

NHS DORSET CLINICAL COMMISSIONING GROUP

Maternity and Family Health

CLINICAL DELIVERY GROUP TERMS OF REFERENCE

1. AUTHORITY AND PURPOSE

- 1.1. The overall purpose of the Maternity and Family Health Clinical Delivery Group is to work with partners, including Local Authorities as joint commissioners, in developing joint commissioning intentions and subsequent delivery plans and service specifications that promote parity of esteem and support the ambitions of the Clinical Services Review.
- 1.2. Develop joint commissioning intentions and delivery plans collaboratively with partners to feed into the Acute and Integrated Community Services transformation boards to inform the CCG and Local Authorities commissioning strategies to deliver the models of care emanating from the CSR.
- 1.3. These terms of reference set out the membership, remit, responsibilities, and reporting arrangements. The Clinical Delivery Group has no executive powers other than those specifically delegated in these terms of reference.
- 1.4. The Clinical Delivery Group should be aware of the role that NHS England has in supporting and assuring the development of proposals and the case for change by commissioners. The four tests, intended to apply in all cases of major NHS service change during normal stable operations, are:
 - strong public and patient engagement;
 - consistency with current and prospective need for patient choice;
 - a clear clinical evidence base; and
 - support for proposals from clinical commissioners.
- 1.5. In addition to these four tests, the NHS England 'Effective Service Change: A Support and Guidance Toolkit' also identifies a range of best practice checks for service change proposals, these include:
 - clear articulation of patient and quality benefits;
 - the clinical case fits with national best practice; and
 - an options appraisal includes consideration of a network approach, cooperation and collaboration with other sites and / or organisations.

2. REMIT AND FUNCTIONS OF THE GROUP

- 2.1. To ensure priorities of the Maternity and Family Health Clinical Delivery Group will be informed by a system wide prioritisation.
- 2.2. To provide system wide accountability for the delivery of all aspects of the maternity and family health programme across Dorset.
- 2.3. To ensure that statutory obligations are met across the health and social care system in respect of the Maternity phase and children and young people up to the age of 18 years, 25 years where applicable.

- 2.4. To ensure outcomes of past and current CCG and Health and Wellbeing Board initiatives are taken into consideration.
- 2.5. To ensure effective patient and engagement is central to the design of the model for services with robust underpinning of appropriate Equality and Privacy Impact Assessments.
- 2.6. To develop needs based service wide delivery work plans with clear outcomes, milestones and performance measures that support the agreed system wide mission and vision for services across Dorset.
- 2.7. The Clinical Delivery Group scope includes services/pathways across health, community and social care settings which support the effective care and support to children and/or their family requiring services.
- 2.8. To contribute to the enabling workstreams by assessing and defining the implications of proposed new models of care for:
 - Digital technology;
 - Workforce;
 - Financial framework & Contractual arrangements;
 - Business Intelligence;
 - Sharing information;
 - Performance management;
 - Information governance;
 - Estates & facilities;
 - Sustainability and environmental considerations;
 - Governance.
- 2.9. To maximise the opportunities for joint commissioning with local authorities and other agencies.
- 2.10. To translate CCG and Local authority commissioning intentions into provider service specifications and contract documents.
- 2.11. To monitor and performance manage the delivery of the distinct service improvement projects that support the delivery of the vision for maternity and family health services.
- 2.12. To provide accountability for any devolved resources.

3. MEMBERSHIP

A monthly business meeting of commissioners will consist of:

- Clinical Delivery Group Chair/lead GP;
- Local Authority lead commissioners, inclusive of PH.

CCG team representation;

- Programme Director – Deputy Director;
- Programme Manager – Head of Programme;
- Finance/ business intelligence;
- Quality;
- Communications and Engagement;
- Transformation Delivery Manager.

Workshops to engage stakeholders will be established to support the work programme and could include:

- Clinical leader;
- Senior Responsible Officer;
- Programme Director;
- Programme Manager;
- Finance lead;
- Information/Business Intelligence Lead;
- Engagement and Communication;
- Procurement Lead;
- Quality Lead;
- Safeguarding lead;
- Nurse lead where needed;
- Local Authority Leads for Children's Services;
- Clinical representatives from Obstetric, midwifery, paediatric and neonatal care as appropriate;
- Locality GP representation;
- Public Health Dorset Children's Lead;
- Transformation Delivery Manager;
- Co-opted members as required;
- Public representatives e.g. Health watch; Dorset Youth Forum/Council;
- Specialist commissioner NHS England e.g. CAMHS.
- Emergency services (including ambulance and police)

Task/ Finish groups will be formed to define pathways and best practice and will call on local expertise. These will be an integral and important part of the CDG structure and membership will vary according to the project.

4. FREQUENCY OF MEETINGS

4.1 The group will meet on a monthly basis and the workshops will be held as required;

A wider CDG meeting on a quarterly basis to include the following:

- Paediatric Clinical Leads
- Obstetric Clinical Leads
- Heads of Midwifery

4.2. The group will also progress matters virtually.

5. ANTICIPATED DELIVERABLES

The priorities of the CDG will be to embed prevention and improve outcomes by:

1. Maternity and Paediatric acute hospital network development
2. Improve emotional wellbeing and mental health outcomes by developing and implementing the Emotional Wellbeing and MH Strategy;
3. Define and develop local community models integrating health, community and social care;
4. 24 Hour Dorset dedicated labour line

These priorities will be developed and when completed the next series of priorities will come forward from the work of the CWG.

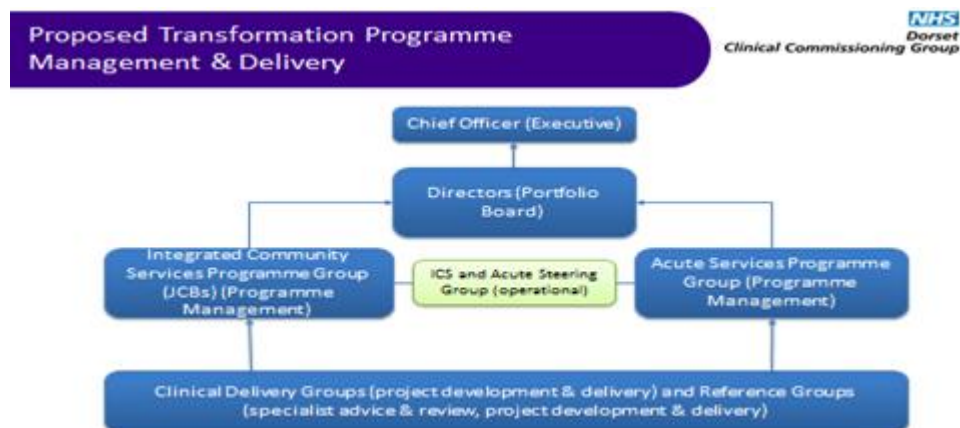
6. REPORTING PROCEDURE / GOVERNANCE

6.1. Relevant programme management office assurance and approval process.

6.2. The maternity and family health CDG will follow the governance framework below where clinical decisions are required:



6.3. Oversight of the implementation of clinical decisions and programme management for each of the Clinical Delivery Groups will be provided through a respective transformation group – Integrated Community Services Programme Group or Acute Services Programme Group. The commissioning structure outlined below sets out the governance arrangements for this aspect.



6.4 Statutory partners will have their own reporting mechanisms. Current joint commissioning will apply and be amended accordingly.

7.0 REVIEW

7.1 To be reviewed October 2016

6 October 2015