national level.

DL(2025)25 reinforces and builds on existing policy, including DL(2024)08 (Framework Document for NHS Boards) and DL(2024)31 (Renewed Approach to Population-Based Planning). It formally replaces HDL(2004)46 on regional planning. Current national and place-based planning arrangements remain in place, with no changes to statutory functions or the Scottish Public Finance Model.

The direction introduces two new collaborative sub-national structures to replace the previous three-region model:

1. Scotland East: Borders, Fife, Grampian, Lothian, Orkney, Shetland and Tayside
2. Scotland West: Ayrshire & Arran, Dumfries & Galloway, Forth Valley, Greater Glasgow & Clyde, Highland, Lanarkshire and Western Isles

Each area will establish a Sub-National Planning and Delivery Committee (SPDC), chaired by the designated NHS Board Chair, with representation from constituent Boards. Health Boards are expected to align planning resources and expertise to support the new arrangements and ensure coherence with community health services and nationally commissioned programmes.

The structures will focus on four shared priorities, including Digital Front Door (MyCare.scot), orthopaedic Treatment Time Guarantee delivery (planned care waiting times), emergency healthcare services, and a Once for Scotland approach to business systems. Both sub-national groups are required to produce consolidated financial planning for 2026/27 and provide quarterly performance reporting to Ministers commencing Quarter 1 of 2026/27.

Implementation is effective immediately, with further operational detail to be developed collaboratively as the new sub-national arrangements mature. The first formal SPDC meeting for the East will take place on 19 December 2025.

## **2.3 Assessment**

### **2.3.1 Quality / Patient Care**

The introduction of DL(2025)25 is expected to have a positive impact on the quality of care by strengthening population-based planning, reducing unwarranted variation, and enabling more consistent clinical models across Scotland. The new sub-national structures should enhance equity of access, improve resilience in specialist and fragile services, and ensure that redesign is underpinned by strong clinical leadership and evidence-based practice.

However, there are some short-term risks during implementation, including increased pressure on leaders as governance arrangements bed in. Lead Director roles for the East and West are being appointed to via expressions of interest from territorial Health Boards with interviews 8 and 9 December 2025 involving existing Executive Directors supporting these roles for a minimum of three days a week for an initial 6-month period. Close co-ordination across Boards and clear transition management will be essential to safeguard service quality during this period.

### **2.3.2 Workforce**

DL(2025)25 is anticipated to bring several positive impacts for staff, including stronger collaborative working between Boards, reduced duplication, and greater clarity around strategic direction. The move towards more standardised “Once for Scotland” clinical and digital models should improve consistency and reduce operational variation. Staff - particularly clinical and planning leaders - may benefit from broader development opportunities through sub-national working, with the potential for more sustainable workloads over time if services and resources are more evenly distributed across regions.

However, the transition will generate some short-term pressures, particularly for planning, finance, performance and clinical leadership teams who will need to support new governance structures as they are established and contribute to consolidated planning. There is also a risk of ambiguity while operational details are finalised, alongside possible co-ordination burdens. Periods of change may impact staff wellbeing. Effective Partnership work with staff side from the beginning will therefore be essential.

### **2.3.3 Financial**

The financial impact of DL(2025)25 is expected to be broadly neutral in the immediate term, as the Direction does not change statutory financial responsibilities or the Scottish Public Finance Model. However, Boards will be required to contribute to the development of consolidated sub-national financial plans for 2026/27 and align planning resources to support the new structures, which may create some short-term pressure on existing teams. Over time, the shift to population-based planning and collaborative investment decisions has the potential to improve financial sustainability through reduced duplication, more efficient service models and strengthened regional resilience. The extent to which these longer-term benefits are realised will depend on the effectiveness of implementation, clarity of financial governance across SPDCs, and the ability of Boards to balance local priorities with sub-national requirements.

### **2.3.4 Risk Assessment / Management**

The anticipated gains in capacity and efficiency from the more consistent clinical models will be a helpful mitigation of the Board's strategic risks for planned care and unscheduled care. The DL states that it is a key enabler of the Health and Social Care Renewal Framework and the Population Health Framework, which emphasise prevention, equity and care closer to home, all of which will mitigate against the strategic risks relating to insufficient change and worsening health inequity.

The implementation of DL(2025)25 carries a number of strategic and operational risks, particularly during the transition period. There is a risk of disruption or misalignment as Boards move from existing regional arrangements to the new sub-national structures, with potential delays in decision-making while new governance processes mature. Variability in Board capacity may impact the consistency and pace of implementation, and smaller Boards may experience pressure in releasing staff to support sub-national work without affecting local delivery. There is also a risk that increased co-ordination requirements and competing priorities create operational burden or dilute focus on local improvement programmes.

### **2.3.5 Equality and Diversity, including health inequalities**

DL(2025)25 directly supports the Public Sector Equality Duty and the Fairer Scotland Duty by strengthening population-based planning and embedding a more consistent, evidence-driven approach to service equity across Scotland. The creation of sub-national structures enables Boards to collaborate on addressing inequalities that are not solvable within single organisational boundaries, ensuring that decisions are informed by population need, demographic variation and the lived experience of vulnerable groups. The emphasis on shared clinical models, digital solutions and enhanced regional resilience also supports more inclusive access to specialist services, helping to reduce inequality of outcome for rural and remote residents.

### **2.3.6 Communication, involvement, engagement and consultation**

Effective communication of DL(2025)25 will be essential to ensure patients, partners and stakeholders and staff understand the purpose of the new sub-national arrangements and the implications for local planning. Messaging will focus on clarity, transparency and reassurance, highlighting that statutory responsibilities remain unchanged while emphasising the benefits of strengthened collaboration and improved population-based planning. A phased communications approach will be required, combining Executive briefings, targeted updates for planning, clinical and operational teams, and co-ordinated engagement with trade unions, Integration Joint Boards and partner agencies. Clear, consistent messaging will help maintain confidence during the transition and support staff through the change.

### **2.3.7 Route to the Meeting**

DL(2025)25 was discussed at the Closed Board meeting on 13 November 2025 with Scottish Government colleagues in attendance.

## **2.4 Recommendation(s)**

The Board is asked to review the information provided in this paper and provide comment on the implications of the new model of sub-national planning for NHS Grampian.

## **3 Appendix**

The following appendix is included with this report:

- Appendix 1 [First Tier](#)