

Planning with People (2024) – Frequently Asked Questions (FAQs) about engagement in service change

Introduction

In May 2024 the Scottish Government and COSLA¹ issued updated guidance on public engagement for NHS boards, Integration Joint Boards² and Local Authorities, when they are planning and designing services. This guidance is called [Planning with People](#) (2024). We have developed this document to help people and communities understand how the guidance may be applied.

Services are continually adapting and improving due to changes in clinical practice, changing staff roles, advances in technology, new and different ways of delivering health and care. Redesign and change can ensure services continue to be fit for purpose, efficient and lead to better outcomes for people.

The content of this document should be read and considered in conjunction with the *Planning with People* (2024) guidance.

Frequently Asked Questions

What is ‘service change’ or ‘service redesign’?

This can involve reviewing existing services and planning new services, or it may be consulting people on changes to the way in which services are delivered or where they are delivered from. Service change can occur at a local, regional and national level and in degrees of scope. For example, a change to a part of a service model, a change that affects a smaller number of people or a bigger change to a service model that affects a large number of people.

It is essential that all planned service change or redesign, including temporary arrangements, are communicated clearly and at the earliest opportunity to the people potentially affected by the service. We have produced a short animation explaining this – hisengage.scot/service-change/resources/what-is-service-change/

¹ COSLA, Convention of Scottish Local Authorities, www.cosla.gov.uk

² NHS boards and Local Authorities delegate some health and care services and resources e.g. money, to the **Integration Joint Board** (IJB). An IJB is a legal body responsible for planning and overseeing the delivery of integrated (joint) health and care services. The IJB issues directions on how integrated services should be done. The **Health and Social Care Partnership** (HSCP) delivers the services the IJB commissions in line with their Strategic Plan for health and care services.

What is Healthcare Improvement Scotland's role in engagement?

Our role is to ensure people and communities are engaged in shaping health and care services. We have a statutory role³ to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement⁴, including quality assurance of changes to delegated health services being made by Integration Joint Boards.

When an NHS board or Integration Joint Board proposes a service change, it should work with Healthcare Improvement Scotland to ensure that people and communities potentially affected have the information and support they need to play a full part in the engagement process.

We provide advice on the level of engagement required and ensure the process is in line with the *Planning with People* (2024) guidance.

NHS boards and Integration Joint Boards should work with Healthcare Improvement Scotland from the earliest opportunity to discuss advice on engagement and to enable us to quality assure the process as it develops.

While the *Planning with People* (2024) guidance applies to engagement by NHS boards, Integration Joint Boards and Local Authorities, the role of Healthcare Improvement Scotland is specific to NHS boards and health delegated services that sit with the Integration Joint Boards. HIS does not have a role in giving advice or assessing engagement for services provided by local authorities e.g. care homes, respite.

What is the statutory (legal) duty for public involvement?

NHS boards and Integration Joint Boards have a statutory duty to involve people in the planning and development of services, and in the decision-making process.

NHS boards must meet their duties of public involvement as set out in the NHS (Scotland) Act 1978, Section 2B. Integration Joint Boards' engagement and participation duties are specified in the Public Bodies (Joint Working) (Scotland) Act 2014.

The Community Empowerment (Scotland) Act 2015 strengthens the duty to involve people in the design and delivery of care services. Participation is also a key element of a Human Rights based approach⁵, which requires that people are supported to be active citizens and involved in decisions that affect them.

What does HIS provide advice on?

We can provide advice on the type of involvement we would expect to see for proposed engagement by health bodies. We can give views on similar work and best practice elsewhere, support meaningful engagement, and offer guidance on the evaluation process and make recommendations for the engagement process.

³ The NHS Quality Improvement Scotland (Establishment of the Scottish Health Council) Regulations 2005, www.legislation.gov.uk/ssi/2005/120/made

⁴ NHS Reform (Scotland) Act 2004, www.legislation.gov.uk/asp/2004/7/contents

⁵ Scottish Human Rights Commission, www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/

We will look to the organisation to provide evidence that the views of potentially affected people and communities have been sought, listened to and acted on, and treated with the same priority (unless in exceptional circumstances) as clinical standards and financial matters.

Healthcare Improvement Scotland does not comment on clinical or financial issues for prospective service changes or the effectiveness of an organisation's engagement with its own staff.

What engagement does HIS quality assure?

We quality assure the process of engagement to see if it is in line with the *Planning with People* (2024) guidance. We don't comment on the proposal itself or staff engagement.

We say whether the consultation process has or has not met the *Planning with People* (2024) guidance. We take an objective approach by

- speaking with people who have taken part in the consultation to get their views on how they were involved
- reviewing the information the NHS board/Health and Social Care Partnership⁶ has developed, and
- attending planning and public meetings to inform our analysis of the process.

Does HIS do the engagement?

No, we do not undertake engagement on behalf of the NHS boards or Integration Joint Boards in relation to service change.

When does the guidance, *Planning with People*, apply?

Planning with People (2024) applies when decisions are being made about the planning or development of all care services, including temporary service change.

The guidance asks that people and communities are involved from the earliest stage and throughout the change process. However, when NHS boards or Integration Joint Boards need to make temporary changes⁷ (for example, infection control, staff absence) the guidance recognises that safety must be prioritised, and the full engagement cycle doesn't apply⁸. They are required to consider the impact on people and communities and communicate what the temporary changes are and how long it will last.

Are there situations when the guidance doesn't apply?

The guidance doesn't apply to engagement with staff.

It is important that even when an NHS board or Integration Joint Board believes that there is only one option or solution that can be implemented they should still give people the information they need to understand the constraints and consider potential solutions with people and communities who may be affected by any change.

⁶ Health and Social Care Scotland, <https://hscscotland.scot/hscps/>

⁷ You can find out more here - [20250303-his-cetc-sc-temporary-changes-briefing-1-0.pdf](https://hscscotland.scot/hscps/20250303-his-cetc-sc-temporary-changes-briefing-1-0.pdf)

⁸ If the NHS Board or Integration Joint Board were looking to make the temporary change permanent, they would then require to follow the full engagement cycle.

Does the guidance apply to all health and social care services?

The *Planning with People* (2024) guidance applies to all health and social care services. However, the role of HIS relates specifically to NHS board services and those health services delegated to the Integration Joint Board.

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.

What is major service change?

There is no definition of major service change. However, we have developed a template that can be completed to help identify proposals that may be categorised as major service change -

<https://www.hisengage.scot/service-change/resources/identifying-major-service-change/>

This template should only be completed once an NHS board or Integration Joint Board has undertaken engagement to identify potential solutions or models. HIS can give a view on the status of proposals. If we disagree with the NHS board or Integration Joint Board's view, the final decision would be made by the Scottish Government.

What must NHS boards and Integration Joint Boards do when a service change is categorised as major?

If it is agreed that the service proposals are major, the NHS board or Integration Joint Board must undertake a public consultation on the proposals. This should not start until HIS has assessed the engagement process. We will confirm if the process to date is in line with *Planning with People* (2024) guidance and make any recommendations before the NHS board or Integration Joint Board moves to public consultation.

The consultation process must last for at least three months and NHS boards or Integration Joint Board must go out and ask people and communities for their views on the proposal(s). This includes people who use or may have an interest in the proposed change(s). Activities may include: sharing information, public meetings, events, one-to-one discussions, and surveys. NHS Board or Health & Social Care Partnership staff will prepare a report that covers the activities done as part of the consultation, together with people's and communities' feedback on the proposals. This will be presented to their board along with other relevant information e.g. financial, risk. The board takes into account all the information gathered and makes a decision, which they then share with people and communities explaining how views and feedback were considered.

During this time HIS will quality assure the public consultation and prepare a report. This involves HIS speaking to people taking part in the consultation, reviewing information and attending public meetings and events to decide if the engagement process has been meaningful and in line with *Planning with People* (2024) guidance.

HIS shares its report with the NHS board or Integration Joint Board to inform their discussions and decisions. The report is also sent to the Scottish Government who give approval for major service change proposals for NHS boards only. The HIS report is also published on our website and shared directly with people who took part in the consultation and requested a copy.

Do NHS boards and Integration Joint Boards still need to consult if the proposal isn't major?

Yes, they may still require to carry out consultation. A proportionate engagement approach will consider the level of change and the impact it may have on the people and communities accessing the service(s).

Who makes a final decision on major change?

If an NHS board is undertaking major service change a final decision is made by the Scottish Ministers. They take all the available information and representations into account, including the report from HIS.

The proposals may be approved or rejected by Scottish Ministers. Where appropriate, Ministers may also instruct the relevant NHS board to conduct further engagement activity.

However, Integration Joint Boards can make a final decision on major service change.

Can HIS influence decisions?

HIS does not seek to influence an NHS board or Integration Joint Board decision. We do not comment on clinical or financial data relating to prospective service changes, which will form part of the decision-making process. Our role is to ensure people and communities are given the information, time and opportunity they need to take part in the engagement process. Feedback from people and communities should be considered by the NHS board or Integration Joint Board when they make their decision, alongside other relevant data and information.

Does HIS comment on the impact assessments of proposals?

HIS does not comment on the information provided in the impact assessment. However, we look to see how the engagement process has been informed by the information contained in it.

We recommend that an impact assessment is done at the start of the project to help identify who may be affected and their communication and engagement needs.

Once a proposal(s) has been identified, the impact assessment can help to identify how people may be affected by the change, identify positive impacts and consideration of how negative impacts may be reduced.

The impact assessments may cover different aspects (equalities, socio-economic, Islands) and should be made publicly available.

What does HIS mean by proportionate engagement?

The level of engagement should be determined by the level of impact of change on the people who use the service. The principles and process set out in the guidance should still be applied. This recognises that while a change may not affect a large number of people, the impact of change may still be significant for those people who use the service.

HIS can offer advice on this to NHS boards and Integration Joint Boards.

Do the NHS boards and Integrated Joint Boards have to give priority to people's feedback?

They need to consider people's feedback alongside other issues, for example financial, clinical, staffing. Once they have made a decision, NHS boards and Integration Joint Boards must explain how they have made a decision and taken into account people's feedback.

What happens if an NHS board or Integration Joint Boards doesn't follow the guidance?

NHS Boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run.

HIS has a duty to ensure the NHS board or Integration Joint Board meets their statutory duty. If we have concerns, we will write to the NHS board or Integration Joint Board to understand, setting out our concerns and making recommendations. Where appropriate we can escalate these concerns with Scottish Government.

If the NHS board or Integration Joint Board has not followed the guidance, they may develop a service model that doesn't meet people's needs. They may also be subject to legal challenge through Judicial Review or be challenged through political means.

Why should I get involved?

Your involvement helps to ensure that NHS boards and Integration Joint Boards hear new ideas, understand issues from a community perspective, and ensures that people who use services have the chance to have a say on how services should be delivered, improving access to care services and health outcomes.

When NHS boards or Integration Joint Boards involve people and communities, it leads to better designed services that meet people's needs, improves public confidence about services, and reduces resistance to change because people have been involved in understanding the reasons for change and shaping the new service.

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