Appendix 1

2024-25 Best Value Assessments

Quarter 1

4Es	Focus on Frailty
Brief description	Focus on Frailty is an improvement and implementation programme led by Healthcare Improvement Scotland. The programme runs from April 2023 to March 2025. It aims to improve the experience of, and access to, person centred and coordinated health and social care for people aged over 65 who are living with frailty, or at risk of frailty. We are currently supporting six teams through an 18-month improvement collaborative (May 2023 to November 2024). Teams are made up of NHS boards, health and social care partnerships (HSCPs) and GP practices. The teams are as follows: • South Ayrshire HSCP and NHS Ayrshire & Arran • Moray HSCP and NHS Grampian • NHS Greater Glasgow and Clyde, Glasgow Royal Infirmary • North Lanarkshire HSCP and NHS Lanarkshire • NHS Dumfries & Galloway and Dumfries and Galloway HSCP • Perth and Kinross HSCP and NHS Tayside The programme supports teams to eliminate unwarranted variation and delay in access to healthcare, treatment and outcomes while promoting the measurement of outcomes that matter to people. This includes the effective prevention and management of frailty, improved access to comprehensive geriatric assessment, reductions in the length of stay in hospital and support for people to have their health and care needs met in the community where possible.
Key Facts (based on 23/24)	Six integrated health and social care teams are part of the programme. All teams have identified improvement aims and are testing changes. Each team submits quarterly data and progress reports to Healthcare Improvement Scotland.

	All teams shared their improvement work at the two in-person learning sessions delivered in 2023-24, with an average of 83 delegates attending each event. Programme teams have attended three webinars, with over 200 attendees in total. Additionally, more than 50 coaching calls have been provided to the participating teams. Over 1,400 health and social care professionals are part of Healthcare Improvement Scotland's national frailty learning system. The learning system includes members from 14 health boards, 18 HSCPs and the third and independent sector. One public webinar delivered with 491 attendees. 87% of respondents found the practice example that was shared extremely or very useful. In 2023-24 the programme was core funded from Community Care and Dementia (CCD) and Acute Care budgets and the team comprised of 9.7 WTE (across CCD and Acute). Total cost of the programme for 2023-24 was £662,877.
Economy (spending less)	The financial impact of frailty is significant. Evidence suggests that early identification and assessment of frailty improve outcomes (Healthcare Improvement Scotland, 2022). Teams in the Focus on Frailty programme are supported to apply quality improvement methodology to improve the identification and assessment of frailty. Examples of impact from the programme teams include: • Signal of reduced length of stay (seven points below the median) for people living with frailty, alongside an increase in reliability in frailty identification, and set up of a new frailty assessment unit (NHS Greater Glasgow and Clyde) • Two new frailty assessment units (NHS Lanarkshire and NHS Greater Glasgow and Clyde) • 79% of patients who received occupational therapy wellbeing reviews reduced GP visits (South Ayrshire HSCP and NHS Ayrshire & Arran) • 100 polypharmacy reviews led to 37 fewer medication related visits (Moray HSCP and NHS Grampian) Delivery costs for the Focus on Frailty programme are minimised in the following ways: • Tools and resources produced through the programme are published on the Healthcare Improvement Scotland website. • Most of the programme is delivered online to reduce costs. In-person events held in 23/24 were delivered at a total of £6k under budget vs the forecast.
Efficiency (spending well)	The Focus on Frailty programme is supported by a programme plan. Outputs and activities are based on the Institute for Healthcare Improvement's Breakthrough Series Collaborative model and include materials developed by NHS Education for Scotland.

	Each team submits quarterly progress and data submissions. The programme shares emerging learning and evidence through the national frailty learning system with a view to spreading and sharing learning across Scotland. Learning includes highlighting new ways of working, changes which show impact and practice based on the best available evidence. The programme is supported by a logic model and evaluation framework. An interim evaluation of the programme is being carried out by the Evidence and Evaluation for Improvement Team in Healthcare Improvement Scotland. The Healthcare Improvement Scotland One Team approach has enabled integration of the previously separate acute and community frailty improvement programmes in the Medical and Safety and Nursing and Systems Improvement directorates. The current programme also benefits from the expertise of colleagues across Community Engagement and Transformational Change, Evidence and Digital and the Healthcare Improvement Scotland Communications teams. Further developing the One Team approach the Focus on Frailty and Focus on Dementia programmes set up a joint frailty and dementia advisory group. This integrated approach reduces duplication of work for external stakeholders with expertise in both topics and makes best use of Healthcare Improvement Scotland's resource.
Effectiveness (spending wisely)	The Focus on Frailty team support participating teams to prioritise their improvement work effectively and use the underpinning evidence-based change package. Feedback from the participating teams as part of the interim evaluation includes: *"Looking forward to further progress in the months ahead as I am finding this [programme] not only purposeful but very meaningful"* The programme is grounded in learning from previous work in frailty and dementia and Scottish Patient Safety Programme and uses resources from NHS Education for Scotland's Quality Improvement programme. The programme supports delivery of Healthcare Improvement Scotland's strategy. Face-to-face events are delivered when identified as adding value to the stakeholder experience. For all face-to-face events the National Services Scotland (NSS) procurement processes are used to secure best value for money when securing venues. The in-person events have evaluated well with attendees saying that they left the events feeling energised to address barriers that they are experiencing and have made valuable connections with colleagues from across Scotland. The programme has enabled teams to prioritise improvement where it will have greatest impact, as one participating team member reflected in the interim evaluation:

	"What the HIS collaborative has done [is give] you that clout. If [we] hadn't been part of the collaborative, I think we might have [gone] down a route that wasn't right."
Equity (spending fairly)	All Focus on Frailty resources are publicly available on Healthcare Improvement Scotland's website. All outputs are reviewed and checked to ensure they are developed using plain language. There is an Equality Impact Assessment for programme which is reviewed regularly. Stakeholders taking part in the programme are supported to adopt an equitable approach to their quality improvement activities at regular points within the programme. For example, by integrating patient experience into their improvement work. We ensure participating teams are afforded equitable access to the programme by adjusting our delivery methods. For example, by supporting remote and rural teams to participate more easily and effectively.
Additional Information	While the Focus on Frailty programme supports sustainable improvements in experience of, and access to, person-centred and coordinated health and social care. It also supports teams to consider and employ both Quality Management Systems and Realistic Medicine approaches to their projects and work.
Overall Assessment	The Focus on Frailty programme has delivered its key outputs efficiently and effectively. This includes the delivery of two in person learning sessions in 23-24, over 50 coaching calls, three webinars for the participating teams and one public facing webinar. Data and feedback from participating teams have demonstrated the ongoing impact of the Focus on Frailty programme. Health and social care teams and people living with frailty have benefited from improvements in identification and assessment of frailty as well as improved integrated working. The interim evaluation of the programme shows that teams have valued the opportunity to network, share learning, and to transform this learning into improvement in their local health and social care systems. The improvement coaching as well as quarterly data and progress submissions provide accountability and enable agency among participating teams. The next phase of the Focus on Frailty programme will build on the learning of participating teams and support the spread and scale of high impact improvements for people, families and carers living with or at risk of frailty.
NHSScotland Value Based Health and	The Focus on Frailty programme is supporting teams to reduce unwarranted variation in experience of, and access to, person centred services for people living with, or at risk of frailty. Each participating team is progressing in their work to improve the reliable identification of people living with or at risk of frailty and subsequent access to evidence-based, person centred assessment and services.

Care Action Plan	

Quarter 2

4Es	Police Custody
Brief description	The HIS Healthcare within Justice (HWJ) team works collaboratively with His Majesty's Inspectorate of Constabulary in Scotland (HMICS) to inspect healthcare within police custody centres across Scotland. This inspection programme drives improvements in healthcare through consistent quality assurance and inspection activities to ensure that individuals in custody receive equitable healthcare and support compared to the general population, within the constraints of the custody environment.
Key Facts (based on 23/24)	• 3 full inspections planned for 2023-24 (1 full inspection carried out in Q2) • £104,000 baseline funding from Scottish Government with an additional allocation of £173,817 • 1x Senior Inspector and 3x Inspectors (across Police Custody and Prison inspections) • Programme management, project officer and admin officer support provided via QAD Programme Management Function
Economy (spending less)	The HWJ inspection team is lean in structure, and we have sought to ensure value for money through use of technology for virtual discussions with stakeholders, as well as cross-over of some work activities between inspectors and programme staff on prison and police custody inspections to help build resilience and cover temporary shortfalls. Subject Matter Experts (who provide specialist healthcare advice based on their area of expertise, such as pharmacy, substance use, maternity and childcare etc.) participate in inspections virtually, thus saving the cost of accommodation, travel and subsistence.
Efficiency (spending well)	Our inspections help to ensure greater consistency of care for people across Scotland and to make sure people's human rights regarding healthcare within justice settings are respected. Our joint inspections to date have highlighted significant variation in the standard of care provided to detainees across Scotland, thus validating the need for robust scrutiny. Undertaking joint inspections will continue to support the Scottish Government in meeting its legal obligation to be fully compliant with the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (OPCAT) in line with other countries within the UK.

	Police custody inspections are unannounced and use an agreed Framework to Inspect, which includes a series of quality indicators. The annual programme of inspections is informed by a joint assessment of risk and priority by HMICS and the HWJ team. We have committed to carry out three full inspections during 2024-25, in collaboration with HMICS, and will carry out follow-up activities, if required. During Q2, one full inspection was carried out.
Effectiveness (spending wisely)	The HWJ team collate findings from health provider self-evaluation, evidence, discussions with staff and prisoners or detainees and through on-site inspection activities. The HWJ team then triangulate these findings using evidence templates for each quality indicator to fully evaluate the quality of healthcare and to help shape recommendations for improvement. If significant areas of concern are identified, that need to be escalated, the HWJ team works with NHS boards / HSCPs to design and implement action plans to put in place support mechanisms to ensure improvement (this may include follow up site visits or discussions). To further ensure inspections result in improvements in the provision of healthcare within police custody centres, HIS and HMICS introduced a new process in 2023 for reviewing action plans following each inspection. Following publication of each inspection report, HIS routinely requests an action plan from the NHS board / HSCP outlining their plans / achievements of recommendations set out within the inspection report, for submission to us three months post report publication. The HWJ team risk assess these action plans to determine whether any follow up inspection activity is required – this provides an extra layer of quality assurance to ensure improvements are being taken forward in response to our inspection findings.
Equity (spending fairly)	Our published inspection reports feature recommendations and good practice, and our unique role enables us to be at the heart of national efforts to understand and shape the quality of healthcare, particularly where challenges require a national solution. Inspection reports are available on the HMICS website.
Additional Information	Within the first year of funding, HMICS / HIS published a Baseline review of healthcare provision within police custody centres in Scotland. This report outlined our findings and highlighted the wide variation across Scotland with regards to access to healthcare for people in police custody. The report also outlined examples of good practice and made a number of recommendations, including nationally agreed waiting time standards for the assessment and treatment of individuals detained in police custody centres, and the development of up-to-date guidance on the delivery of police custody healthcare. In direct response to this report, the National Police Care Network is in the process of developing a Target Operating Model (TOM) for Police Custody Healthcare and Forensic Medical Services. This will enhance efficiency and effectiveness while ensuring the consistent delivery of healthcare. The development of the TOM, alongside our inspection programmes, will support people in police custody across Scotland to receive holistic person centred, trauma informed care that meets their needs, with dignity, as part of the criminal justice process.

	We have compiled a draft three-year strategy for the HWJ programme to set out our vision for improving healthcare provision for people within the context of the justice system, aligned with HIS strategic objectives. In addition to delivering outcome-focused inspections of healthcare within prisons and police custody facilities, the strategy also takes account of the potential to improve other healthcare contacts individuals have within the justice system, such as forensic services and the court system Funding will also continue to be used for collaboration with relevant stakeholders within the healthcare and justice settings (such as the National Police Care Network), and attendance at national meetings or participation in national reviews to share our inspection themes, learning and processes to further raise the profile of our joint work and the importance of meeting the healthcare needs of those detained in police custody.
Overall Assessment	Since police custody inspections were introduced in 2022, significant variation in the standard of care provided to detainees across Scotland has been highlighted, which validates the need for robust scrutiny. Technology will continue to be used to carry out virtual discussions with stakeholders and HWJ staff will continue to work across Prisons and Police Custody inspections. Evaluation forms are issued to gather feedback from NHS boards / HSCPs and Subject Matter Experts (following every police custody inspection), with the information being used to shape and improve our processes. Future publication of the HWJ three-year strategy will allow us to share our vision for improving healthcare provision for people within the context of the justice system. The impact of our work has directly influenced and led to change at a national strategic level, supporting a whole system approach to improving care for people in custody across Scotland. The baseline review, along with the short-life working group and engaging with people with lived experience, enabled us to develop the Framework to Inspect. Our role is not just to provide local operational assurance, as part of our inspection programmes, but to drive national improvements and influence at a strategic level.
NHSScotland Value Based Health and Care Action Plan	Reducing unwarranted variation and inequality

Quarter 3

4Es	Transformational Change Mental Health Unit
Brief description	Delivering three programmes of work: • Scottish Patient Safety Programme Mental Health (SPSPMH) and Core Mental Health Quality Standards which aims to reduce preventable harm and unwarranted variation in secondary mental health services • Mental Health Reform which aims to ensure that in areas of complex mental healthcare (Early Intervention in Psychosis (EIP), Personality Disorder Improvement Programme) people get access to the right care, in the right place, at the right time, with equitable experience across Scotland • Mental Health and Substance Use (MHSU) which aims to Improve outcomes for people with co-occurring substance use and mental health conditions Additional work aims to help inform policy development and offers of support through improving alignment and co-ordination of national mental health programmes by running an internal Mental Health Network and an external National Partners Huddle.
Key Facts (based on 2024/2025)	

Funded from Mental Health Policy

Programme Name	Funding type	WTE in-post (vacancies)	Allocation 2024-25
SPSPMH and Standards	Core funding	7.2 (1.0)	£580,479
Mental Health Reform	Additional Allocation	9.6 (1.0)	£635,616

Funded from Drugs and Alcohol Policy

Programme Name	Funding type	WTE in-post (vacancies)	Allocation 2024-25
MHSU	Additional Allocation	11.0 (0)	£562,705

	One third of adults experience mental health problems which affects function and daily life per year in Scotland. Poor mental health costs the Scottish economy at least £8.8 billion annually (healthcare costs, lost productivity and impact on informal carers). Scottish Government's declared target of spending 10% of the NHS Scotland budget on mental health has yet to be reached. We are working to support the National Mental Health Strategy within programmes that underscore the importance of investing in early intervention, delivering care that is safe and supporting services to meet agreed standards.
Economy (spending less)	**Healthcare Improvement Scotland Economy** In 2023-24 additional allocations for Early Intervention in Psychosis and Personality Disorder Improvement Programmes totalled £735,673; consolidation of these programmes into a single Mental Health Reform programme with combined project management support represented a £100,000 saving. Within 2024-25 underspends across the TCMH unit generated by gaps in recruitment and reducing non-pays spending to minimum required to run programmes (in house events, travelling less, attending virtually) are forecast to be around 14%. **Wider Economy – Scotland's Health and Care System** It should be noted however that there is not a drive to spend less in Mental Health. There was a Scottish Government commitment to use 10 % of the health budget for mental health. To date this has not been achieved. It is therefore critical that the emphasis around value for money is on use of resources, not on reduction of resources. Stephen Boyle, Auditor General for Scotland, in his response to the Committee under the heading Scottish Government's progress with the 2023-26 workforce plan: "Increased investment through the national mission is one way in which the Scottish Government is supporting delivery of the plan. It has also published the Mental health and substance use protocol, an important tool in supporting the alcohol and drug workforce to deliver joined up services for those with co-occurring support needs."
Efficiency (spending well)	Within the portfolio, the area which best demonstrates a focus on efficiency is "Coming Home" and Delayed Discharges we work to identify where current pathways of care are working inefficiently and support systems to identify ways of working efficiently. A reduction in the overall number, length and incidence of delayed discharges of people with mental health and learning disabilities by the end of 2024-25 represents a cost saving to NHS Scotland. Efforts to reduce delayed discharges have produced positive results at a rapid pace with minimal resource (an additional allocation of £75k from Scottish Government). For example, on one of the pathfinders for mental health delays: "NHS Grampian Delayed Discharge improvement work in the Royal Cornhill Hospital", has resulted in a reduction in delayed discharges of 34% in four months, where the average length of delay is 151 days. The Royal Cornhill Hospital approximate cost of £500 per bed per night. Patient discharge may not equate directly to cash releasing savings however the benefits of patient flow create a far more efficient system with less acuity on admission and less risk associated with deterioration in community. In addition, in-patients are more likely to receive care in appropriate environments, less boarding to other wards, less spending on additional staff and maintenance of safe occupancy levels.

	A key driver of the Coming Home programme is addressing Out of Area Placements which can often involve very high expense – packages more than £500k annually not uncommon, Scottish Government states that approximately £47 million is spent annually on these placements. While promoting the good practice of caring for people with complex care needs closer to family and friends in line with Coming Home recommendations there are likely to be significant opportunities to 'spend to save' significant sums. In December 2023 – approximately 1,250 on local dynamic support registers of these 644 were in appropriate out of area placements with a further 130 recorded as being in inappropriate out of area placements. This means that care closer to home would be efficient spending for around 770 people and families. The HIS resource allocation for this work is £99,075. The other programme which evidences increased efficiency is the Mental Health Scottish Safety Programme. Within the SPSPMH programme improved patient safety and quality of care across national settings means that people experience care that is and feels safe. Investing in prevention strategies, staff training, and creating safer environments for both patients and healthcare workers helps reduce costs but also improves the quality of care and outcomes for patients within a system spending £1.2 billion on adult mental health services. Between 2019 and 2024, over £2.6 million was paid out in compensation to adult mental health patients in Scotland when care caused harm.
Effectiveness (spending wisely)	The main area of the mental health portfolio focused on this area is the Reform Programme, which looks to improve how money is spent by creating new models of care where current models create poor outcomes for individuals and ineffective use of a limited specialist mental health capacity. The mental health reform includes new models of care for people experiencing a first episode of psychosis or those with a diagnosis of personality disorder. Developing EIP services increases access to best possible treatments for early psychosis (in line with the principles of reciprocity under the Mental Health Act 2003). By intervening early to support those experiencing a first episode in psychosis we contribute to using the money within mental health services more effectively in the system since people are less likely to require in-patient admissions and readmissions, less likely to develop severe mental illness that requires lengthy and intensive care and treatment. In the longer term there will be a beneficial financial impact upon wider systems such as housing, social work, criminal justice systems since better outcomes for people experiencing psychosis and those with concurrent mental health and substance use issues reduces the burden on these wider systems.

	Scotland is one of the only countries in the Western world without Early Intervention in Psychosis services and service provision for people with psychosis is now approximately 30 years behind England's. A recent systematic review of access to therapies shows that rates of receipt of psychological therapy for psychosis internally are 25% for Cognitive Behavioural Therapy and 30 % for Family Behavioural Therapy, compared to Scotland's rate of around 1 %.[1] Our best estimate of the value of EIP at this time, in terms of health service costs avoided, is that it could save the NHS on average between £8.4million - £10.6million per annum. For one of the EIP sites, in the baseline cohort, 9 out of 12 patients (75 %) were subject to the mental health act (for example emergency detention, short term detention or community treatment order), compared to 14 out of 49 patients in the EIP caseload (28 %). In addition to prevention of in-patient treatment, the EIP service has supported early discharge from the hospital. The EIP service has a readmission rate of 12.6 % compared with the NHS Dumfries & Galloway average of 39.3 % (5-year average of mental health readmissions). Only 2.6 % of our service users have had more than one readmission since referral, compared with 26 % of the overall psychiatric admission population of NHS Dumfries & Galloway. Work with pathfinder sites to create an Implementation Guide for creating new services and pathways for supporting people with complex mental health needs has the potential to impact nationally. Those with psychosis currently receiving support are likely to be medicated but not supported, which means they are less able to achieve recovery outcomes like stable employment, housing, relationships and wellbeing – these outcomes all reduce the demand for services including mental health in-patient services, mental health community services and justice, housing, social work and employment services. Training and capacity building to improve knowledge and quality of care within SPSPMH (online forum for workforce) MHSU and EIP work (Essentials of EIP Clinical Training module on TURAS) supports a workforce that is confident in the quality of care they deliver and experience job satisfaction and higher morale. Work to support the implementation of core standards helps services to understand their progress and ensures there is a mechanism to improve the quality of mental health services.

[1] Burgess-Barr S, Nicholas E, Venus B, Singh N, Nethercott A, Taylor G, Jacobsen P. International rates of receipt of psychological therapy for psychosis and schizophrenia: systematic review and meta-analysis. Int J Ment Health Syst. 2023

Equity (spending fairly)	All Transformational Change – Mental Health (TCMH) programmes are supported by Equality Impact Assessments. All programmes concentrate on populations that are currently poorly served with an aim to improve outcomes for people experiencing severe and complex MHSU issues who are disproportionately from marginalised communities. The Programme within the portfolio which best evidences increasing equity for those poorly served within the current healthcare system is mental health substance use. The Protocol was published on 25 September 2024 National Mental Health and Substance Use Protocol | HIS Engage, and we are now working to support its implementation in 100% of Boards by March 2026. Over 13% of young adults are affected by poor mental health coupled with problematic substance use. Additionally, substance use was a factor in around 50% of suicides in the decade 2008 – 2018, Scotland has some of the highest suicide and drug death rates in Western Europe. The MHSU programme has developed a national mental health and substance use protocols and is supporting areas to develop and implement their own local protocols. This will improve joint working and relationships across services and address many of the issues highlighted in the Audit Scotland report around barriers to accessing alcohol and drug treatment and support (Exhibit 4, page 29), such as assessment and referral processes and supporting people to stay in treatment and recovery. By foregrounding the experiences of people with lived experience when working with services, staff should be more able to be trauma-informed and reduce stigma. Through commissions with third sector partners, we are able to engage meaningfully with people, families and carers with lived and living experience, ensuring their voices are threaded through all TCMH programmes. Work to reduce and prevent future delayed discharge outcomes through a human rights-based approach improves outcomes for people so that they are placed appropriately and closer to community and support networks. The publication of the protocol was noted by Audit Scotland as significant By Stephen Boyle, Auditor General for Scotland, in his response to the Committee under the heading Scottish Government's progress with the 2023-26 workforce plan: "Increased investment through the national mission is one way in which the Scottish Government is supporting delivery of the plan. It has also published the Mental health and substance use protocol, an important tool in supporting the alcohol and drug workforce to deliver joined up services for those with co-occurring support needs." The Cabinet Secretary Neil Gray, in written correspondence to the Criminal Justice Committee, also noted the value of the programme and HIS work to develop and implement the protocol. "Working across Mental Health Policy and Drug Policy, we commissioned Healthcare Improvement Scotland to produce an exemplar protocol which builds on best practice from across the country and internationally, which outlines how mental health and substance use services can work better together to deliver a whole system approach.

	Implementation of the protocol will ensure every area has access to a high-quality document on which to base their own protocol. HIS will offer strategic change management support to help local areas to adapt the exemplar protocol to their own circumstances, pilot elements of the protocol and implement fully. By implementing the exemplar protocol, local areas will also be implementing MAT 9 (mental health support when accessing MAT). However, the protocol is not limited to opiates or medication-assisted treatment. The protocol is a live document and will be adapted to reflect current systems. Over the next 18 months HIS will support a number of local areas to identify where support can be offered to develop detailed work to implement the protocol.
Overall Assessment	TCMH facilitates information sharing across the national boards to share good practice and maximise the impact of improvement work. We can demonstrate that intervening early for people experiencing a first episode of psychosis improves outcomes across a range of measures: • referral to treatment times – under 14 days for both services (6.5 and 2 days) • durations of untreated psychosis – reduced to two weeks • engagement rate – maintaining contact with 100 % and 92 % of service users, and • Readmission rates within EIP much lower than NHS board average (e.g. 12.6 % compared to the NHS Dumfries & Galloway average of 39.3 %). MHSU work is progressing towards having mental health and substance use protocols in place within all territorial boards and is helping to meet MAT Standard 9. SPSPMH – all local areas have made first steps towards completing local assessments and making a local improvement plan. Delayed discharge work showing encouraging early impact - a 26 % reduction in delayed discharges following local support.
NHSScotland Value Based Health and Care Action Plan	• Person-centred care and shared decision making • Reducing unwarranted variation and inequality, and • Reducing harm.

Quarter 4

4Es	Service Change
Brief description	The service change function discharges Healthcare Improvement Scotland's statutory duties in relation to supporting, ensuring and monitoring NHS boards' and Integration Joint Boards' (IJBs) engagement on service change. It ensures compliance with the NHS Reform (Scotland) Act 2004 and the national Scottish Government/COSLA *Planning with People* guidance so that NHS bodies carry out meaningful engagement with communities when impactful changes to services are being considered.
Key Facts (based on 24/25)	Outputs include: • Providing tailored advice and support to NHS boards and IJBs carrying out service changes (currently 47 as of Q4 2024-25); • For service changes designated as 'major', quality assuring the engagement process and producing a report for the Cabinet Secretary; • Influencing Scottish Government to update *Planning with People* to provide greater clarity on key areas including engagement responsibilities for HSCPs and defining nationally determined service change; • Providing recommendations and expressions of view letters to Board meetings; and • Facilitation of Engagement Practitioners' Network (currently 200 members across NHS boards and HSCPs and others) with learning sessions, workshops and training on statutory duties delivered throughout the year. Total cost of dedicated function staff in 2024-25: £325k. Dedicated function staff during 2024-25 was equivalent to 5.0wte. In addition to the dedicated function staff, there is a contribution from other staff in the directorate including the Director, Associate Director and Strategic Engagement Leads; and the Assurance unit has been structured to enable flexible resourcing by Project Officers. The Service Change Sub-Committee (a sub-committee of the Scottish Health Council) meets 4x year for two hours (membership: three HIS Board members + three Scottish Health Council members).
Economy (spending less)	As part of our organisational change in 2024, we aligned the functions of assurance of engagement, evidence for engagement, improvement of engagement, and strategic engagement teams within the Community Engagement & Transformational Change directorate. This has focused the

	service change function into a smaller team and allowed for the removal of the Principal Service Change Adviser post (band 8a) whose responsibilities are now shared between a Programme Manager and the Head of Engagement Practice – Assurance.
Efficiency (spending well)	Having a small team with a national remit helps to bring consistency in our approach and reduce unwarranted variation in approaches to service changes across the country. Our staff facilitate this consistent approach through timely expert advice and proactively create spaces for shared learning and peer support. An After-Action Review is carried out after the publication of every major service change report in a regular cycle of improvement.
Effectiveness (spending wisely)	Staff responsible for leading service change engagement in NHS Boards and Health and Social Care Partnerships (HSCPs) report increased knowledge and understanding as a result of our workshops and learning sessions, for example: "For me the workshops were very useful for highlighting different tools and guides available and not to reinvent anything, plus highlighting the importance of engagement and the risks of not doing it properly." "Also highlighting the support that is available from HIS. I have been tasked with doing a guide for staff on service change and engagement which needs senior management buy-in. Reflecting on yesterday I am interested in the Quality Framework and how that could potentially be taken forward in the HSCP and going to speak to my service manager regarding it." East Dunbartonshire HSCP feedback, Feb-Mar 2025 Our major service change reports provide assurance to Scottish Government and NHS Boards / IJBs that health and care services have met the requirements of national guidance with respect to meaningful engagement, from initial planning through to final decisions. Meaningful engagement leads to services that are designed with the communities who use them. It leads to greater community satisfaction with the engagement process as people feel they have had the opportunity to take part and share their views when change is being considered. The work of the service change function ensures HIS is meeting its statutory duty to support, ensure, and monitor the discharge of the duty on NHS boards to encourage public involvement (through the Scottish Health Council as described in Annex 3 Key Legislation).
Equity (spending fairly)	We provide advice on and review draft Communication and Engagement Plans produced by NHS Boards and HSCPs to ensure all communities affected by a service change have been considered and included. There are 47 service changes ongoing at the point of this submission. Through ongoing relationships, we ensure that the approach described in *'Planning with People'* is followed by health and care services. The guidance "applies to all care services for children, young people and adults. It should be followed not only by health and social care providers, but also by

	local, regional, and national planners, special health boards and all independent contractors and suppliers, such as care homes, pharmacies and general practices." (Planning with People, part 1).
Additional Information	David Rowland, Director of Strategic Planning for Dumfries & Galloway (D&G) HSCP, provided a video testimonial for the HIS annual review (the clip can be viewed within the video at 23:50) in November 2024 describing the value of HIS' support during the D&G cottage hospitals major service change.
Overall Assessment	There is significant value derived from the support we provide to NHS Boards and Health & Social Care Partnerships across Scotland to meet their statutory duties for public involvement whilst fulfilling the statutory duty for HIS to quality assure that engagement. Overall, Service Change function is of immense importance, provided by a small team of highly skilled subject matter experts at relatively small cost offering good value for money, but opportunities to identify efficiencies are always explored to ensure the service offers continues to deliver best value, this includes cost effectiveness to identify potential savings.
NHSScotland Value Based Health and Care Action Plan	• Public engagement • Culture of stewardship (Engagement Practitioners Network which is a community of practice) • Eliminate unwarranted variation

Appendix 2

Best Value Assessments 2025-26

		Strategic Risk Currently Out of Appetite	Largest Programme Spend 25-26	Strategic Plan	Annual Delivery Plan
Quarter 1					
Healthcare Staffing Programme (HSP)	Nursing & Systems Improvement		x	Safety & Quality, Evidence, Voices, Improvement	Perinatal, Mental Health, Frailty, Drugs & Alcohol, Primary & Community Care, Reform & Renewal, Statutory, Safety
Quarter 2					
National Hub for reviewing and learning from the deaths of children and young people	Quality Assurance & Regulation			Safety & Quality	Statutory, Safety
Quarter 3					
Drugs & Alcohol Improvement Programme	Community Engagement & Transformational Change		x	Safety & Quality, Evidence, Voices, Improvement	Drugs & Alcohol
Quarter 4					
Scottish Health Technologies Group (SHTG)	Evidence & Digital			Evidence	Statutory

The schedule above will be subject to change and remain flexible due to changes in risk profiles, re-prioritisation and/or funding confirmation

References

Auditing Best Value in the NHS, Audit Scotland

Best Value: revised statutory guidance 2020 - gov.scot (www.gov.scot)

Best Value in Public Services, Guidance for Accountable Officers, Scottish Government

Better Value in the NHS, The Role of Changes in Clinical Practice, July 2015

Blueprint for Good Governance for NHS Scotland

Chartered Institute of Public Finance and Accountancy (CIPFA) 4Es Framework

Delivering Value Based Health & Care: A Vision for Scotland

Healthcare Improvement Scotland 2022/23 Annual Audit Report

Healthcare Improvement Scotland Performance Management Framework, 2023

National Performance Framework

NHS Reform (Scotland) Act 2004

Planning with People Guidance

Strategy 2023-28

Scottish Government Value Based Health and Care Action Plan, October 2023

Scottish Parliament under Section 15 Public Finance and Accountability (Scotland) Act 2000

Scottish Public Finance Manual

Value Based Health & Care Action Plan