



**South Tyneside & Sunderland Healthcare Group
North East Commissioning Support**

Communications & Engagement Task & Finish Group

Terms of Reference

Purpose of the group

The purpose of the Group is to develop and deliver communications, engagement, marketing and patient experience plans to support the delivery of the Path to Excellence Clinical Service Review Programme which is being undertaken as part of the South Tyneside and Sunderland Healthcare Group. As part of this work the Group will ensure communications and engagement activities also link to the two out of hospital models of care being developed as part of the Sustainability and Transformation Plans for South Tyneside and Sunderland.

Role & Function

- To be responsible for shaping and developing communications and engagement strategic advice and support relating to the Path to Excellence Clinical Service Reviews.
- To communicate and engage regarding the Five Year Forward View and the South Tyneside and Sunderland Sustainability and Transformation Plans during this process.
- To support the operational delivery of effective patient, public and carer engagement and consultation where appropriate relating to the Path to Excellence Clinical Service Reviews (see Appendix 1 for timescales involved in these reviews).
- To develop engagement and consultation processes and provide a forum which allows two way communications and discussions between commissioners, South Tyneside and Sunderland NHSFTs and key third sector and scrutiny partners.
- To develop a Communications and Engagement Action Plan to support the South Tyneside and Sunderland Healthcare Group Communications and Engagement Strategy.
- To ensure all existing channels and forums for communication and engagement are utilised as well as identifying new opportunities depending on the individual service reviews.

Governance Arrangements and Key Relationships

The Communications and Engagement Task and Finish Group is accountable to the South Tyneside and Sunderland CCGs and FTs Engagement and Consultation Governance Group. Information will be shared with the South Tyneside and Sunderland Healthcare Group Clinical Service Review Group via the monthly Clinical Service Review Update. In addition information will be shared with the Sunderland CCG Communications and Engagement Steering Group on a regular basis.

Healthwatch to retain statutory scrutiny function.

Key Related Documents

- South Tyneside and Sunderland Healthcare Group Communication and Engagement Strategy.
- CCGs Communications and Public Engagement strategies.
- Section 242 NHS Act 2006 – the legal duty to involve current and potential service users or their representatives in everything to do with planning, provision and delivery of NHS services.
- Equality Act 2010 – that all protected groups are considered and that the Equality Delivery System is used appropriately in the context of communications and engagement.
- The NHS constitution.
- The CCG's commissioning intentions.
- [Six principles for new models of care framework](#)

Membership

- Better Health and Care for Sunderland Communications Manager
- Healthwatch South Tyneside
- Healthwatch Sunderland
- NECS Senior Communications and Engagement Manager
- City Hospitals Sunderland NHSFT Deputy Head of Corporate Affairs
- South Tyneside NHSFT Head of Risk Management and Governance
- South Tyneside NHSFT Communications & PR Lead/Officer
- South Tyneside and Sunderland Healthcare Group Programme Manager
- South Tyneside CCG Head of Commissioning - Planning and Resilience
- South Tyneside CCG Operations Manager
- Sunderland CCG Head of Planning and Reform
- Sunderland CCG Patient Experience Officer

Additional members may be co-opted when required.

Frequency of meetings

Every two weeks.

Quorum

Locality spread – with Trust representative, Commissioner representative and Healthwatch representative attendance at each meeting.

Secretariat

North East Commissioning Support

Review

Twelve months

Appendix 1 – Clinical Service Review Programme – Timeline

Phase 1 Aim to be completed by end of September 2016	Phase 2 Aim to be completed by end of March 2017	Phase 3 Aim to be completed by end of September 2017
Stroke	Pharmacy	Emergency Care
Trauma & Orthopaedics - including Ortho-geriatrics	Anaesthetics & Theatres	Critical Care
Obstetrics (maternity) & Gynaecology	Cardiology	Acute Medicine
General Surgery – including endoscopy	Gastroenterology	Therapy Services
Paediatrics	Respiratory	Diagnostics
Increasing delivery of elective work at STFT	Diabetes	
	Care of the Elderly	
	Specialist Rehabilitation	

There will also be partial 'check point' reviews of Therapy and Diagnostic services at the end of Phase 1 to look at the impact of changes suggested during that phase.