

NHS Scotland: sub-national structures

Interim guidance on engagement

Situation

The purpose of this interim guidance is to provide greater clarity on engagement responsibilities to support sub-national structures. It is specifically in line with the Scottish Government and COSLA guidance [Planning with People](#) for the planning of health and care services and changes to services.

Sub-national structures are being developed at pace. This guidance has been developed quickly to support the sub-national structures and therefore has an “interim” status to enable it to be tested and refined with the two sub-national structures. During early 2026, Healthcare Improvement Scotland will seek views on the guidance ahead of it being finalised and jointly published by HIS and Scottish Government later in the year.

Planning at a sub-national level increases the possibility that differential and cumulative impacts on specific communities are obscured. This interim guidance aims to ensure that engagement with people and communities meaningfully surfaces unequal impacts across geographies and minority groups rather than assuming uniform effects.

Background

Health Boards¹ are organising themselves into 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 two new structures will replace the existing three-area regional planning groupings and will aim to strengthen delivery now and build the foundations for the long-term sustainability of NHS Scotland.

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](#).

Engagement responsibilities

The *Planning with People* guidance states that proposed changes to services planned at a national, regional and at a single Board level should follow the principles set out in the guidance. Affected Board(s) should aim to maximise the involvement of affected individuals and communities in the process.

¹ Note the wording of DL(2025)25, Implementation of Sub-National Planning: Co-operation and Planning Directions 2025 refers to ‘Health Boards’; the wording ‘NHS Boards’ is more consistently used in Planning with People, 2024.

The sub-national structures' membership is representative of the respective Health Boards. Each Health Board remains responsible and accountable for the proper exercise of all its statutory functions.

This means there is a clear responsibility on the members of sub-national structures to make sure there is effective engagement in the planning and development of service models. The statutory duty to involve people and local communities in the planning and development of services, and in the decision-making process for sub-national services, rests with NHS Boards. Each NHS Board should consider the differential impact of the proposed changes in their local area. The sub-national structures have a role to co-ordinate the engagement activities across its constituent NHS Boards.

Guidance exists on engagement on [nationally determined service changes](#), with specific responsibilities at the national level and local level. This interim guidance for sub-national structures is similar, with responsibilities sitting with the sub-national structures (whose membership is made up of representatives from the respective local Health Boards) and with local Boards.

Each service change should be discussed with Healthcare Improvement Scotland at an early stage to provide tailored advice and assurance on applying the *Planning with People* guidance. The sub national structures should consider how they will involve Healthcare Improvement Scotland to ensure oversight and good governance of engagement.

Healthcare Improvement Scotland's expectations for patient and public involvement by sub-national structures would be the same as those for geographic NHS boards and Integration Joint Boards. The *Planning with People* guidance engagement cycle should be followed with specific consideration to the following:

Overview of engagement responsibilities

The table below sets of the engagement responsibilities of the sub-national structures and local NHS boards:

1. Sub-national structures engagement		
Step	Responsibility	Assurance
Develop a communication and engagement plan to underpin the service change / development. This will include planning a co-ordinated and coherent approach across all affected board areas. Share with HIS for comment and advice on proportionate engagement.	Sub-national structures	Advice and assurance of engagement is by Healthcare Improvement Scotland in line with Planning with People.
Inform affected people and communities by making information widely available at an early stage about the scope of the review and the engagement process from the outset (website, social media, media, newsletter).	Sub-national structures, with co-ordinated approach across affected boards	

<p>Recruit community representation to the project group, including people with lived experience of the services proposed, and from the geographical communities affected.</p>	<p>Sub-national structures, with co-ordinated support across boards to reach all affected communities</p>	
<p>Involve community representatives in option appraisal (covering clinical model and location). If there is only one viable option available, clearly provide the reasons for this.</p>	<p>Sub-national structures, with co-ordinated support across boards to reach all affected communities</p>	
<p>Complete and publish relevant impact assessments involving people and communities:</p> <ul style="list-style-type: none"> • A sub-national Equality Impact Assessment • An Islands Impact Assessment (if applicable) • A Fairer Scotland Duty assessment <p>Where negative impacts are identified, consider how these could be mitigated.</p>	<p>Sub-national structures, with co-ordinated support across boards to reach all affected communities</p>	
<p>The sub-national structures will co-ordinate the public engagement by each of the seven Health Boards to inform the development of, and recommend, a service model.</p> <p>If the proposed service change is considered to be major service change (for any of the Health Board areas), there will be a minimum three month public consultation before a final decision can be reached on the sub-national model. Even if not a major service change, a proportionate approach to engagement may still involve a public consultation.</p>	<p>Sub-national structures, with co-ordinated support across boards to reach all affected communities.</p>	
<p>Update the communication and engagement plan and discuss with HIS. HIS will require to assure the engagement to date, identify any recommendations and consider if the proposals could be considered major service change.</p>	<p>Sub-national structures, with co-ordinated approach across affected boards, HIS</p>	
<p>If major change, then HIS will produce a report for the board or a letter of assessment for non-major change.</p> <p>People’s feedback should be actively considered in the decision-making process and feedback provided explaining the rationale for the decision. Continue to engage with people during the implementation of the proposal/next steps.</p>	<p>Sub-national structures, with co-ordinated approach across affected boards, HIS</p>	<p>HIS</p>

2. Handover from Sub-national structures to local NHS board		
Step	Responsibility	Assurance
Provide written notice to all affected NHS Boards and IJBs explaining what the sub-national service change is, share information on the engagement to develop the proposals and the scope for influence at the local engagement.	Sub-national structures	HIS
Develop a local communication and engagement plan. This will differ from case-to-case and from area-to-area depending on the provision of relevant services in each area, so requirements should be discussed and agreed with HIS.	Affected NHS Boards / IJBs, HIS	HIS

3. Engagement at local NHS board level		
Step	Responsibility	Assurance
Inform affected people and communities about the service change (communication), the engagement process and the scope of change.	Affected NHS Boards / IJBs	HIS, Assurance of engagement is by HIS following Planning with People
<p>Undertake local engagement in the board areas affected by the proposals in line with the <i>Planning with People</i> guidance, informed by discussion with HIS and the status of the change.</p> <p>The engagement activities will differ depending on which of the following two categories the service change falls into:</p> <p>(i) Where there is scope to influence the detail of how the sub-national decision is implemented locally</p> <p>(ii) Where there is not scope for local engagement to influence the service model or location of services</p>	Affected NHS Boards / IJBs	

You can find resources to support the application of the *Planning with People* guidance to the engagement process on Healthcare Improvement Scotland's community engagement website - <https://www.hisengage.scot/service-change/resources/>