



Communications and Engagement Strategy

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Introduction

North East Essex CCG recognises the key role that our stakeholders play in helping us to design and commission health services which meet the needs of our local population. We have worked with members of the public, patients, carers and other partners to develop and articulate our vision, values and priorities and we are committed to ensuring that that we have on-going open and inclusive dialogue .

In order to make real improvements, we need to have a clear understanding of the needs of the various communities within North East Essex. We will build on our existing engagement with voluntary and community groups to reach out to as many people as possible and to make sure that “no decision about me without me” becomes a reality.

Along with CCG colleagues, we had the pleasure of taking part in one of our engagement events which was attended by over one hundred people from the local community, including patients, voluntary groups and local authority partners. We presented our plans and priorities and took on board the issues and concerns raised. One of the messages was for the CCG to make full use of existing community and voluntary groups when engaging with the wider public and we have made this a key strand of our engagement strategy.

We are delighted that the North East Essex Health Forum has been established. This was a result of the CCG working with a review group of patients, carers and community groups, including the voluntary sector, in order to find out how local people wanted to engage with the CCG. The Health Forum has its own constitution which can be found on the CCG website and a representative sits on the CCG Board.

We look forward to working with all our stakeholders and using their insights and experience to design and commission high quality health services which place the patient firmly at the centre.

Dr Gary Sweeney, Chair of North East Essex CCG

Dr Carla Mahmoud, CCG Lead for Patient, Public and Carer Engagement

1. Background

- 1.1** NHS North East Essex Clinical Commissioning Group (NEE CCG) aspires to become a statutory body from 1st April 2013. The CCG comprises 44 general practices and we will commission the majority of the community and secondary health care for approximately 325,000 people in the 255 square miles covered by Colchester Borough Council and Tendring District Council
- 1.2** As the local leader for health, we will work with our stakeholders - patients, carers, members of the public, voluntary and community groups, provider organisations, statutory bodies and the media to deliver this strategy. Good communications and engagement helps us to work with our stakeholders to ensure that they are fully involved in the commissioning of local health services. It also means they understand how we are using NHS resources and the decisions we make.
- 1.3** In all communications we will:-
- be open and transparent
 - use plain English
 - avoid jargon and abbreviations
 - be considerate of the individual communication needs of people including people with disabilities and people who do not use English as their first language.
- 1.4** One of our core duties as a CCG is to put patient interests at the heart of everything we do. More specifically we will:
- secure continuous improvements in the quality of commissioned services
 - ensure efficient use of resources and value for money
 - reduce inequalities and ensure equity of access to services
 - enable choice and promote patient involvement;
 - secure integration through collective working and commission services which are integrated across health and social care;
 - promote innovation and research;
 - actively work with local partners.
- 1.5** The responsibility for delivering this strategy belongs to all staff working as part of the CCG. Whether as a member of staff, constituent GP practice or elected CCG member to the governing board, all need to be clear about what is expected of them.
- 1.6** The CCG has undertaken an evaluation of the communication support and expertise required to deliver this strategy. Due to the level of capacity and competency required, a significant part of this service will be commissioned from Essex Commissioning Support Unit

2. The purpose of this strategy

- 2.1** We want to ensure that we have an effective, consistent and timely communications programme which reaches, informs and engages with all those with an interest in the health services we commission. As we deliver a challenging agenda, it is vitally important that people in North East Essex together with professionals in the NHS and partner organisations feel connected, understood and is able to contribute to developments in their local NHS.
- 2.2** We want to engage with all individuals, groups and organisations who want to play a part in determining how services should be commissioned based on need. We want people to feel they have an opportunity to participate in a dialogue with us and that what they say shall be received with respect.

This strategy is a starting point for this work.

3. Our strategic position

- 3.1** This is an exciting and challenging time in the NHS, with CCGs poised to take on responsibility for commissioning the majority of community and secondary care health services.
- 3.2** The CCG is committed to promoting the principles and pledges of the NHS Constitution and to delivering the objectives of the NHS Outcomes Framework. Working closely with colleagues in Public Health, Essex County Council and other CCGs in Essex, we have jointly developed a Joint Strategic Needs Assessment, which looks at the health needs of the local population. We have used that to develop a local delivery plan, which sets out how we will deliver the health services that people need.
- 3.3** We also work with the Essex Health and Wellbeing Board to help deliver broader improvements across health, social services, housing and education, ensuring that services are joined up.

4. What we mean by engagement

- 4.1 “Engagement” is the process and actions taken to inform, consult and involve individuals and communities through on-going relationships and dialogue.
- 4.2 A “stakeholder” is any individual, group or organisation who may have an interest in contributing to the work that we do. This also includes any individual, group or organisation we may wish to communicate with. A list of our current stakeholders can be found in Appendix 5
- 4.3 Engagement can be broken down as follows:
- **Informing** – We will keep patients and public members updated through appropriate communication around services, issues, and updates on particular changes;
 - **Consulting** – This applies to understanding a view point on a particular subject area or decision. We will consult with stakeholders when we are redesigning services, commissioning new ones and decommissioning services which no longer meet the priorities of our local populations;
 - **Involving** – Working with stakeholders will help us understand the concerns that people have or the aspirations they have for their services;
 - **Collaborating** – We aim to involve the right people to help shape the way commission services;
 - **Empowering** – we want stakeholders to play a proactive role in the shaping of local health services. We want engagement to be meaningful, challenging and constructive.

5. Principles

- 5.1 This strategy is underpinned by ten principles which are illustrated in more detail in Appendix 1. In summary these are:
1. Promoting the NHS constitution to our communities;
 2. Working with our stakeholders to make sure we are effective, efficient and display financial prudence;
 3. Using our stakeholders to tell us how the quality of services should improve;
 4. Using our stakeholders to tell us how the quality of primary care services should improve;
 5. Working in partnership with our communities to reduce inequalities;
 6. Involving patients at all stages of what we do;
 7. Working closely with all clinicians and healthcare professionals;
 8. Developing partnerships;
 9. Being innovative and forward thinking;
 10. Promoting equality and diversity

6. Our approach

6.1 We recognise that our stakeholders are all different and that different groups will wish to participate in different ways. A “one size fits all” approach is not appropriate and therefore we need to understand any barriers to engagement and to understand how particular stakeholders prefer to be involved.

6.2 We will:-

- Engage as early as possible;
- Be very clear about what we are trying to achieve
- Engage with the right people;
- Work with existing community and voluntary groups to reach as many people as possible
- Develop our stakeholders;
- Be honest and open
- Learn from others;
- Be flexible;
- Continue to measure the success of this plan.

More details about our approach can be found in Appendix 2

7. Our engagement to date

7.1 The CCG has built on the previous work of health commissioners to establish relationships with local communities to identify needs and gaps. Our aim is to have collaborative two way relationships and to this end we have already organised a series of forums and stakeholder events.

The events, forums and meetings described below are a sample of some of the work we have done on engagement to date.

7.2 Patient, public and carer engagement

7.2.1 Highlights have included two commissioning intentions events where stakeholders (including patients, carers and the voluntary sector) helped to shape our plans and a meeting with members of our first wave of Patient Participation Groups who advised us on how best to support other practices to set up their own groups.

7.2.2 In May 2012 we held a stakeholder event in Colchester “Involving Local People in Health Decisions” where we presented our plans and priorities and invited feedback from the audience, including a series of workshops focussing on specific engagement issues e.g. how to engage with hard to reach groups. Over 100 people attended including members of the public, voluntary groups, providers and local authority representatives. The outcomes of this event have been shared with the NE Essex Health Forum who will prioritise the areas we need to focus on and monitor us on progress.

7.2.3 The CCG holds bimonthly meetings in Colchester, Harwich and Clacton with local people and voluntary groups: the agendas reflect local issues and

concerns and the CCG reports back to the next meeting on the actions taken. Minutes are posted on our website and emailed to all forum members. An example is when the interim Accountable Officer tested out the vision and values of the CCG and used the feedback to refine them.

7.2.4 The business manager lead for engagement meets informally on a monthly basis with the Colchester and Tendring Community Voluntary Services. These are opportunities to discuss matters in a timely fashion and to remove any blocks to achieving plans. The CCG has set up the NE Essex Health Forum, 6 Practice Forums and have supported practices in increasing the number of Patient Participation Groups – further details about these groups are below and our action plan for 2012/13 can be found in Appendix 8.

7.2.5 In addition to forums, groups and other face to face meetings, the CCG also uses public-facing newsletters, an interactive website where people can post questions and other social media. We are in the process of working with stakeholders to update the website to make sure that it meets their needs and expectations.

7.2.6 North East Essex Health Forum

When the CCG took over the role of Public, Patient and Carer Engagement (PPCE) we produced a discussion document for our stakeholders to help us understand how we should improve the way we engage. We put together a working group of stakeholders that represented different backgrounds and they helped us understand what model we should introduce in the future. They came up with the North East Essex Health Forum which has the following key features:-

- A greater voice is given to our stakeholders so that commissioners will be more accessible to them;
- It will be largely owned by the people who use our services;
- become more accountable for stakeholder engagement by having a GP lead whose portfolio is PPCE;
- At the centre of the wider North East Essex Health Forum is an independent and democratically elected group (North East Essex Health Forum Committee) which sets the agenda for raising issues with commissioners. This committee has inclusive representation from patients/service users, carers, voluntary sector and Healthwatch/LINKs;
- The committee can make recommendations to the CCG Board
- A member from the Health Forum Committee will sit on the CCG Board and members will sit on various CCG sub-
- Regular Locality Engagement Forums will be held, which set their own agendas. Commissioners will be held to account for actions arising from Forums meetings.
- There shall be a coordinated relationship between Practice Patient Groups;
- The structure will be shaped around stakeholders rather than for Commissioners;

- The *North East Essex Health Forum Constitution* sets in further detail how the Forum will work and is available on the CCG website. The first Health Forum Committee meeting was held in July 2012 and they have already set up a working group focusing on communication between the CCG and local diverse communities especially hard to reach groups.

7.2.7 Patient Participation Groups (PPGs)

To date, 85% of our member practices have Patient Participation Groups. PPGs are groups of patients from a particular GP practice who meet to discuss local issues such as access, parking and online booking of appointments. PPGs have a good understanding of such issues and can suggest solutions and the Health Forum Committee has set up a working group to find out how the work of the PPGs can be used on a systematic basis to influence commissioning decisions, including their views and experience of being offered and exercising choice. The CCG will work with GP practices to develop these groups further and to ensure that they are well advertised.

7.3 Engagement with our practice members

7.3.1 The CCG consists of its member practices and has close and on-going engagement with them. The CCG Constitution was produced with the active participation of the practices and the Memorandum of Understanding sets out the mutual responsibilities of the CCG governing body and the practices, as well as between the practices themselves.

7.3.2 Our 44 of member practices are grouped into six Practice Forums. Each practice sends a clinician and a practice manager to the forum meetings, which are supported by an elected CCG member and a manager.

7.3.3 The practice forums were set up following consultation between the CCG and the practices to:-

- Promote close collaboration between the CCG and member practices;
- Facilitate continuous improvement;
- Share best practice;
- Give practices an opportunity to become involved with and contribute to service improvement schemes which focus on Quality, Innovation, Productivity and Prevention (QIPP).
- Allow a mechanism for feedback to be made to the CCG;
- Make an objective accountability;
- A way in which Patient Participation Groups (PPGs) can have their issues raised and reflected in plans and decision making.

- Helps set CCG priorities;
- Monitoring services;
- Commissioning local service based on local need;
- Develop new patient pathways
- Undertake audits and evaluations.

7.4 Engagement with providers

The CCG holds regular meetings throughout the year with the main providers of acute, community, mental health and learning disability services. These meetings include commissioning intentions, contestability plans and contract monitoring. The CCG makes sure that providers are aware of the whole patient pathway, for example diabetes. Where pathways are being redesigned, the CCG ensures that the relevant providers are included in the reference groups.

7.5 Engagement with local authority partners

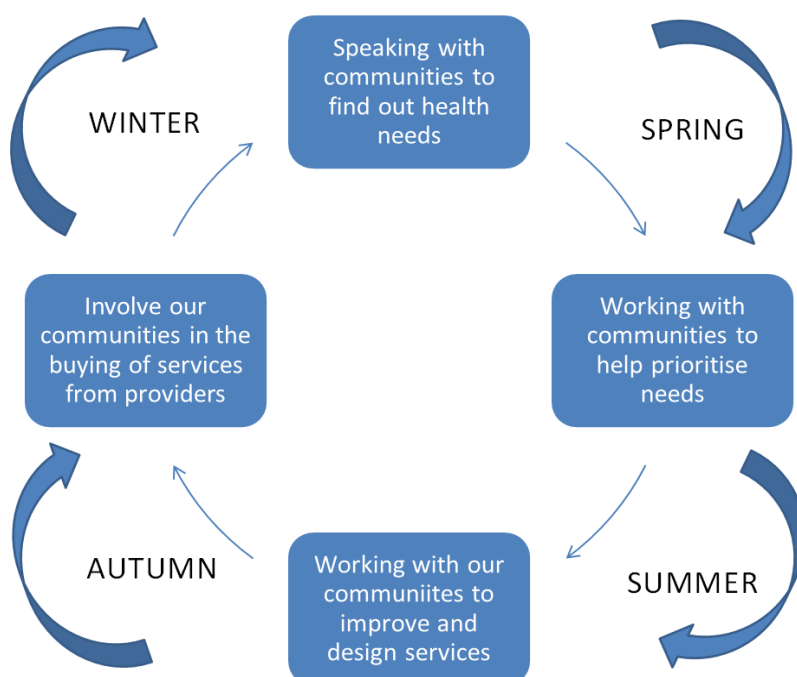
The CCG Chair is a member of the Essex Health and Wellbeing Board (HWB) and was a member of the task and finish group which established the governance arrangements for the HWB. The CCG presented its vision, plans and priorities to the Essex HWB and to the Tendring District Council Health and Overview Scrutiny Committee (HOSC) and will be presenting them to Colchester Borough Council HOSC at the end of August 2012.

7.6 Engagement with system partners

The CCG chairs a system wide partnership group which brings together the strategic partners of the NE Essex health and social care system. Sectors represented include the voluntary sector, the local acute hospital, both upper and lower tier local authorities, the local provider for community services and mental health.

8. Future stakeholder contribution

- 8.1** Commissioners work to a yearly timetable to plan and commission health services. We want to make sure that our stakeholders are involved in a planned and systematic way so they can have maximum input to key decisions about commissioning.
- 8.2** Therefore we will make sure that our stakeholders are informed about the commissioning cycle and that we engage with them according to the cycle below.



We have set out a detailed timetable for achieving this in 2013/14 which can be found in Appendix 3.

- 8.3** We will also continue to work with stakeholders throughout the year to monitor the quality of services. To do this we will use information from a variety of sources including surveys, complaints and focus groups.
- 8.4** We are especially mindful of the need to make sure that we engage with hard to reach groups and have taken on board the advice from stakeholders to use existing networks and community groups to achieve this.
- 8.5** The CCG is actively focusing on the promotion of patient choice and shared decision-making with our patient groups. We are currently sharing our action plans on this with the Health Forum so that they can set up a working group to help promote choice and shared decision-making from a patient viewpoint and to monitor the CCG on our plans on improving the uptake of choice.

The CCG developed a referral audit tool which is being rolled out in practices across the locality which shows where patients are referred to in secondary care and Tier 2 services. This will be used to inform commissioning decisions and has the enormous benefit of providing the CCG with evidence in real time. This will be in addition to information gained from the Choose & Book system.

- 8.6** We will promote public awareness of how to give us feedback including complaints via our website, printed media and our stakeholder groups. Until the end of March 2013 we will continue to use the existing PCT complaints procedures and arrangements. From 1st April 2013 we will be directly accountable for this and are currently working with our Health Forum to ensure they have the necessary information to monitor our performance in this area.

9. The objectives of this Communications and Engagement Strategy

1. Support NEE CCG's role as leader of the local NHS and champion for health service users
2. Enable all stakeholders to play an active role in the planning and commissioning of health services
3. Ensure patient feedback is incorporated into our plans
4. Deliver continuous improvements to the patient experience
5. Meet our statutory responsibilities including working with LINKs/ Healthwatch
6. Manage the reputation of NHS NEE CCG
7. Take the lead in communicating national and regional NHS messages to the local community
8. Promote equality and diversity

10. Measuring our performance

- 10.1** We shall monitor our performance on specific campaigns and projects and are working with the North East Essex Health Forum to produce some meaningful performance indicators.

- 10.2** In a broad sense we plan to measure our performance by:

- feedback from stakeholders who sit on the CCG Board and sub committees
- patient, public and stakeholder surveys
- staff surveys
- PALS enquiries and usage
- media analysis
- the diversity of stakeholders who actively engage with us
- number and nature of complaints, compliments and comments

- website and intranet usage
- the level of awareness among the public of the outcome of actions taken following complaints and other feedback.

11. Evaluation

11.1 Our communications and engagement actions will be routinely recorded and predicted on a detailed action plan, updated as required by the CCG's communication and engagement lead. The plan will be reviewed by the CCG's Operational Executive Committee on a quarterly basis.

12. Putting the Strategy into action

The action plan for 2012/13 is attached in Appendix 8

For reference purposes we have our 2011/12 plan in Appendix 9.

Appendix 1 Principles for our CCG Engagement Strategy

Principle 1 – Promoting the NHS constitution to our communities

Our strategy will ensure that we display in very clear and tangible ways that when engaging with our stakeholder that the spirit of the NHS constitution is a key driver.

Principle 2 – Working with our stakeholders to make sure we are effective, efficient and display financial prudence

We shall collaborate with different partners to make sure we have appropriate arrangements in place that reduce the risk of the CCG, as an organisation, being ineffective, inefficient and making poor financial decisions. We will use our stakeholder to help us understand how best to “add value”.

Principle 3 – Using our stakeholders to tell us how the quality of services should improve

Our CCG needs in its plan to recognise that work being undertaken around quality is on-going and always moving. In short we can never stand still in wishing to understand how we can improve the quality of services. Engagement must use good evidence from our stakeholders that should be used at appropriate points within our cycle of planned work.

Principle 4 - Using our stakeholders to tell us how the quality of primary care services should improve

Our CCG strives for quality not only in its wider commissioning plans but in the delivery of services in each of its constituent members and similar providers of Primary Care. A more local, and at times, more specific approach to engagement are needed. Engagement is more personal at this level between the different stakeholders within the system.

Principle 5 – Working in partnership with our communities to reduce inequalities

We must listen to all sections of communities and recognise that we must proactively seek the views of people who historically have been hard to reach.

Principle 6 – Involving patients at all stages of what we do

Our CCG needs to engage “smarter and not just harder” if it wants to have a meaningful approach to involving patients. Our engagement plan needs to use a variety of methods for capturing patient voices that are both generic and disease specific.

Principle 7 - Working closely with all clinicians and healthcare professionals

Clinical Commissioners will need to identify a range of stakeholders who can add real value to the work they do by capturing their expertise and knowledge. This requires our CCG to develop relationships with clinicians at all levels and across a range of sectors.

Principle 8 – Developing partnerships

Our work in the future will not be constrained to health only. The NHS reforms require us to form stronger links with local authorities. How we engage shall be done on a number of levels and will be done both informally and formally. Engagement will improve joined up working, reduce duplication and deliver more efficient services.

Principle 9 – Being innovative and forward thinking

Our CCG wants to be innovative and forward thinking. Testing new ideas allows services to evolve and be more responsive to changing needs. Our CCG knows that identifying innovation and understanding how needs of our population can be addressed should not be left to only a few. Our plan aims to find ways in which different groups can feel confident enough to recommend change.

Principle 10 – Promoting equality

Our CCG understands the importance of delivering against a number of public sector equality duties. On-going work should enable different groups, particularly those with protected characteristics, to have avenues to reach commissioners and voice their views. Because of their characteristics engagement should be much more focussed and tailored as opposed to a generalist approach.

Appendix 2 Approaches for CCG Engagement Strategy

Approach 1 – Engage as early as possible

This allows meaningful dialogue to happen right from the start. It also allows us to plan ahead of what may be needed both in terms of resources and time.

Approach 2 – Be very clear about what we want and how we want to do it

Set out a plan of who we want to engage being aware of best approaches and the audience who we wish to engage with.

Approach 3 – Engaging with the right people

How we chose to engage should be targeted and aimed at the stakeholder group who can give the most value.

Approach 4 – Developing our stakeholders

We recognise that for different groups to be as effective as possible they may require support. We may need to help them to help us.

Approach 5 – Being clear about who owns what

This avoids duplication and minimises any risks of ineffectiveness.

Approach 6 – Our engagement delivery plan is a live document

This will be continued to be updated. Realistic milestones are important

Approach 7 – The delivery plan will look to learn from others

Seeking best practice with our partners on an on-going basis to improve the way in which we engage

Approach 8 – Our engagement plan must align

We should ensure that our plan runs parallel with stakeholders and is consistent with other key documents or strategies;

Approach 9 – Be flexible

Our plan to engage should be responsive enough to change if in doing so we can get better outcomes

Approach 10 – Continue to measure the success of this plan

We will set indicators for our plan and have these evaluated to measure success.

APPENDIX 3 – Time table for Commissioning Intentions 2013/14

When	Date	Who	What	How
May	31st	CCG staff	Agree engagement plan for commissioning intention	Must be able to articulate process including objectives, outcomes
June		Member Practices	Write to practices asking for Commissioning intentions ideas	E-mail
June		CCG Board	Agree list of potential priorities 2013/14	Organise an event where the JSNA and other evidence can be shared
June		VS	Agree list of potential priorities 2013/14	Organise an event where the JSNA and other evidence can be shared
June		ECC	Agree list of potential priorities 2013/14	Organise an event where the JSNA and other evidence can be shared
July-September		Member Practices	Prioritisation of commissioning intentions	Engage with Forums to prioritise key Commissioning intentions
July-September		NEE Health Forum (Engagement Forums, HF)	Prioritisation of commissioning intentions	Communication of process
July-September		Links	Prioritisation of commissioning intentions	Invite to Prioritisation of commissioning intentions events
July-September		CVS/VS	Prioritisation of commissioning intentions	Invite to Prioritisation of commissioning intentions events
July-September		EDS Groups	Prioritisation of commissioning intentions	Set up EDS groups to agreed prioritisation and related issues
July-September		Universities	Prioritisation of commissioning intentions	Contact student groups for
July-September		Carers	Prioritisation of commissioning intentions	Contact Carer groups for feedback. Put on a specific session focusing
July-September		User Groups	Prioritisation of commissioning intentions	Ask user groups to add to agenda
July-September		Website	Prioritisation of commissioning intentions	Develop survey monkey?
July-September		Media	Prioritisation of commissioning intentions	Promote opportunities for
July-September		PPGs	Prioritisation of commissioning intentions	Ask practices to add to agenda
September		CCG Board	Analyse and agree priorities for 13/14	Agree methodology for selecting priorities. Must be able to explain
September		HF Committee	Analyse and agree priorities for 13/14	Work alongside the CCG in agreeing the priorities
September		CCG Staff	Make Commissioning intentions known to providers within Contract period	Contract meetings
September		PCT Staff	Make Commissioning intentions known to providers within Contract period	Contract meetings
September		CCG Staff	Communicate outcomes from prioritisation events	Include outcomes, rationale, stakeholder involvement stats
October-Jan		Delivery boards	Develop priorities	Add to agenda
October-Jan		Patients	Develop priorities	Involved in specific working groups
October-Jan		CVS	Develop priorities	Involved in sharing feedback around agreed projects relating to
October-Jan		Providers	Develop priorities	Engage with providers (if known) so services develop with multi-
October-Jan		EDS Groups	Develop priorities	Involved in specific working groups
October-Jan		Other CCG's	Develop priorities	Joint working to avoid duplication

Appendix 4

Strengths and weaknesses of different methods of engagement

Public Meetings	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Encourage ownership; • Allows sharing of ideas and opinions • Promotes honest conversation • Builds trust. 	<ul style="list-style-type: none"> • Time consuming; • Can be easily side tracked.

Web site	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Information easily updated; • Cost effective; • Can be translated by users; • Accessible. 	<ul style="list-style-type: none"> • Not all stakeholder have access; • People may not have the skills to use.

Focus Group	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Allows good controlled debate; • Ideas can be tested; • People more confident to engage. 	<ul style="list-style-type: none"> • Requires lots of resource; • Limited engagement;

Professional Groups	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Highly expert knowledge available; • Very likely to want to engage 	<ul style="list-style-type: none"> • Risk of people's own agenda coming through; • May require reimbursement.

Letters	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Easily produced; • Reaches wide numbers of stakeholders; 	<ul style="list-style-type: none"> • People may lose interest; • Not very personal.

Surveying	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Can be focussed very much on key stakeholders; • Outcomes can be very clearly defined; 	<ul style="list-style-type: none"> • Expensive; • Time consuming.

Health Champions	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Provides impartial ownership; • Gives power to stakeholders; • Cost effective. 	<ul style="list-style-type: none"> • Need to consider support and ongoing development;

User groups	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Allows good controlled debate; • Ideas can be tested; • People more confident to engage; • Excellent understanding of issues by participants 	<ul style="list-style-type: none"> • Requires lots of resource; • Limited engagement;

Consultations	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Expectation of an outcome; • Stakeholders may want to engage; 	<ul style="list-style-type: none"> • Expensive; • Must keep to agreed time frames;

Media	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Reach a very wide audience; 	<ul style="list-style-type: none"> • May be expensive; • Key messages may have to be small ;

Partnership working i.e. Joint/integrated plans	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Joint ownership; • Stakeholder views are clearly captured; 	<ul style="list-style-type: none"> • Risk of excluding some groups; • Time consuming and staff intensive;

Staff bulletins	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Cost effective; • Accessible; • Regularly updated; • Opportunity for right issues to be discussed. 	<ul style="list-style-type: none"> • Staff may not read;

Interviews	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Personal; • Very targeted questioning; • Ability to expand and encourage detailed dialogue. 	<ul style="list-style-type: none"> • Could be expensive; • Engages with only a few people;

Appendix 5 Our stakeholders

Patients and Public

Our *North East Essex Health Forum Constitution* sets out clearly how we propose to work with these stakeholders including the outcomes that we would expect. We intend to develop measures to help us understand how well we are performing in this area. Our Engagement Strategy plan will be aligned to this effect. The Health Forum Constitution can be found on the CCG website.

Voluntary Sector

The Community Voluntary Services (CVS) represent a large number of voluntary organisations in North East Essex. These groups who work very closely alongside service users are well placed to help us understand the needs of our population.

Other CCGS

We want, and need, to engage with other Clinical Commissioning Groups (CCGs). Strategically our plan recognises that a number of priorities go much further than just North East Essex and many of these feed into pan-Essex strategies.

Furthermore our colleagues in neighbouring CCGs may wish to commission with us from providers where there is value to do so.

Commissioning Support Services (CSS)

We will buy certain functions from CSS (eg Payroll, Human Resources) and it is vital that we work closely with them to ensure that the CCG functions effectively

Local Authority – Lower Tier

We will work closely with Colchester Borough Council and Tendring District Council to ensure that we are aware of each other's plans and priorities and to allow these to be aligned where appropriate.

Local Authority – Upper Tier

Historically the NHS in north Essex has had a close relationship with Essex County Council (ECC), including the joint appointment of the Director of Public Health. A representative of ECC is a member of the CCG Board. We will also be required to engage through the ECC Health and Overview Scrutiny Committee (HOSC).

The *Health and Social Care Act 2012* places an emphasis on health and social services becoming more integrated. To support this, the Essex Health and Wellbeing Board has been set up and the CCG Chair sits on that Board.

LINKs/Healthwatch

Local Involvement Networks (LINKs) help provide a voice for local people on how health is delivered. Their function is to help inform what people want, help monitor services and they have a number of powers which assist them in this role.

We understand that until they are replaced by Healthwatch they are a key partner of ours and must be fully engaged with our plans. We must also ensure that there are opportunities in place that allows LINKs to inform us of issues. They will also have a place on our North East Essex Health Forum Committee.

Healthwatch's role in the future we provide them a place on the Health and Wellbeing Boards and will ensure that the views and experiences of services users and patients are fully taken into account.

Media

We plan to use the media not only as a vehicle for engaging but to keep them involved in the process of how local decision making is being achieved.

MPs

Members of Parliament will require us to be accountable to their constituents. As a statutory body in the future we will be required to provide assurances that we are meeting our functions and core duties. We plan to offer regular meetings to our local MPs.

NHS Commissioning Board

This body will want assurance that we are delivering and performing against our responsible areas. The relationship will be on-going and will take a require us to engage in a number of ways.

Member Practices

The CCG is made up of its member practices and the CCG Board will continue to work closely with practices in commissioning and monitoring secondary care and community health services.

Practice Patient Groups

85% of our practices have a Practice Patient Group (PPG) and our aim is that this will increase to 100%. Patient Participation Groups are groups of patients from a particular GP practice who meet to discuss local issues such as access, parking and online booking of appointments. PPGs have a good understanding of such issues and can suggest solutions and the Health Forum Committee is looking at how the work of the PPGs can influence commissioning decisions.

Professional organisations

Professional organisations such as the Local Medical Committees (LMC) or Trade unions will offer us expert advice and knowledge. Our plan recognises these groups are important partners who need to be involved.

Providers

We recognise that in being a mature commissioning organisation we need to fully engage with our providers. These shall be on a range of levels such as working with them on integrated planning, developing services shaped by involvement of service users and through the on-going contractual discussion.

Schools and Further Education

Often a set of stakeholders whose voice is quiet on health matters. Our CCG must make more of an effort in this area. Our *North East Essex Health Forum Committee* looks to appoint a representative for young people that can help us reach out to the younger population.

Appendix 6 CCG Roles and Responsibilities

The Accountable Officer

The Accountable Officer provides leadership for communications and engagement and along with the Chair is our most senior spokesperson.

Board Members

Board members take a lead and set the example in recognising the importance of engagement. Board members have a significant influence on the culture and ethos of North East Essex CCG and are seen as the senior communicators.

Member Practices

Member practices actively participate with locality and CCG-wide public and patient engagement. The majority have already set up Patient Participation Groups. Via the Practice Forums, there is two-way communication between the CCG governing body and the practices.

Senior staff

Senior staff have responsibility for communications and engagement activities within their areas and for supporting the organisation-wide approach.

Staff

All staff members have a role and personal responsibility for communications and engagement. Everyone within NHS North East Essex CCG needs to understand clearly the importance of this and of being ambassadors for both the NHS and the CCG.

Commissioning Support Services

The CCG will be supported in its communications and engagements activities by Essex Commissioning Support Services

Appendix 7 National and local context

Health and Social Care Act 2012

NEE CCG will be held responsible for commissioning services based on local needs. The needs of the population have to be understood by engaging with all sections of the population. Our development plan understands this requirement very clearly and will ensure that need is captured in a fair and open way.

The duties as set out by the Act put huge emphasis on putting patients first. Section 26 includes a number of duties that have been adopted as key principles of this plan. The delivery of our Engagement Strategy will be structured according to these principles.

NHS Outcomes Framework

The NHS Outcomes Framework sets out high level priorities and targets for the NHS, one of which is ensuring that people have a positive experience of care. Our communications strategy will help us to engage with a wide range of stakeholders to ensure that their views and experience can help to shape and improve local services.

NEE CCG Constitution

Our CCG constitution stresses our commitment to meet the needs of our population. Our strategy is coterminous with the functions set in section 4 and our mission, values and aims in section 3.

Memorandum of Agreement between practices

This agreement sits alongside our Constitution and sets out the relationship

- a) between the CCG and its member practices
- b) between the practices themselves.

Schedule 2 section 2.1 of the Agreement focuses on the importance of engagement.

Essex Health and Wellbeing Board

We are engaged with the Essex Health and Wellbeing Board where we have clinical representation.

The Health and Wellbeing Board brings together key partners to improve health and wellbeing through the development and implementation of a Health and Wellbeing Strategy for the communities of Essex. The key priorities are based on evidence from the Joint Strategic Needs Assessment and an extensive consultation process with a wide range of stakeholders throughout the county.

North East Essex Health Forum Constitution

Our Public, Patient and Carer engagement model is a key instrument in engaging with stakeholders. The model integrates different stakeholders into a single entity allowing us to meaningfully engage with the right people at the right time. The Health Forum Constitution can be found on the CCG website.

Partnership agreements (various)

Our on-going agreements with different organisations shall help inform future changes of the delivery plan. On the reverse these agreement should be influenced in part by this plan.

NHS North East PCT Staff consultation

North East Essex CCG is committed to open and on-going engagement with its staff.

Equality and Diversity System

Our engagement plan recognises the central value of Equality and Diversity. The CCG has an Equality and Diversity Strategy which sets out its plan for implementing the Equality Delivery System.

At Board level we have a named Equality and Diversity lead (a clinician) and a named Champion (a representative from the NE Essex Health Forum). We will engage specifically with groups who fall under the protected characteristics, for example when we carry out equality impact assessments.

Patient Choice and Shared Decision-Making

We are committed to promoting and ensuring choice and shared decision-making and we will use information about patient choice outcomes to help inform our commissioning plans. The NE Essex Health Forum Committee is involved in this work and will monitor us against our plans.

Appendix 8 Delivery Plan 2012/13

Stakeholder	Draft Priority areas for engagement – needs of stakeholders	Preferred methods of communication plus timing and	Previous and ongoing engagement	Date/Frequency	Diary dates for future	Other work needed	Resources needed
Board	<ul style="list-style-type: none"> Ensuring stakeholders know who the Board members are, their vision and plans and how will they make a difference Asking stakeholders:-What do you want to know about/contribute to? How do you want us to stay in touch with you – meet, newsletters,etc? 	<ul style="list-style-type: none"> Website Newsletters One-to-ones 	Champion the Equality and Diversity Agenda	Monthly	Board meetings :- (15 May- 19 June- 17 July- 21 August- 18 September- 16 October- 20 November- 18 December)		
			Appoint lay membership to CCG board	Ongoing	Monthly Development		
					Event to agree list of commissioning priorities 2013/14		
					Analyse feedback from engagement events to agree final priorities 2012/13		
					2) Drop in Sessions (12 June- 19 June- 26 June)		
					Participating in Service design and improvements relating to agreed commissioning		
CCG staff	<ul style="list-style-type: none"> Authorisation process Priority work streams Use CCG website as form of communication 	<ul style="list-style-type: none"> Website Newsletters One-to-ones E-mail Meetings/face to face 	Staff briefings	Quarterly and ad hoc			
			Organisational development	Quarterly and ad hoc	Monthly teleconferences		
			Podcasts	Ongoing	Bi-weekly newsletter from CCG		
			Develop information strategy		Annual survey of practices		
			Champion the Equality and Diversity Agenda		Two annual meetings with practices		
					Practice manager meetings		
					Weekly newsletters		
				Monthly Development			
					BM Identify key stakeholders under their areas		
					Event to agree list of commissioning priorities 2013/14		
					Analyse feedback from engagement events to agree final priorities 2012/13		
Member Practices	<ul style="list-style-type: none"> 360 survey Authorisation process Commissioning priorities Feedback from forums Ensure Board does not become out of touch with practices Use CCG website as form of communication 	<ul style="list-style-type: none"> Website Newsletters One-to-ones E-mail Meetings/face to face 	Shutdowns	Sep-11	Practice Forums		
			CCG AGM	Annual	EGM 16 May 2012		
			Practice visits	Annual and ad hoc	September 2012 shutdown		
			Practice Forums	Quarterly	Annual practice visit		
			Practice Managers' meetings	Quarterly and ad hoc	Participate in identifying commissioning priorities		
			Podcasts	Monthly	Participating in Service design and improvements relating to agreed commissioning		
			Start to involve clinicians in development of services				
Develop systems for practices to share best practices and innovation							
PCT Staff		<ul style="list-style-type: none"> Website Newsletters One-to-ones E-mail Meetings/face to face 	Staff briefings	Quarterly and ad hoc	Event 29 May 2012		
			Podcasts	Monthly	Participating in Service design and improvements relating to agreed commissioning		
			Champion the Equality and Diversity Agenda				
			Develop robust development plans for CCG Staff				

Commissioning Support Unit	• 360 survey • Commissioning intentions	• Meetings face to face • E-mail	Develop information strategy Contract negotiations				
DH		• Meetings face to face • E-mail					
SHA	• Authorisation process • Quality and outcomes of services	• Meetings face to face • E-mail					
NHSCB	• Authorisation process • Quality and outcomes of services	• Meetings face to face • E-mail					
CHUFT	• 360 survey • Authorisation outcome • Commissioning priorities • Contract monitoring	• Meetings face to face • E-mail	CCG/CHUFT meetings	Quarterly and ad hoc	Bi-weekly newsletter from CDO		
			Develop information strategy	Ongoing	Weekly contract meetings Participating in Service design and improvements relating to agreed commissioning		
ACE	• 360 survey • Authorisation outcome • Commissioning priorities • Contract monitoring	• Meetings face to face • E-mail	shutdown	Sep-11	Bi-weekly newsletter from CDO		
			Develop information strategy	Ongoing	Participating in Service design and improvements relating to agreed commissioning		
Providers of LD services	• 360 survey (LD not mentioned in Ipsos info pack) • Authorisation outcome • Commissioning priorities • Contract monitoring	• Meetings face to face • E-mail	Develop information strategy	Ongoing	Participating in Service design and improvements relating to agreed commissioning		
North Essex Mental Health Partnership	• 360 survey • Authorisation outcome • Commissioning priorities • Contract monitoring	• Meetings face to face • E-mail	Develop information strategy	Ongoing	Participating in Service design and improvements relating to agreed commissioning		
Other health professionals (as per Ipsos MDR info pack) Representatives of two clinical leadership networks (e.g. LMC, practice managers' network)	• 360 survey	• Website • Meetings face to face • E-mail					
Representatives of Independent health service providers	• Authorisation outcome • Commissioning priorities • Contract monitoring	• Website • Meetings face to face • E-mail					
Opticians, dentists, pharmacists		• Website • Meetings face to face • E-mail					
Neighbouring CCGs	• 360 survey (if collaborative commissioning applies) • Commissioning intentions • Integrated services	• Website • Meetings face to face • E-mail			Participating in Service design and improvements relating to		
ECC	• 360 survey • Commissioning intentions • Integrated services • Public Health	• Website • Meetings face to face • E-mail	Work with all stakeholders to develop evidence based JSNA	Ongoing			
Colchester BC	• 360 survey • Authorisation outcome • Commissioning priorities	• Website • Meetings face to face • E-mail					

Tendingr EC	• 360 survey • Authorisation outcome • Commissioning priorities	• Website • Meetings face to face • E-mail				
Parish Councils		• Website • Meetings face to face • E-mail				
Health and Wellbeing Board	360 survey	• Website • Meetings face to face • E-mail	HwB Board meetings	Quarterly and ad hoc		
Health Overview and Scrutiny Committee	Planning, provision and operation of health services	• Website • Meetings face to face • E-mail				
JSNCTus	Staff terms and conditions of service	• Website • Meetings face to face • E-mail				
LMC	Interests, aspirations and welfare of GPs	• Website • Meetings face to face • E-mail	meetings	Quarterly and ad hoc		
Professional organisations	Clinical input into service redesign	• Website • Meetings face to face • E-mail				
LiNKS/healthwatch	• 360 survey • Authorisation outcome • Commissioning priorities	• Website • Meetings face to face • E-mail	LiNKS/Health Watch meetings	Quarterly and ad hoc	Monthly informal meetings Participate in identifying commissioning priorities Participating in Service design and improvements relating to agreed commissioning	
Public	• How will we make a difference? Who are the Board members? • How will they improve services? • How do members of the public contribute to commissioning decisions? • How does CCG show that public feedback is acted upon?	• Website • Meetings face to face • E-mail • Newsletters • Media	Website development	Ongoing	EDS review meeting - May 2012	Public facing plan on website
			PPCE Constitution review group and wider engagement	July-Nov 2011	Participate in identifying commissioning priorities	
			Public event at Harwich	Aug-11	Participating in Service design and improvements relating to agreed commissioning	
			Carer Event	Nov-11		
			PPCE Newsletter	Quarterly		
			PPE membership events?	Quarterly and ad hoc		
			Champion the Equality and Diversity Agenda	Ongoing		
Health Forums	• To ensure forums are able to contribute to and influence the way health services are commissioned	• Website • Meetings face to face • E-mail • Newsletters	2X Commissioning Intentions Events	Nov-11	Elections for NEE Health Forum	
			Patient Forums, Colchester, Clacton and Harwich	Bi-monthly	Monthly meetings (dates to be agreed)	
			Champion the Equality and Diversity Agenda	Ongoing	Participate in identifying commissioning priorities	
			Review current patient experience survey	Ongoing	Participating in Service design and improvements relating to agreed commissioning	
Locality Engagement Forums	• To ensure they can contribute effectively to Health Forum	• Website • Meetings face to face • E-mail	Champion the Equality and Diversity Agenda		Colchester HF 20/6/12 Clacton HF 22/6/12 Harwich HF 27/6/12	
Patient users/support groups	• How does CCG make a difference? Who are the Board members? • How will they improve services for this patient group? • How will this patient group be able to contribute to commissioning decisions? • How does CCG show that patient group feedback is acted upon? •	• Website • Meetings face to face • E-mail	Provide Training opportunities	Ongoing	Participate in identifying commissioning priorities	
			Attend meetings/assist with new groups	Ongoing	Participating in Service design and improvements relating to agreed commissioning	
			Meet groups to understand how can fit into wider engagement process	Ongoing		
Carers	• What support will CCG provide for carers? • How will carers' views be taken into account?	• Website • Meetings face to face • E-mail	Carer event	Nov-11	Colchester HF 20/6/12	
			Champion the Equality and Diversity Agenda		Clacton HF 22/6/12 Harwich HF 27/6/12	
					Participate in identifying commissioning priorities	
					Participating in Service design and improvements relating to agreed commissioning	

					Participate in identifying commissioning priorities	
					Participating in Service design and improvements relating to agreed commissioning	
Voluntary organisations	• How does CCG make a difference? • Who are the Board members? • How will they work with the voluntary sector? • How will voluntary sector be able to contribute to commissioning decisions? • How does CCG show that voluntary feedback is acted upon?	• Website • Meetings face to face • E-mail	Website development	May-11	Monthly informal meetings	
			2x CYS AGM Sign up to voluntary Sector compact Voluntary Sector Development plan	July-Aug 2011	Participate in identifying commissioning priorities	
MPs and Councillors	• Who are the Board members and how will they make a difference? • Commissioning intentions. • Staying within budget. • Promoting good news stories. • Taking prompt action when things go wrong	• Website • Meetings face to face • E-mail				
Media	• Proactive good news stories. • Prompt reaction to media	• Website • Meetings face to face • E-mail	Media campaigns		29th May 2012	
Essex University		• Website • Meetings face to face • E-mail			Participating in Service design and improvements relating to agreed commissioning	
Anglia Ruskin University		• Website • Meetings face to face • E-mail			Participating in Service design and improvements relating to agreed commissioning	
Regulatory bodies		• Website • Meetings face to face • E-mail				
North Herts		• Website • Meetings face to face • E-mail				
EDS Groups		• Website • Meetings face to face • E-mail			Participate in identifying commissioning priorities	
					Participating in Service design and improvements relating to agreed commissioning	

Appendix 9 Delivery Plan 2011/12

Stakeholder	Preferred methods of communication plus timing and frequency	Previous and ongoing engagement	Date/Frequency	Resources needed
Board	Meetings/face to face	Board meetings	Monthly	
	E-mail	Presentation at Time to Learn sessions - progress, vision, plans for working together over 2 years from January 2012	Jan-12	
		Board Meeting – to agree constitution, progress, vision, recruitment, redesign of PPE materials	Feb-12	
Member Practices	Meetings/face to face	Practice Visits	Annually	
	E-mail	Practice Forums	Quarterly	
		Shutdowns	Quarterly	
Pct/CCG Staff	Meetings/face to face	Meeting of HR leads from CCG and PCT to plan joint approach to alignment of staff	December/ January 2012	
	E-mail	Joint letter to PCT staff – looking forward to welcoming them to CCG – new starter pack	Jan-12	
		Prepare standard presentation (key messages & timetable) for use at all appropriate stakeholder meetings on staff alignment and during shadow start up	Jan-12	
		Message from Chair and Chief Executive with shadow CCG status success announcement	Apr-12	
		JNC informed formally of shadow CCG status success	Apr-12	
		Shadow CCG status announcement uploaded to intranet via email and intranet	Apr-12	
		Meeting with Transformation Board re engagement process and joint working with partners	January – March 2012	
		Walkabout to meet staff and to share vision for future of services	Apr-12	
		Schedule meetings with new Executive Team Directors	January - March 2012	
		Monthly staff integration meeting with Chief Executive	Jan-12	
DH				
SHA	Meetings/face to face			
	E-mail			
CHUFT		Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
		Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
		Meeting with stakeholders setting out process for engagement and access to Chair and CEO etc in the future	Apr-12	
ACE	Meetings/face to face	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
	E-mail	Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
		Meeting with stakeholders setting out process for engagement and access to Chair and CEO etc in the future	Apr-12	
Providers of LD services		Meeting with stakeholders setting out process for engagement and access to Chair and CEO etc in the future	Apr-12	
North Essex Mental Health Partnership	Meetings/face to face	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	

	E-mail	Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
		Meeting with stakeholders setting out process for engagement and access to Chair and CEO etc in the future	Apr-12	
Independent health service providers		Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
		Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
Opticians, dentists, pharmacists	Meetings/face to face			
	E-mail			
Neighbouring CCGs		Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
ECC	Meetings/face to face	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
	E-mail	Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
Colchester BC	Meetings/face to face	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
	e-mail	Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
	Consultations			
Tendring BC	Meetings/face to face	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
	E-mail	Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
	Consultations			
Parish Councils	Meetings/face to face	Consultation re: PPCE	Aug-11	
Health and Wellbeing Board	Meetings/face to face	Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
Health Overview and Scrutiny Committee	Meetings/face to face	Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
		Offer to attend HOSC meeting to update on process and progress, share vision for future	April – May 12	
JSN/Tus	Meetings/face to face	JNC informed formally of shadow CCG status success	Apr-12	
LMC	Meetings/face to face	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
	e-mail			
Professional organisations				
LINKS/healthwatch	meetings/face to face	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
	e-mail	Membership recruitment drive in local media, partner organisations	January to July 2012	
	consultations	Shadow CCG status announcement to public	Apr-12	

		Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
Public	Meetings/face to face	Plan Public and patient engagement drive	January / February 2012	
	E-mail	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
	consultations	Membership recruitment drive in local media, partner organisations	January to July 2012	
		Shadow CCG status announcement to public	Apr-12	
Locality Engagement Forums	Meetings	Plan Public and patient engagement drive	January / February 2012	
	Newletters	Membership recruitment drive in local media, partner organisations	January to July 2012	
	Consultations			
Patient support groups	Meetings	Plan Public and patient engagement drive	January / February 2012	
	Newletters	Membership recruitment drive in local media, partner organisations	January to July 2012	
	Consultations			
Carers	Meetings	Plan Public and patient engagement drive	January / February 2012	
	Newletters	Membership recruitment drive in local media, partner organisations	January to July 2012	
	Consultations			
Voluntary organisations	Meetings	Plan Public and patient engagement drive	January / February 2012	
	Newletters	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
	Consultations	Membership recruitment drive in local media, partner organisations	January to July 2012	
		Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
MPs and Councillors	Meetings	Face2face meetings with key external stakeholders to discuss vision for commissioning of services from April 2012	January - March/12	
	Newletters	Letter to external stakeholders- pending shadow CCG status announcement, face2face meetings offered	Mar-12	
	Consultations			
Media	Meetings	Membership recruitment drive in local media, partner organisations	January to July 2012	
Essex University				
Anglia Ruskin University				
Regulatory bodies				