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Welsh Assembly Government

**NHS Structural Change Programme
Partnerships Project**

**Planning and Commissioning NHS Services:
Guidance**

Status: Draft @ 211102

Welsh Assembly Government

Planning and Commissioning NHS Services: Guidance

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1. INTRODUCTION

Purpose of the paper

1.1 The purpose of this paper is to set out draft guidance on NHS planning and commissioning after the NHS Structural Change takes place on 1st April 2003.

Preparation of draft guidance

1.2 Preparation of this draft guidance has been co-ordinated by Lynne Hamilton, Project Director of the Partnerships Project. The guidance has been developed by a User Group of the NHS Structural Change Partnerships Project which comprises representatives from key stakeholder interests, including NHS Trusts, local authorities, Health Authorities, Local Health Groups and Welsh Assembly Government officials. Membership of the User Group is detailed at Annex H.

1.3 Comments should be sent by 31st January 2003, at the latest, to:

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2. Purpose and Scope

2.1 This guidance aims to support local health boards (LHBs), NHS Trusts, local authorities and others in developing planning and commissioning relationships for effective and efficient delivery of services to patients and carers. It describes the planning and commissioning arrangements which should be developed to provide responsive, clinically effective and cost effective services to patients and carers.

2.2 A key aim of the guidance is to describe how commissioning groupings for secondary care should be established and operate.

2.3 The guidance should be read in conjunction with the Welsh Assembly Government's policy and planning guidance for the preparation of Health, Social Care and Well-being Strategies:

- *'Health, Social Care and Well-being Strategies: Policy Guidance'*
- *'Health, Social Care and Well-being Strategies: Preparing a Strategy'*.

Draft guidance is currently being consulted upon and is available at:

<http://www.wales.gov.uk/keypubconsultation/index.htm>.

2.4 Draft guidance on health and well-being needs assessment is included in *'Health, Social Care and Well-being Strategies: Preparing a Strategy'*.

2.5 Local Health Boards will be responsible for commissioning primary, community, secondary and mental health services. Commissioning of these services will be in line with the arrangements described in this guidance and, in addition, supplementary guidance specifically on the commissioning of services for adult mental health and CAMHS is being developed.

2.6 NHS Trusts are responsible for responding to commissioning plans prepared by Local Health Boards and working within their partnership relationships to deliver services in line with commissioning plans. The action to be taken by NHS Trusts in preparing their own plans and working with commissioning bodies is set out in this guidance.

2.7 Special arrangements are being made for commissioning specialised services with the establishment of the new Health Commission Wales.

2.8 The NHS Commissioning guidance will issue in final form under the provisions of section 24 (7) of the NHS Reform and Health Professions Act 2002.

2.9 This NHS commissioning guidance should also be read alongside guidance that is being developed for commissioning long term health and social care,

*'Promoting Partnership in Care - Commissioning Social and Health Services Care Services'*¹. *'Promoting Partnership in Care'* is designed to promote a longer-term approach to care services and improving relationships between commissioners and providers of care. That guidance launches new arrangements between the statutory and independent sector. The guidance is for councils with social services responsibilities in Wales, issued, in so far as it relates to local authority social services functions, as statutory guidance under section 7 of the Local Authority Social Services Act 1970. It will also be relevant to the NHS and is being issued at the same time as this commissioning guidance.

¹ *'Promoting Partnership in Care, Commissioning Social and Health Services Care Services'*, A consultation paper by the Welsh Assembly Government, October 2002, available from Social Care Policy Division, (029 20823454).

3. The National and Local Policy and Planning and Commissioning Context

Introduction

3.1 This guidance acknowledges that the NHS and its partners are in a period of transition. This section:

- describes how the planning and commissioning process should operate when mature, ie describes 'where we are going' (2004/5 onwards); and
- sets out how local partners should work together in the transitional period (2003/4).

'Where we are going'

National Context

3.2 The Welsh Assembly Government will provide the National policy and planning context within which planning and commissioning decisions are made. The **National policy context** is currently set by

- 'Improving Health in Wales'²
- 'Well-being in Wales'³ (draft)
- draft guidance on the preparation of Health, Social Care and Well-being Strategies

3.3 In addition the Welsh Assembly Government will prepare and publish a 5 year Strategic and Financial Framework Plan for the NHS and its partners. This 5 year plan will set the strategic context for the Welsh Assembly Government Annual Planning Guidance to the NHS, including financial allocations and service targets. The Welsh Assembly Government will also set and publish National priorities for Health, Social Care and Well-being.

3.4 The Welsh Assembly Government will identify health gain targets and monitor their implementation. (In response to *Improving Health in Wales*, an Expert Group has been established to review the existing health gain targets and establish new targets for the period 2002-2007. The group also has responsibility for taking forward the work on developing determinants of health indicators. The new health gain targets and indicators will provide the focus and direction for improving health and reducing health inequalities in Wales. LHBs and local authorities will be expected to undertake action which will support the achievement of the new health gain targets and indicators, and identify local milestones to the achievement of targets).

² 'Improving Health in Wales, A plan for the NHS and its Partners', The National Assembly for Wales, 2001

³ Well Being in Wales: Consultation Document, Welsh Assembly Government, 2002

3.5 The development of **Managed Clinical Networks** is key to raising the quality of health services. Their role is to drive and inform the commissioning process and ensuring that resources are directed effectively. The Managed Clinical Networks for Cancer Services and Coronary Heart Disease are providing valuable experience in the development and delivery of specific services. They will continue as presently organised, but will need to be carefully positioned in the new commissioning arrangements. The Regional Offices will be tasked with ensuring that the assimilation of clinical networks in the commissioning process is handled effectively. The Chief Medical Officer has been looking at the specific issues regarding setting up Managed Clinical Networks for Specialised Children's Services in Wales. This work has included an agreement of a definition of clinical services, principles to be adopted in their development and characteristics that all clinical networks would be expected to exhibit. This is foundation work that can be transferred to the development of any future managed clinical network.

3.6 Whilst Managed Clinical Networks will provide the appropriate avenues for the provision of professional advice for the services covered, different arrangements will need to be put in place for other services. In particular secondary care professional advice will be needed for the effective commissioning of those services; this will need to be authoritative and independent of organisational loyalties. LHBs will need to establish appropriate fora to enable this to occur.

3.7 In relation to **clinical governance**, the consultation document '*Clinical Governance: Developing a Strategic Approach*⁴' supports the delivery of clinical governance. The document reaffirms the quality agenda that aims to ensure high standards of care, eliminates inequalities and to continuously improve the health services in Wales.

3.8 The establishment of the **Health and Well-being Partnership Council** will provide a National forum for discussion and review of National policies, priorities and direction of travel.

3.9 In addition, together NHS Wales Department including the Regional Offices, the Office of the Chief Medical Officer, Social Policy Department, the Social Service Inspectorate Wales, Health Commission Wales (Specialist Services) and other parts of the Welsh Assembly Government will:

- * Provide advice to all organisations on the formulation and implementation of Health, Social Care and Well-being Strategies;
- * Provide support and advice to the local authority and LHB teams who will be managing the process;

⁴ 'Clinical Governance - Developing a Strategic Approach', September 2001.

- * Monitor and evaluate strategy implementation and the effectiveness and success of partnership working;
- * Provide advice and support on the establishment of secondary care commissioning groupings and monitor their operation and effectiveness.

Local Context

3.10 The **local strategic policy context** for the NHS will in the main be set by the local Health, Social Care and Well-being Strategy. The Strategy will be the key local policy driver. Other local strategies and partnership activity, for example Community Safety Strategies, Children and Young People's Frameworks, Health Alliance activity, will also influence decisions. Chapter 2 of *'Health, Social Care and Well-being Strategies: Policy Guidance'* describes the Welsh Assembly Government's vision for Health, Social Care and Well-being Strategies. Chapter 4 describes the relationship between Health, Social Care and Well-being Strategies and other local strategies and partnership activity.

3.11 Each LHB and local authority will undertake a health and well-being needs assessment for their area prior to **formulating their Strategy**. Full draft guidance on Health, Social Care and Well-being Strategy preparation, including guidance on needs assessment is available at <http://www.wales.gov.uk/keypubconsultation/index.htm>. These documents are subject to consultation from October 2002 - January 2003.

3.12 The needs assessment will draw on available data from a variety of sources to provide an overall picture of health and well-being service needs within their local area. This will be developed over time and used to inform both the Health, Social Care and Well-being Strategy and specific service plans for the local area.

3.13 A draft Health, Social Care and Well-being Strategy should be agreed by 31st March 2004. The first Strategy should be adopted by 31st December 2004 and cover a period of three years from 1st April 2005 to 31st March 2008. Thereafter the operative period of the Strategy will be five years. From 2004 emerging Health, Social Care and Well-being Strategies will inform local decisions.

3.14 In the meantime commissioning decisions will be based on existing plans and policies. These will include Health Improvement Programmes, Local Health Group Local Health Action Plans, Children's Services Plans, Social Care Plans and other local and national plans which may influence decisions on securing services.

3.15 Within this context the annual NHS planning and commissioning process will operate.

4. Annual Arrangements

Role of Local Health Boards

4.1 Local health boards will be statutorily responsible and accountable for commissioning primary care, community health services, mental health services and secondary care health services and ensuring effective governance arrangements are in place. Local health boards will adopt a whole systems approach to service commissioning which reflects the patient pathway of care and takes into account the available evidence on best practice: this will be expressed in the LHB Annual Service and Commissioning Plan (AS&CP). In line with Welsh Assembly Government policy, secondary care commissioning decisions will be made by secondary care commissioning groupings involving the LHBs, the local authorities, NHS Trusts and representatives from the voluntary sector and the private sector. Secondary care commissioning arrangements are described in detail at chapter 5 of this guidance.

4.2 Each LHB will formulate and implement an annual rolling Annual Service and Commissioning Plan (AS&CP) for its area (Annex B). The purpose of the AS&CP will be to translate the Strategy aims, objectives and priorities into LHB operational activity via the Service and Financial Frameworks and the Long Term Agreements (LTAs). It will be based on financial allocations and service targets provided annually by the Welsh Assembly Government. Each AS&CP will cover primary care, community health care, mental health, secondary health care, specialised/ tertiary services and public health. An overall commissioning framework will be agreed within the AS&CP. This approach will enable commissioning decisions to be made in a way that will drive and shape change in service delivery. It will ensure a coherent and consistent approach to commissioning across primary care, community health care, mental health services, secondary health care, specialised/ tertiary services and public health. The secondary care component of the AS&CP will be determined by the SCCG (chapter 5), though it will be for the Board of the LHB as the accountable body to agree the final terms of the secondary care component of the AS&CP.

4.3 The operative period of the AS&CP will be the forthcoming financial year. It should provide a detailed operational framework for activity in year 1 and look forward in less detail to activity in years 2 and 3. The Plan should be in the public domain and should be produced in draft by June/ July each year. It needs to be recognised that the plan will be amended in the light of financial allocations and the Annual Planning Guidance which will be issued by the Welsh Assembly Government around November of each year. Prior to financial allocations being notified in November of each year the LHB should be developing an outline AS&CP in discussion with local partners (paragraph 4.4). The AS&CP should be agreed and signed-off by the Board of the LHB and submitted to the Regional Office by the end of March in preparation for the forthcoming financial year. Between

November and March the LHB will finalise the AS&CP, in the light of financial allocations, the Annual Planning Guidance and the outcome of the discussion.

4.4 In formulating and implementating the AS&CP the LHB will need to work closely with NHS Trusts, the All Wales Public Health Service, Health Commission Wales (Specialist Services), local authorities, the voluntary sector and the private sector, to ensure their service and commissioning activities reflect local need and priorities.

LHB Commissioning

4.5 For general purposes, including planning and commissioning, LHBs will be responsible for their resident populations, and the majority of funding is to be allocated on this basis. Some funding, relating mainly to GP services, including for prescribing in the community, will be allocated on a registered population basis.

4.6 All LHBs will commission primary care and community health services at a local level. **Secondary care services** will be commissioned in accordance with the arrangements outlined in chapter 4 of this guidance.

4.7 LHBs will facilitate and support the provision of **general medical services** in their area. They will also commission a range of services in support of family health and over time these will be extended as the primary care strategy is implemented and diagnostic therapeutic and other related services migrate from hospitals to a community base.

4.8 LHBs will commission **community health services** from NHS Trusts and other providers in both the voluntary and private sectors. The Powys Local Health Board will manage community services, as an integrated organisation of pathfinder projects will be introduced in due course to test out new models of the management and provision of community services.

4.9 Health Commission Wales (Specialist Services) will commission an agreed range of **specialist and tertiary services** as from 1st April 2003. The range of services to be commissioned and the processes related to planning, funding and review are discussed in a separate paper, which will be published in the near future. Separate detailed guidance on the commissioning of specialist and tertiary services is being developed and will issue separately.

4.10 An overall commissioning framework will be agreed within the AS&CP. This approach will enable commissioning decisions to be made in a way that will drive and shape change in service delivery.

Role of the Trusts

4.11 In parallel to the publication of the AS&CP by LHBs, each NHS Trust will develop from June/July onwards, its draft Annual/Operational Plan for the forthcoming financial year. This will be an important document which will set out the annual objectives and delivery plans for the Trust based on the requirements of commissioners as expressed through the AS&CPs, the Welsh Assembly Government's Annual Planning guidance and the outcome of the discussions to finalise the SaFFs. The Annual/Operational Plans of the Trusts will be finalised by March 31st each year, i.e. prior to the forthcoming financial year, and will be approved by the Trust Board. Plans will then be submitted to the Regional Director.

The Service and Financial Framework (SaFF)

4.12 The objective of the SaFF is to clarify priorities and link resources to activity and quality. Crucially, the discussions between LHBs, Trusts and their partners which result in the determination of the SaFF are the key drivers for service change and the mechanism which will resolve any conflicts of interest or adverse impacts between organisations. The SaFF will consist of the aggregation of the agreements reached between LHBs and Trusts and will thus be capable of reconciling issues across the health system. The Regional Director will sign-off the SaFF and prepare individual Performance Agreements for each LHB and NHS Trust which reflect their part in delivering the SaFF. The SaFF will cover the range, volume, cost and quality of services that will be provided to the local community.

4.13 From the agreed SaFFs will flow the LTAs, which will include:

- Service Developments (service outline, waiting times, clinical standards, emergency response)
- Clinical Governance
- Quality specification
- Resources to be made available (by LHB)
- Human Resources Issues
- Estates Issues
- Information Requirements

4.14 A detailed description of the role of the SaFF is set out at Annex A.

Performance Agreements and Long Term Agreements

4.15 By 31st March each year the planning and commissioning process for the forthcoming year will have been concluded. LHBs will have approved the organisation's Annual Service & Commissioning Plan in final form. Trust Boards will have approved the Annual/Operational Plan for the organisation. Service and Financial Frameworks will have the commitment of each organisation, and will be approved by the relevant Regional Director. The final stages in the Annual

Planning and Commissioning process are the completion of the Performance Agreements between each individual organisation and the Regional Director on behalf of the Welsh Assembly Government, and preparation of the LTAs.

4.16 The Regional Director will draw up Performance Agreements with each NHS organisation. These will be based on the outcome of the Annual Planning and Commissioning process and the agreed plans to deliver national and local objectives. A detailed note on Performance Agreements is set out at Annex D.

4.17 LHBs will then prepare LTA documents to set out the responsibilities of NHS Trusts who are delivering services on behalf of LHBs through agreed plans. The LHBs, as part of their commissioning responsibility, will undertake monitoring of NHS Trusts in the delivery of agreed plans through the LTA process.

Planning and commissioning in the transitional period

4.18 In the first year (**2003/4**) services will be commissioned and provided in the main on the basis of decisions made by predecessor health authorities, in conjunction with Local Health Groups, based on financial allocations and service targets provided by the Welsh Assembly Government in autumn 2002.

4.19 From **2004/5** decisions will also be informed by emerging Health, Social Care and Well-being Strategies as well as existing statutory and non-statutory plans prepared by NHS bodies and local government. Decisions will be based on financial allocations and service targets provided annually by the Welsh Assembly Government. By November 2003 each LHB should have prepared a first draft outline draft AS&CP. By end March 2004 each LHB Board should have agreed its first outline AS&CP, which will cover the year 2004/5. (Paragraph 4.1-4.3, above)

4.20 From **2005/6** LHBs will make decisions and plan on the basis of the adopted Health, Social Care and Well-being Strategy for the area or areas as the case may be, and on financial allocations and service targets provided by the Welsh Assembly Government. By end March 2005 each LHB Board should have agreed its second AS&CP for the 2005/6 financial year.

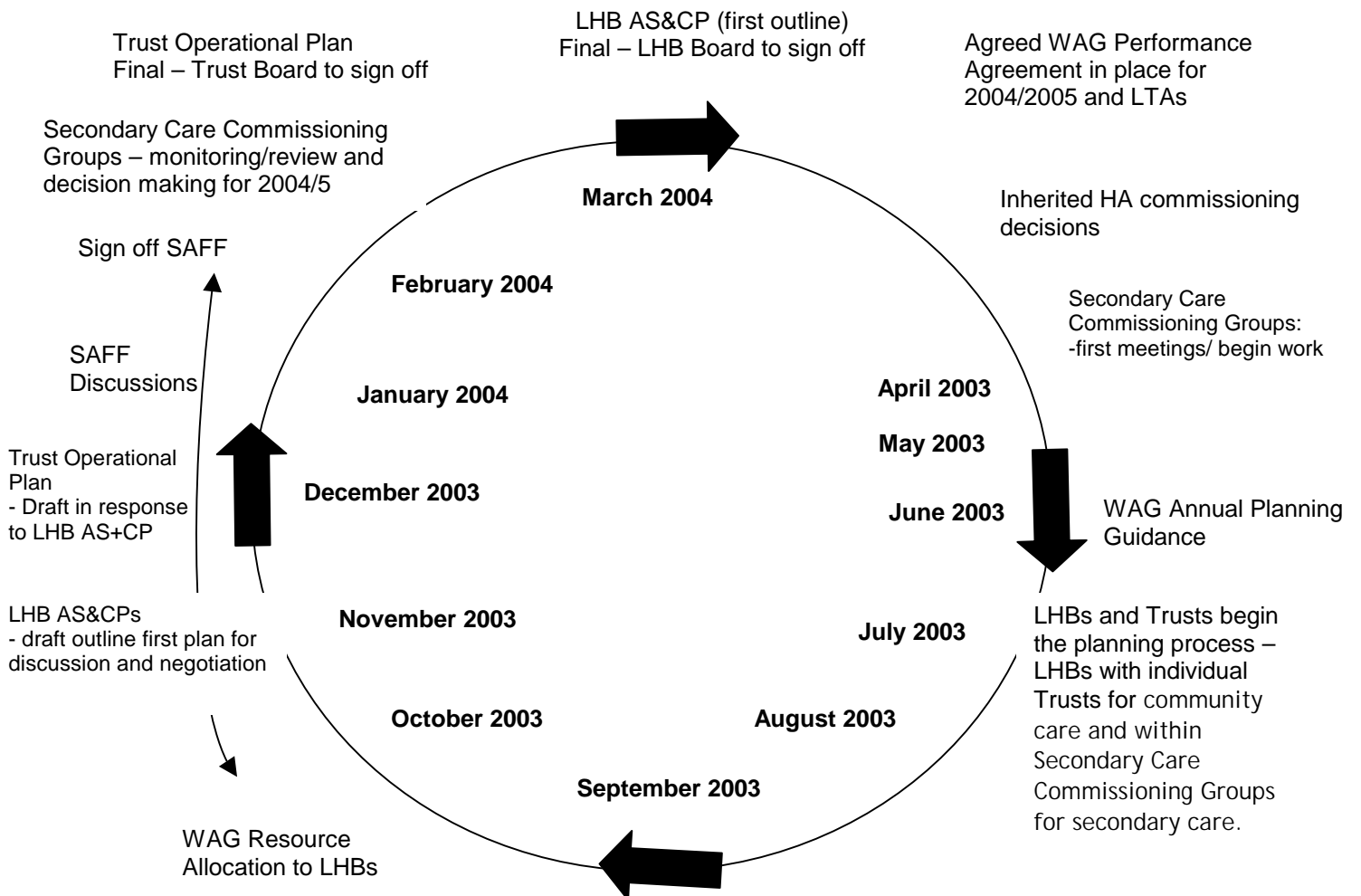
4.21 The planning and commissioning cycle for 2003/4 is set out, below, at Diagram A. The planning and commissioning cycle for 2004/5 onwards is set out, below, at Diagram B. Planning and commissioning arrangements for 2004/5 are also set out in Flow Diagram C, below. The key dates for 2003/4 and for 2004/5 onwards are summarised in Annex H.

Statutory Basis for Health, Social Care and Well-being Strategies

4.22 The Welsh Assembly Government expects local authorities and LHBs to work jointly and inclusively to deliver the full range of obligations under section 24 of the 2002 Act, the regulations and guidance. However, if an LHB and the local authority fail to make effective arrangements to formulate and implement a Health, Social Care and Well-being Strategy for the area, including delivery of effective commissioning arrangements, the Welsh Assembly Government will seek to facilitate a positive and constructive way forward.

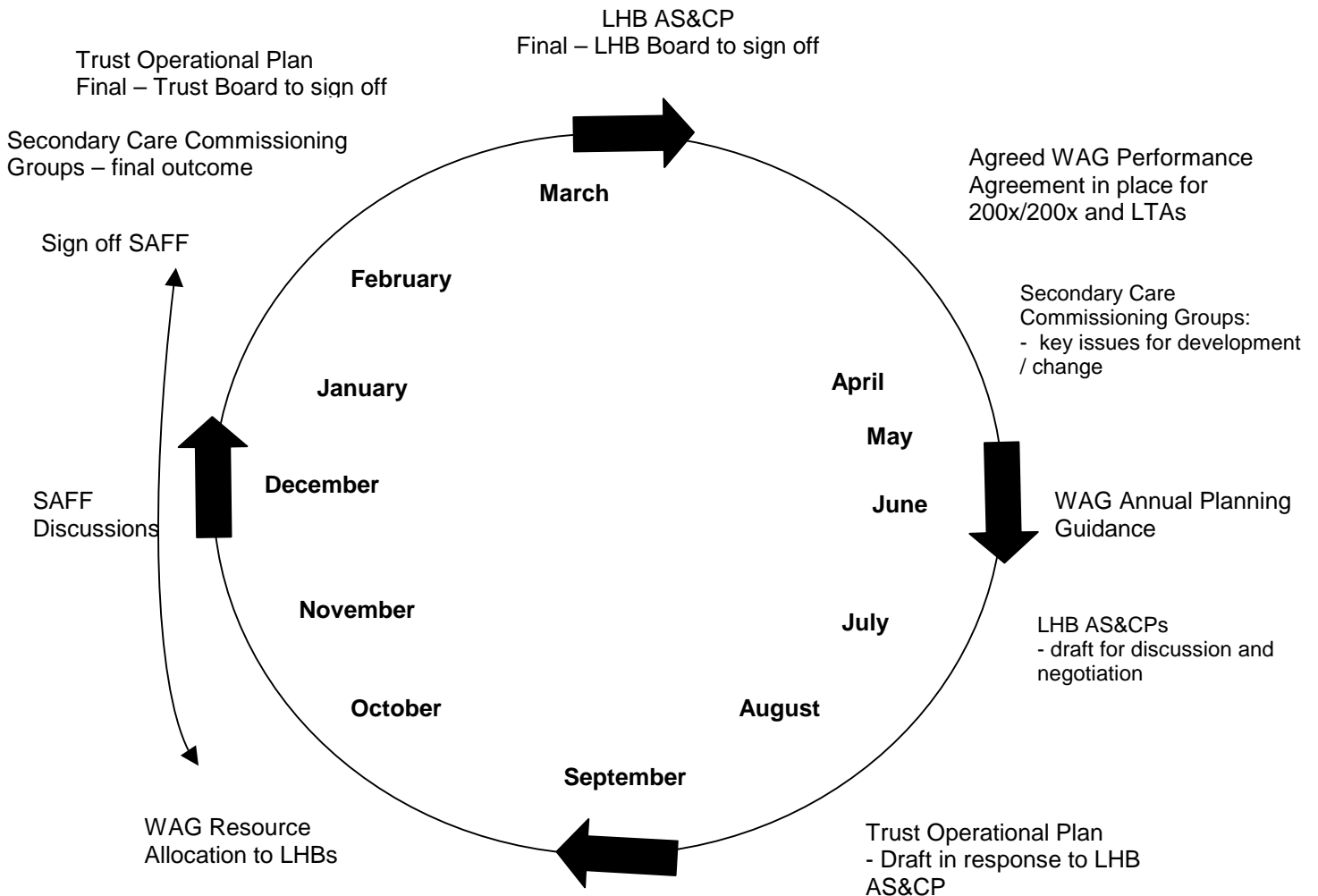
4.23 Should discussion and facilitation fail to establish a constructive and effective way forward, the National Assembly may choose to exercise its direction making powers under section 24 of the 2002 Act. The powers would allow the National Assembly to give directions in respect of local authority, LHB and NHS Trust activity in connection with Health, Social Care and Well-being Strategies and commissioning arrangements.

Diagram A Commissioning Cycle 2003/04



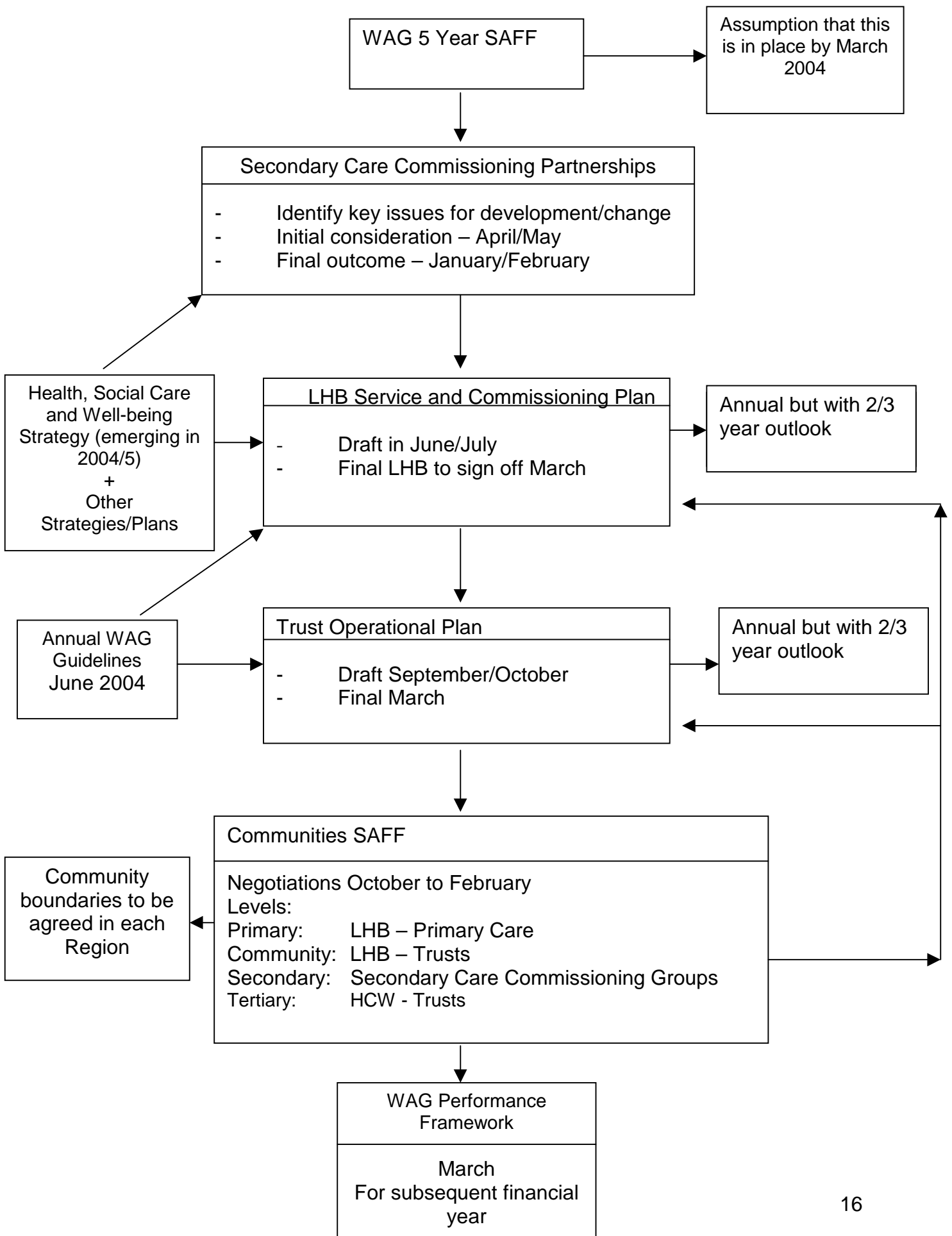
- * 2003/4 commissioning on basis of decisions made by predecessor health authorities, in conjunction with Local Health Groups.
- * New planning and commissioning process begins to operate

**Diagram B
Commissioning Cycle 2004/05 onwards**



* In 2004/5 commissioning decisions will be influenced by the emerging local Health, Social Care and Well-being Strategies, thereafter the adopted Strategies.

Diagram C
Planning and Commissioning Flow diagram: 2004/2005 onwards



5. Secondary Care Commissioning Arrangements and Groupings

Introduction

5.1 The secondary care commissioning arrangements are intended to:

- drive and shape change in service delivery overtime;
- obtain the critical mass needed to achieve viable service provision based on the aggregated needs of commissioners;
- ensure best value through the delivery of services to a common standard and specification to neighbouring areas;
- strengthen the position of partners in agreeing service provision with providers;
- ensure effective use of management resources in LHBs, NHS Trusts and local authorities;
- ensure effective clinical governance by addressing issues such as strategic capacity, consultation and patient involvement, clinical risk management, clinical risk audit, research and effectiveness, and staff management and development.

Annex E defines secondary care services for purposes of this guidance.

5.2 Secondary Care Commissioning Group arrangements will apply in all local authority/LHB areas. Models will vary and are described at paragraphs 5.6. SCCGs should be formed to co-ordinate the commissioning of secondary care services for the local population. This arrangement will be the prime mechanism for ensuring secondary care services are appropriately planned and secured.

Statutory Basis: The NHS Reform and Health Professions Act 2002

5.3 Section 24 of the National Health Service Reform and Health Care Professions Act 2002 (the 2002 Act) gives effect to the Welsh Assembly Government's commitment to ensure joint working in the development and implementation of local strategies for health, social care and well-being. Section 24 places a duty on each LHB and each local authority to formulate and implement a Health and Well-being Strategy for the area.

5.4 Regulations⁵ made under section 24 of the 2002 Act require that in formulating the Health, Social Care and Well-being Strategy the LHB and local authority consider whether the interests of the local population would be best served and whether there would be cost and clinical effectiveness in commissioning and delivering secondary care services by entering into a commissioning arrangement. If the LHB and local authority decide not to enter

⁵ National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 6, DRAFT

into a commissioning arrangement regulations require that the Welsh Assembly Government is consulted and given full and detailed reasons for that decision. The Welsh Assembly Government's response should be taken into account by the LHB and local authority in making its final decision about commissioning secondary care services. The Welsh Assembly Government should be given details of the alternative arrangements proposed.

Secondary Care Commissioning Groupings

5.5 The Welsh Assembly Government has consulted on the most appropriate groupings for the planning and delivery of secondary care services. These are set out in the map at Annex A to this guidance. Although formal consideration of secondary care grouping arrangements through Strategy formulation will not have taken place, the Welsh Assembly Government expects LHBs, local authorities and NHS Trusts to work together from **1st April 2003** in these groupings.

5.6 More than one model of SCCG has been identified:

- In six areas a grouping will be formed between a single LHB/ local authority area and the NHS Trust*;
- In Powys a grouping will be formed between the LHB and the local authority;
- In five areas a grouping will be formed between a single NHS Trust and two LHB/ local authority areas;
- In one area a grouping will be formed between a single NHS Trust and three LHB/local authority areas*;
- In one area a grouping will be formed between the two NHS Trusts and two local authority/LHB areas.

*The Gwent NHS Trust has been grouped separately in three SCCGs: singly with Newport LHB/local authority area, singly with Caerphilly LHB/local authority area, and in a group of three LHB/local authority areas, with Torfaen, Blaenau Gwent and Monmouthshire.

5.7 These are fourteen geographical groupings are identified in the map at Annex G.

One LHB /LA area & one NHS Trust

| NHS Trust area | LA area | LHB area |
|----------------------------------|-----------------|-----------------|
| Ceredigion & Mid Wales NHS Trust | Ceredigion | Ceredigion |
| Carmarthenshire NHS Trust | Carmarthenshire | Carmarthenshire |
| Pembs & Derwen NHS Trust | Pembrokeshire | Pembrokeshire |
| Gwent NHS Trust | Caerphilly | Caerphilly |
| Gwent NHS Trust | Newport | Newport |
| Swansea NHS Trust | Swansea | Swansea |

Powys

| LA area | LHB area |
|---------|----------|
| Powys | Powys |

Two or more LHB/LA areas and one Trust

| NHS Trust area | LA areas | LHB areas |
|--------------------------------|--|--|
| North West Wales NHS Trust | Anglesey and Gwynedd | Anglesey and Gwynedd |
| Conwy & Denbighshire NHS Trust | Conwy and Denbighshire | Conwy and Denbighshire |
| Bro Morgannwg NHS Trust | Neath Port Talbot and Bridgend | Neath Port Talbot and Bridgend |
| Cardiff and the Vale NHS Trust | Cardiff and the Vale of Glamorgan | Cardiff and the Vale of Glamorgan |
| North East Wales NHS Trust | Wrexham and Flintshire | Wrexham and Flintshire |
| Gwent NHS Trust | Blaenau Gwent, Torfaen and Monmouthshire | Blaenau Gwent, Torfaen and Monmouthshire |

Two LHB/LA areas and two Trusts

| NHS Trust areas | LA areas | LHB areas |
|---|-----------------|-----------------|
| North Glam NHS Trust and Pontypridd & Rhondda NHS Trust | RCT and Merthyr | RCT and Merthyr |

Planning and commissioning for secondary care in the transitional period

5.8 In the first year (**2003/4**) secondary care services will be commissioned and provided in the main on the basis of decisions made by predecessor health authorities, in conjunction with Local Health Groups, based on financial allocations and service targets provided by the Welsh Assembly Government in autumn 2002. Each SCCG should begin work during 2003/4 so that it understands the secondary care commissioning environment and how and why decisions have been made. The Group's monitoring and review of secondary services delivery during 2003/4 will inform its decision making about services for future years. By November 2003 each LHB should have prepared its first outline draft AS&CP. By end March 2004 each LHB Board should have agreed its first AS&CP for the period 2004/5. (Paragraph 4.1-4.4, above)

5.9 From **2004/5** decisions will be informed by emerging Health, Social Care and Well-being Strategies as well as existing statutory and non-statutory plans prepared by NHS bodies and local government. Decisions will be based on financial allocations and service targets provided annually by the Welsh Assembly Government and on Welsh Assembly Government priorities. By end March 2005 each LHB Board should have agreed its second AS&CP for the period 2005/6. The secondary care component of the AS&CP will be determined by the SCCG, though it will be for the Board of the LHB as the accountable body to agree the final terms of the secondary care component of the AS&CP.

5.10 In these transitional years SCCGs should seek to ensure stability in the system while at the same time review and evaluate decisions and priorities with a view to improved service provision for patients and carers.

5.11 From **2005/6** SCCGs will make decisions and plan on the basis of the adopted Strategy for the area or areas as the case may be, and on financial allocations and service targets provided by the Welsh Assembly Government.

Planning and commissioning secondary care services

5.12 Based on the requirements of the Health, Social Care and Well-being Strategy for each LHB/local authority area, and drawing on Welsh Assembly Government resource and planning guidance, each SCCG will draw up draft secondary care commissioning plans which will form the secondary care component of the local health board's or boards' (as the case may be) AS&CP. (paragraph 5.8 & 5.9 above)

5.13 For example, where there are two or more LHBs and local authority areas in a grouping, eg Cardiff and the Vale of Glamorgan, their respective AS&CPs will contain a common secondary care commissioning component determined by the SCCG. Each AS&CP is likely also to include specific financial and activity schedules prepared to meet specific local health board requirements. These will also be expressed in the Trusts' Annual/Operational Plans.

5.14 Where there are two Trusts and two LHBs/local authority areas, i.e. North Glamorgan NHS Trust and Pontypridd and Rhondda NHS Trust together with Rhondda Cynon Taf and Merthyr Tydfil, the AS&CP for each area will reflect the common requirements of the SCCG and specific financial and activity schedules prepared to meet specific LHB requirements. Each AS&CP will specify which services are to be commissioned from which NHS Trust. These will also be expressed in the Trusts' Annual/Operational Plans.

5.15 The AS&CP will set out the secondary care service requirements of the LHB and how this is to be secured from relevant provider Trusts. This will need to identify the resources to be made available and the services to be provided and the targets to be met. The relevant member Trust(s) will include /translate the relevant elements of the AS&CP in the annual /operational plan for the Trust.

A Collegiate model

5.16 LHBs will inevitably need to commission secondary care services from Trusts other than the 'local' Trust with which they have been partnered in the SCCG.

5.17 A collegiate model of commissioning should be implemented to manage these 'peripheral' or 'minority' commissioning relationships.

5.18 In this model accountability for services commissioned for its population rests with the LHB.

Planning and Commissioning in a collegiate model

5.19 This can be done by a 'lead' SCCG/LHB acting on behalf of other LHBs which require secondary care services of its 'local' Trust. 'Lead' SCCG/LHB 'A' would include in its discussion of secondary care commissioning requirements the requirements of LHBs X, Y & Z from the 'local' Trust. In effect LHB 'A' acts as an agent for X, Y & Z.

5.20 The Trust annual/operational plan would reflect these arrangements.

5.21 The AS&CPs of X, Y & Z, respectively, would record the fact that certain of their secondary care requirements were being commissioned via LHB (A). These plans would detail the activity levels and financial allocations in respect of the secondary care services being commissioned from a Trust other than the local 'partner' Trust.

5.22 In some cases these 'peripheral' commissioner requirements will be substantial. In such cases it will be appropriate for, for example, LHB 'X' to attend and take part in SCCG A's meetings. Similarly, it will be appropriate for NHS Trusts providing substantial levels of service to LHBs other than their 'local' SCCG LHB (s) to take part in the SCCG meetings in those areas. (paragraph 5.31 below)

Service Delivery in a collegiate model

5.23 It has to be recognised that under these arrangements the 'peripheral' or 'minority' LHB commissioner will need to be in receipt of services governed by the quality requirements and targets agreed by the 'host' or 'lead' LHB - which may differ from quality requirements and targets agreed in its own local area.

SaFF in a collegiate model

5.24 Each LHB would record in its SaFF the volume, range, cost and quality of all secondary care services commissioned for its population, including those commissioned via another SCCG/LHB. These would not be recorded in the 'agent' LHB SaFF (paragraph 5.19).

5.26 Annex F sets out diagrams to illustrate these processes.

How Secondary Care Commissioning Groups will work

5.27 It is intended that SCCGs between LHBs, local authorities, NHS Trusts and others will be formed as groupings of organisations that will have geographical proximity and common patient flows. The arrangements do not constitute the formation of organisations but rather a way of working to ensure effective commissioning.

5.28 The SCCG will need to ensure that the voluntary sector and independent sector locally are involved in discussion of secondary care provision so that they are in a position to bring experience, expertise and resources to the process.

5.29 Each SCCG will:

- identify and collectively agree the requirement for secondary care services based on the Health, Social Care and Well-being Strategy assessment of local need;
- prepare a work programme of activities to address key service issues and pressures identified by constituent members, and agree a service plan for the delivery of secondary care services;
- support the LHB(s) in achieving the secondary care element of the SaFF process;
- consider service development proposals from service providers;
- monitor provider performance for secondary care and agree action as appropriate;
- facilitate the interface with local clinical networks;
- facilitate the interface between secondary care and primary care, community care and the Health Commission Wales (Specialist Services);
- facilitate the interface between secondary care and local government services; and
- Liaise with other Commissioning Groups regarding their secondary care requirements of local Trusts as appropriate.

5.30 The membership of each SCCG must be inclusive, as a minimum it will comprise representatives from the LHB, the local authority and the NHS Trust or Trusts. The SCCG will need to ensure that the voluntary sector and independent sector locally are involved with discussion of secondary care provision so that they are in a position to bring experience, expertise and resources to the process.

5.31 Members should have the skills, experience and authority to contribute fully to the work of the SCCG. It is not the intention of this advice to prescribe membership of the Group, or the size of the group. However, core membership will typically include the LHB CEO and/or Director of Finance and/or senior officer responsible for planning and commissioning; the Trust CEO and/or Director of Finance and/or senior officer responsible for operational and service planning; and

senior local authority officers, including a senior social services officer. In line with collegiate arrangements described above at 5.16-5.24, LHBs commissioning a substantial amount⁶ of secondary care services via another SCCG/LHB should be included in discussions relevant to the services which they require. NHS Trusts providing a substantial level of services outside of their 'local' SCCG should also be included in discussion of the other SCCG's requiring their services. The group will also need to include clinicians as their advice will be essential to decision making. Voluntary sector and other members should be decided locally.

5.32 For the groups to fulfil their roles it is vital that all members are accountable to and have decision-making responsibility for their constituent organisations and the ability to ensure any agreed actions are implemented by their organisation.

Meetings

5.33 The SCCG should meet quarterly as a minimum.

Chair

5.34 Recognising the statutory accountability of the LHB for secondary care commissioning it is recommended that the Chief Executive Officer of the LHB chairs SCCG meetings. To facilitate establishment of the SCCG the Regional Director will chair the first meeting.

Support

5.35 The arrangements for providing administrative support to the SCCG should be agreed locally.

The role of the Regional Office

5.36 The Regional Director will chair the first meeting of each SCCG in the regional area. Thereafter the Regional Director (or his/her representative) will attend each SCCG meeting in an advisory and facilitative role. The Regional Director will take particular interest in collegiate arrangements described at paragraphs 5.16 - 5.25 and will ensure that such arrangements operate efficiently and effectively.

5.37 The Regional Office will have an active role in facilitating the work of the SCCG in the first year to eighteen months after 1st April 2003. The extent of an ongoing role will be determined locally when all involved have had the opportunity to reflect on process and outcomes.

⁶ This should be determined locally and may be valued in monetary terms or in terms on the complexity of the services being commissioned.

5.38 The Regional Office will also have an ongoing role in providing advice to the SCCG on national policy and regional issues which are likely to inform the SCCG's decision making.

5.39 The Regional Office will help deal with issues emerging from the SCCGs on two levels:

- Operational issues or problems which need Regional Office assistance or advice to resolve;
- Broader issues - the regional office will see broad issues emerging across SCCGs and will be well placed to feed these back into NHS Wales Department ongoing policy review and development.

5.40 The Regional Office will need to ensure that it liaises closely with other Divisions of NHS (Wales) Department and other departments of the Welsh Assembly Government to ensure that it gives full and relevant advice on commissioning and on SCCGs in particular. Departments and Divisions outside of NHS Wales Department with a particular interest include Social Care Department, Social Services Inspectorate (Wales) and the Office of the Chief Medical Officer.

5.41 These relationships will allow the Regional Office to assist in ensuring a co-ordinated approach to the strategic development of acute service commissioning across the region and the development of managed clinical networks.

5.42 In the event of an SCCG failing or becoming dysfunctional the Regional Office would have a role in arbitration, conflict resolution and ensuring the establishment of effective working relations. Should this become irresolvable, then the Director of NHS Wales will call-in the respective Chief Executives to reach agreement.

Wales / England Cross Border Commissioning

5.43 Working arrangements for commissioning secondary care from providers in England could be developed in line with arrangements for dealing with neighbouring groupings within Wales (see Annex F). The detail of Wales / England arrangements would depend on issues such as the size, value and complexity of particular contacts and their relative 'importance' to the English provider. There is likely to be a role for the Regional Office in establishing effective working relations with neighbouring English Strategic Health Authorities in respect of secondary care commissioning issues and other aspects of Regional Office responsibilities. Health Commission Wales (Specialist Services) will also continue to develop strong links with English providers and will assist LHBs and Regional Offices in building strong working relationships.

SERVICE AND FINANCIAL FRAMEWORK

1. Purpose

A SaFF is a joint statement made by and committed to by health partners within a defined area or community as to how they will bring all the available resources in that community to effective use, to deliver both the annual targets laid down by the Welsh Assembly Government and local targets identified through the Health, Social Care and Well-being Strategies and other mechanisms.

The SaFF is a management tool that integrates and reconciles the plans of the various organisations who are party to it. It will encompass the various levels of discussion that will need to take place in order that identified targets are achieved.

The SaFF clarifies the resources that are available and the activity and standards that must be achieved to take forward annual plans and ensure that agreed targets are met.

Most importantly, the SaFF should be viewed as a mechanism for driving service change. The dialogue between commissioners and providers should concentrate on doing things differently to meet targets, linked to additional investment.

The SaFF process should also ensure that all real and potential conflicts of interest and adverse impacts of one organisation on another are, as far as possible, reconciled. The aim is to create a situation where all organisations are able to meet the targets they have been set collaboratively and not disadvantage any one organisation for the benefit of another.

The SaFF recognises a number of principles:

- National objectives span organisational boundaries. National targets must be achieved collaboratively in a way which avoids conflict which may jeopardise viability.
- Targets should be achieved uniformly and not at the expense of individual organisations.
- A framework is required in which national targets which apply to all organisations can be achieved but will, at the same time, allow for local choice and flexibility, particularly in relation to local objectives and priorities.
- A whole systems approach is necessary towards commissioning and service delivery which recognises the inter-dependence of organisations within the

secondary care commissioning groups.

- The need to focus on deliverables which are to be achieved and which can then be performance managed through the Performance Agreement.
- The need to enforce and reinforce the concept of joint accountability within a health community for the achievement of national and local priorities.

2. Accountability

Local Health Boards are accountable for leading the process whereby the SaFF is drawn up and agreed. Each of the organisations who are party to the SaFF are responsible for fully participating in its development, looking for approaches based on partnership and collaborative working and for signing-off the SaFF on behalf of their organisation. The SaFF will then be submitted to the NHS Wales Department, Regional Office, who will be responsible for checking that it is balanced both financially and in terms of activity, meets all the objectives required and enables each organisation to finalise balanced annual plans. The Regional Director will sign off each SaFF.

3. Content of the SaFF

Each SaFF will contain:

- A joint vision and commitment on the part of the organisations participating in the SaFF.
- An outline of the process that has been used and developed within the community to finalise the SaFF.
- A description of the national and local targets which will be delivered and confirmation that targets will be met.
- An Investment Plan which indicates the total resources allocated from the organisations within the community, to the various objectives identified within the SaFF.
- Financial schedules which reconcile the financial resources available to the activity and other targets.
- Activity schedules which identify and profile the activity which is to be delivered by the various organisations that are participating in the SaFF.
- A description of joint investment proposals in areas where it has been agreed that resources will be pooled to address national and local targets

collaboratively, for example in the area of building joint information technology systems.

- A risk protocol which will set out how the Community intends to manage risk which occur in year either through financial pressures or changes in activity.

From the agreed SaFFs the LTA will be drawn up and will represent the agreed plan of work between the Commissioner, i.e. the LHB and the provider i.e. the Trust.

Annual Service and Commissioning Plan

1. Purpose

The purpose of the LHB's Annual Service & Commissioning Plan is to set out how the LHB will operationalise the Health Social Care and Well-being Strategy and other locally agreed strategies (e.g. The Children's Partnership Framework, Community Safety Strategy) and the nationally agreed priorities for NHS Wales as determined by the Welsh Assembly Government.

LHBs will develop the plan in two phases. A draft Annual Service & Commissioning Plan will be prepared in July in response to the annual planning guidance and resource assumptions issued by the Welsh Assembly Government. The document, which will be agreed by the Local Health Group Board, will signal the key issues and priorities of the LHB for the following financial year and form the basis of discussions with providers and other partners during the subsequent SaFF process. While the format of the plan is a matter for local discretion it is anticipated that the content will include those issues identified below. The plan will provide a detailed assessment of commissioning priorities for the following year and an outline for the subsequent two years.

By November 2003 each LHB should have prepared a first outline draft AS&CP. By end March 2004 each LHB Board should have agreed its first outline AS&CP, which will cover the year 2004/5.

Thereafter, draft plans will be prepared by July each year, following completion of the SaFF process the LHB will review and finalise its Annual Service & Commissioning Plan and a finalised plan should be published by 31st March.

2. Accountability

The LHB is responsible for preparation of the Annual Service and Commissioning Plan. The final plan will need to be signed-off by the LHB Board.

A copy of the plan in draft and final version should be provided to the Regional Office. The finalised plan, together with the SaFF, will form the basis of the Performance Agreement between the LHB and the Regional Office of NHS Wales.

3. Content

i. **Strategic Context**

Brief overview of Health Needs Assessment

Strategic themes from local published partnership strategies

ii **Resource Framework**

Resource Assumptions and Financial Plan

iii National and Local Priorities

Outline of Service proposals/plans and priorities in detail for year one and in outline for years two and three for

- Promotion and Protection Health
- Primary Care
- Secondary Care
- Tertiary Care

iv Supporting Strategies

Public Involvement

Clinical Governance

Estates

Workforce

IM & T

OD & Training

Performance Management

TRUST ANNUAL/OPERATIONAL PLAN

1. Purpose

To set out the annual work plan in the context of financial and other resources available to the organisation. The plan will set out operational objectives, and will describe the various elements that make up the plan to ensure that those objectives are achieved.

In doing this, the plan will take account of the national planning guidance, longer term national strategy, the Health, Social Care and Well-being strategies and Annual Service & Commissioning Plans of the LHBs to whom the Trust provides services.

2. Accountability

The Trust plan is prepared by the Executive Directors of the organisation, in conjunction with the operational management units, and issued in draft form in June/July of each year.

The plan, along with the LHB Health, Social Care and Well-being Strategy, will be the starting point for the SaFF discussions.

The plan will be finalised at the end of the SaFF round and will need to contain the agreements that have been reached in terms of targets and resources.

The Trust plan will be signed-off by the Trust Board by 31st March and sent to the Regional Office and other appropriate stakeholders for information. It will not be the role of the Regional Office to approve the plans but it will ensure that the plan accurately reflects agreements made within the SaFF.

3. Content

It is for each Trust to decide the content and style of its Annual Operational Plan. However, it is expected that business plans should, as a minimum, contain the following:

- A statement of the contribution the organisation will make to the achievement of national targets, as outlined in the annual planning letter and as agreed with partners of the other organisation through the SaFF.
- A statement of local objectives.
- The annual capital programme of the organisation.
- The annual human resources programme for the organisation.
- The annual information technology programme for the organisation.

- The annual clinical governance programme for the organisation.
- The annual financial plan for the organisation.
- Schedules of activity to be delivered by the organisation in relation to patient care, profiled through the year.
- Schedule of waiting list targets to be achieved both in terms of inpatient day cases and outpatients.
- The efficiency and cost savings programme for the organisation.

ANNUAL PERFORMANCE AGREEMENT

1. Purpose

To describe the agreed national and local objectives which each health organisation in Wales will address and meet during the current financial year and which will have been agreed following consideration of operational plans in the case of NHS Trusts, Annual Service & Commissioning Plans in the case of LHBs and integrated SaFFs. The Performance Agreement will be drawn up by the Patch Managers of the Regional Office and will be approved by the Regional Director on behalf of NHS Wales and signed off by the individual organisation.

2. Accountability

The Performance Agreement will be formally approved by the Board of each health organisation and by the Regional Director. The Board will be responsible for ensuring that the targets identified in the Performance Agreement are met.

3. Content

- Each national target will be recorded and the action that will be taken by the organisation to deliver that target.
- Each locally agreed target or plan will also be recorded and similarly the action to be taken by the organisation to deliver those targets.
- In the description of these targets there will be reference to action that the organisation will need to take in conjunction with partners.
- The outlined balanced scorecard will be included as part of the Performance Agreement.
- A sign-off schedule will be included committing the organisation to the Performance Agreement which will be countersigned by the Regional Director.

An important additional performance relationship is the relationship between the LHB and the NHS Trust in relation to the commissioning and delivery of services. This will be enshrined in the LTA which has been in use in Wales for a number of years. The continued use of the LTA is a matter which will be considered in future guidance, but for the present time it is intended to retain the long term agreement as an important monitoring tool for commissioners to oversee, manage and review the delivery of key targets set out in the agreed plans. The structure of LTAs will continue as at present.

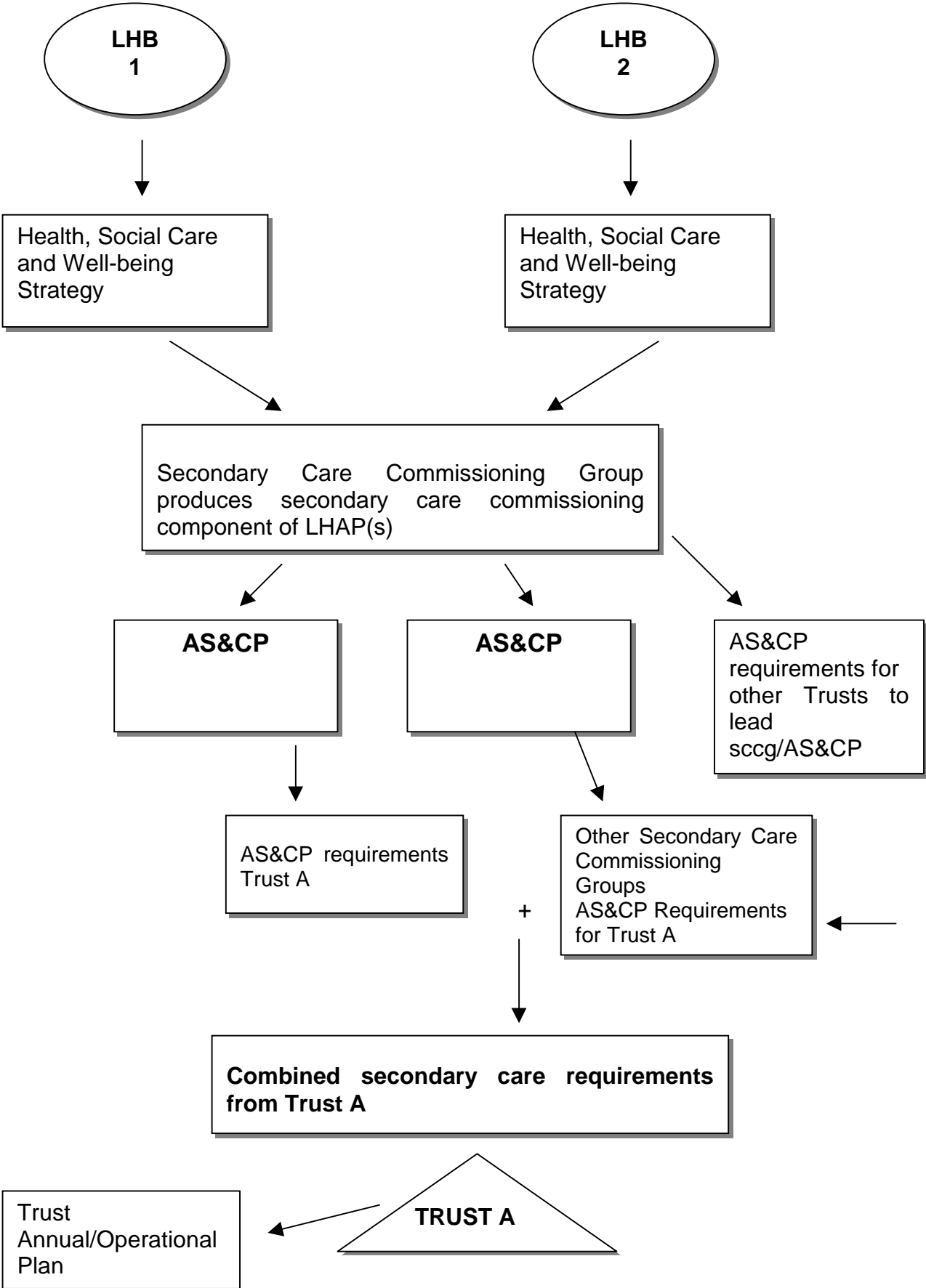
Secondary Care Services

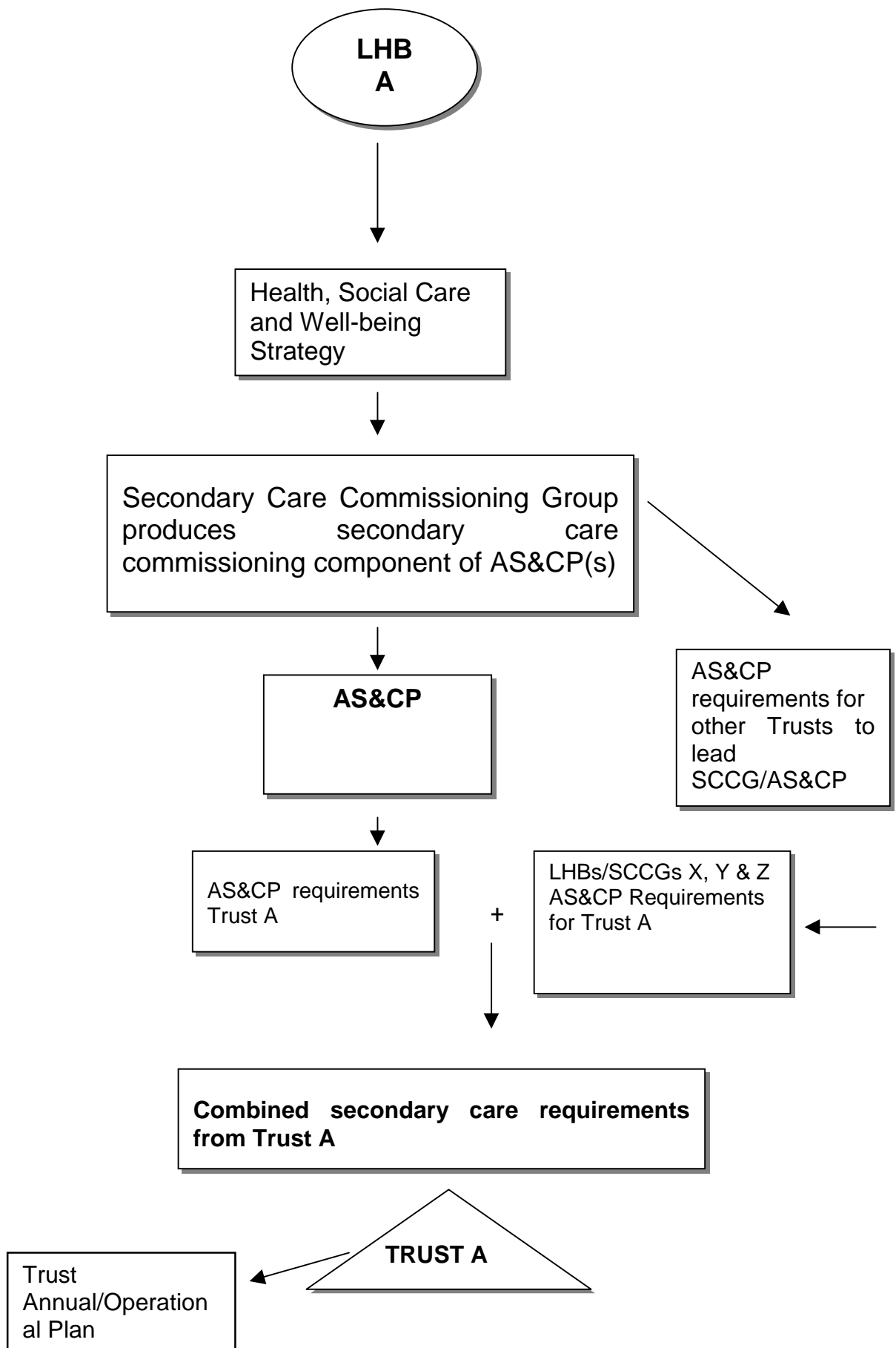
This Annex lists the secondary care services that will fall within the remit of Secondary Care Commissioning Groups (SCCG). The list is not exhaustive. Local planners, commissioners and services providers will need to decide locally, with advice from clinicians as appropriate, on what services come within the remit of the SCCG.

The Annex also lists Integrated Secondary/NHS Community services. The list is not exhaustive. Local partners will need to decide on the most effective mechanism for making decisions in respect of integrated secondary/community services.

| Secondary Care | Integrated Secondary / NHS Community services |
|--|--|
| General Surgery | Acute/elderly mentally ill |
| Urology | Health/Community Psychiatric Nursing Service |
| Trauma & Orthopaedics | Child and Adolescent Mental Health Services |
| Ophthalmology | Paediatrics/Community Paediatric Service |
| Ear, Nose and Throat | Obstetrics/Midwifery |
| General Medicine | Services for Older People |
| Rehabilitation | Genito-urinary medicine |
| Rheumatology | GUM/Outreach workers |
| Gynaecology | HIV/AIDS services |
| Dermatology | Palliative Care |
| Non-tertiary Cardiology | INR Clinics |
| Haematology | |
| Accident and Emergency/ Intensive Therapy Unit/High dependency care/Coronary care Unit | |
| Neurology | |
| Gastroenterology | |
| Endocrinology | |
| Cancer Services, including Oncology | |
| Oral Surgery | |
| Diagnostic Support - Radiology/Pathology | |

SECONDARY CARE COMMISSIONING - MODEL FOR OPERATION





Map - to be inserted.

Planning and Commissioning Key Dates

Annex H

2003/4

- March Duty to formulate and implement a Health, Social Care and Well-being Strategy commences (joint duty with LA).
- Commissioning decisions inherited from health authorities.
- April Secondary Care Commissioning Group meets for first time.
- May/June/July
- LHBs and Trusts begin the planning process - LHBs with individual Trusts for community care and within Secondary Care Commissioning Groups for secondary care.
- November
- LHBs will produce first draft outline Annual Service & Commissioning Plans for the following financial year.
Trusts will produce draft Annual Operational Plans.
These annual plans will indicate what action each organisation intends to take in order to achieve national and local targets and priorities as they are understood at this time and will form the starting point for the SaFF discussions. These plans will be shared with partner organisations.
- LHBs and Trusts receive Annual Financial Assumptions and Planning Guidance from the Welsh Assembly Government. These documents will confirm national targets and priorities and the resources available to meet them.
- February LHBs and Trusts complete the planning process by the end of February.
- March
- The SaFF is submitted to the Welsh Assembly Government Regional Office in early March. The SaFF document will have been signed off by all organisations who have been party to its development.
- The Regional Director will sign-off the SaFF when satisfied that it fulfils agreed objectives. Final sign-off will be complete by the end of March.
- LHBs will publish their final version first outline Annual Service & Commissioning Plans and Trusts their Annual Operational Plans which have received the approval of their respective Boards.
- Performance Agreements will be produced for all organisations and signed off by the Regional Director.

2004/5 onwards

| | |
|-----------|--|
| March | Draft Health, Social Care and Well-being Strategy published (2004). First Strategy - 3 year operative period, thereafter 5 year operative period. |
| June/July | <p>LHBs will produce draft Annual Service & Commissioning Plans for the following financial year.</p> <p>Trusts will produce draft Annual Operational Plans.</p> <p>These annual plans will indicate what action each organisation intends to take in order to achieve national and local targets and priorities as they are understood at this time and will form the starting point for the SaFF discussions. These plans will be shared with partner organisations.</p> <p>LHBs and Trusts begin the planning process - LHBs with individual Trusts for community care and within Secondary Care Commissioning Groups for secondary care.</p> |
| November | LHBs and Trusts receive Annual Financial Assumptions and Planning Guidance from the Welsh Assembly Government. These documents will confirm national targets and priorities and the resources available to meet them. |
| December | Final Health, Social Care and Well-being Strategy adopted by LHB and LA. First Strategy 2005-2008 operative period, thereafter a 5 year operative period. |
| February | LHBs and Trusts complete the planning process by the end of February. |
| March | <p>The SaFF is submitted to the Welsh Assembly Government Regional Office in early March. The SaFF document will have been signed off by all organisations who have been party to its development.</p> <p>The Regional Director will sign-off the SaFF when satisfied that it fulfils agreed objectives. Final sign-off will be complete by the end of March.</p> <p>LHBs will publish their final Annual Service & Commissioning Plans and Trusts their Annual Operational Plans which have received the approval of their respective Boards.</p> <p>Performance Agreements will be produced for all organisations and signed off by the Regional Director.</p> <p>First Health, Social Care and Well-being Strategy operative April 2005-2008.</p> |

Membership of Commissioning User Group

| | |
|-------------------------------|--|
| Lynne Hamilton | Project Director - NHS Restructuring Team, Chair |
| Mike Ponton | Director - Health and Well Being Strategy and Planning Team |
| Bob Woodward | Deputy Chief Inspector - SSIW |
| Neil Bradshaw | Director of Planning - North East Wales NHS Trust |
| Paul Hollard | Director of Planning & Service Development - Pontypridd & Rhondda NHS Trust |
| Eifion Williams | Director of Finance - Bro Morgannwg NHS Trust |
| Andrew Cottom | Director of Finance - Gwent Healthcare NHS Trust |
| Judith Paget | General Manager - Caerphilly LHG |
| Joanne Davies (up to July) | General Manager - Pembrokeshire LHG |
| Stuart Moncur (from July) | General Manager - Ceredigion LHG |
| Paul McWade | Head of Strategic Planning - Denbighshire CBC |
| Gary Birch | Director of Social Services - Torfaen CBC |
| Jane Rennie | Director of Performance - Gwent Health Authority |
| Peter Higson | Director of Development & Performance - North Wales Health Authority |
| Robin Morgan | UNISON |