

**NOTES FROM THE STRATEGIC
PLANNING DAY**

6 SEPTEMBER 2007

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Drivers from the external environment

A number of key drivers are likely to be at play in the external environment over the next 10 years, and this gives rise to a range of opportunities (and threats) for Brook to consider. These are analysed under the following headings:

- Government policy agenda
- Drive towards commissioning
- Sexual health branding
- Drive for holistic services – all in one place

Policy agenda

Brook is considered by government as a player in the young person's/health marketplace and as such could adapt its services to play to the needs of the government policy agenda

- Broaden the portfolio – take Brook into other places such as schools, colleges, drop ins, offering services such as a school nurse (Driver = government priority to establish services in range of settings where young people are at; young person friendly places)
- Broaden the specialisms with which Brook works, such as other areas of young people's health (mention here of 'chronic conditions', drug and alcohol, homelessness) (Driver = government 'holistic' agenda around increasing health and well-being)
- Consider forms of enterprise such as selling Brook expertise in the form of training courses to other organisations – voluntary and public sector (perhaps as a community interest company, though it is uncertain if this phenomena will still be popular in 10 years time) (Driver = government priority to establish competencies for clinical staff)

Commissioning

Wider relationships between government at national and local level and the social care sector within the voluntary and community sector are increasingly being defined in terms of the commissioning agenda – a 'quiet revolution' with a shifting balance of power. Opportunities will develop for Brook to take advantage of:

- There will be a 'drive to scale' as government seeks to negotiate with larger 'conglomerates' – so the opportunity to seek alliances, seek other types of opportunity for joint working, seek to 'work across silos' (Commissioners will be 'whole health')
- Opportunities for developing new relationships will occur in line with this (e.g. with PCT's), as well as opportunities for new approaches to meeting the needs of young people
- Payment by results will have implications – still uncertain as to how this will sit with the prevention agenda

- The localisation agenda will mean opportunities for organisations like Brook who have a local presence but can also take advantage of national scale, national numbers etc

Sexual health branding

How sexual health is seen both as a social phenomena and more narrowly how sexual health is seen by government could change over the next 10 years; Brook has a part to play in that. There is a view that the current 'silo' approach to the development of government policy/practice leads to sexual health being kept off the agenda (it's a cross department issue); this could change (and be changed).

Holistic services – all in one place?

Consumers in general and in Brook's case, young people in particular are seeking more person driven, customised services directly targeted to meet their needs. The key driver here will be the demands of young people to have their sexual health and other related needs dealt with in one place. This is a demand from young people and is becoming a reality, not a luxury to be considered on their behalf (i.e., it's about demand not supply).

Internal capacity to respond to opportunities and threats

In addition to developing strategic options based on the proper response to what is going on in the external environment, Brook also seeks to ensure that its internal capacity needs over the next 10 years are thought through and options developed to both build on Brook strengths and build greater capacity to enable effective response to change.

Brook strengths

- The Brook brand is trusted by young people and by government; the brand needs to be built upon and capitalised upon
- A major strength is that young people are at the heart of everything Brook does
- Brook has an enviable depth and breath of skill across the network
- The mix of national network and local independence means a structure that can be both responsive to local need as well as scale and best practice/support/sharing opportunities at a national level; significant stress placed by government on the notion of organisations being able to pilot and then roll out new ventures
- Centres see the network as a asset/strength and vice versa
- Brook is a specialist provider around sexual health and has a relevant portfolio of services to meet this brief

Build greater capacity

- Brook needs to develop more evidenced based practice to remain at the cutting edge (and meet increasing demand of government for data)
- The brand would also be enhanced if Brook were to produce more publications (promoting expertise, improving wider practice and having input into the debate)
- Need to build training and development programmes for staff (with the potential for this to be extended to other organisations)
- Governance needs to be strengthened (? Perhaps something at a regional level?)
- The network could become more balanced – some very large centres could dominate the agenda
- Practice could be made more consistent across all centres, with a greater emphasis on clinical governance at a national level; standardisation of policies and procedures across all centres would help build consistency too
- Communications both internally and externally could be improved, including campaigning (with material produced to help this across the network)
- A stable and sustainable financial platform is needed for Brook to keep its services and approach ‘edgy’
- Efficiency savings could be seen across the network (some opportunities for economy of scale and reduction of duplication)
- There needs to be more emphasis on developing skills around negotiation at a local level, including skills to win tenders, positioning skills
- Brook will need to be able to *demonstrate* user involvement – client centred services and ‘empowerment’; there will also be a need to demonstrate ‘social capital’ built for young people

Early steps in consideration of strategic options

Some possible scenarios for the future

The drivers of change each have layers of implications for Brook and its vision for the next 10 years. There are a wide range of possible strategic options to be considered and weighed. This process will begin in 2007 and last through to December 2008. Once a vision of the desired future state for Brook has been developed, Brook’s capacity to deliver this future will need to be addressed.

In order to facilitate some creative thinking around strategic options, scenarios of some possible futures for Brook have been developed around some of the key ‘uncertain’ drivers from the external environment taken from the earlier analysis and synthesised to Brook’s situation. The certainties must of course also be planned for.

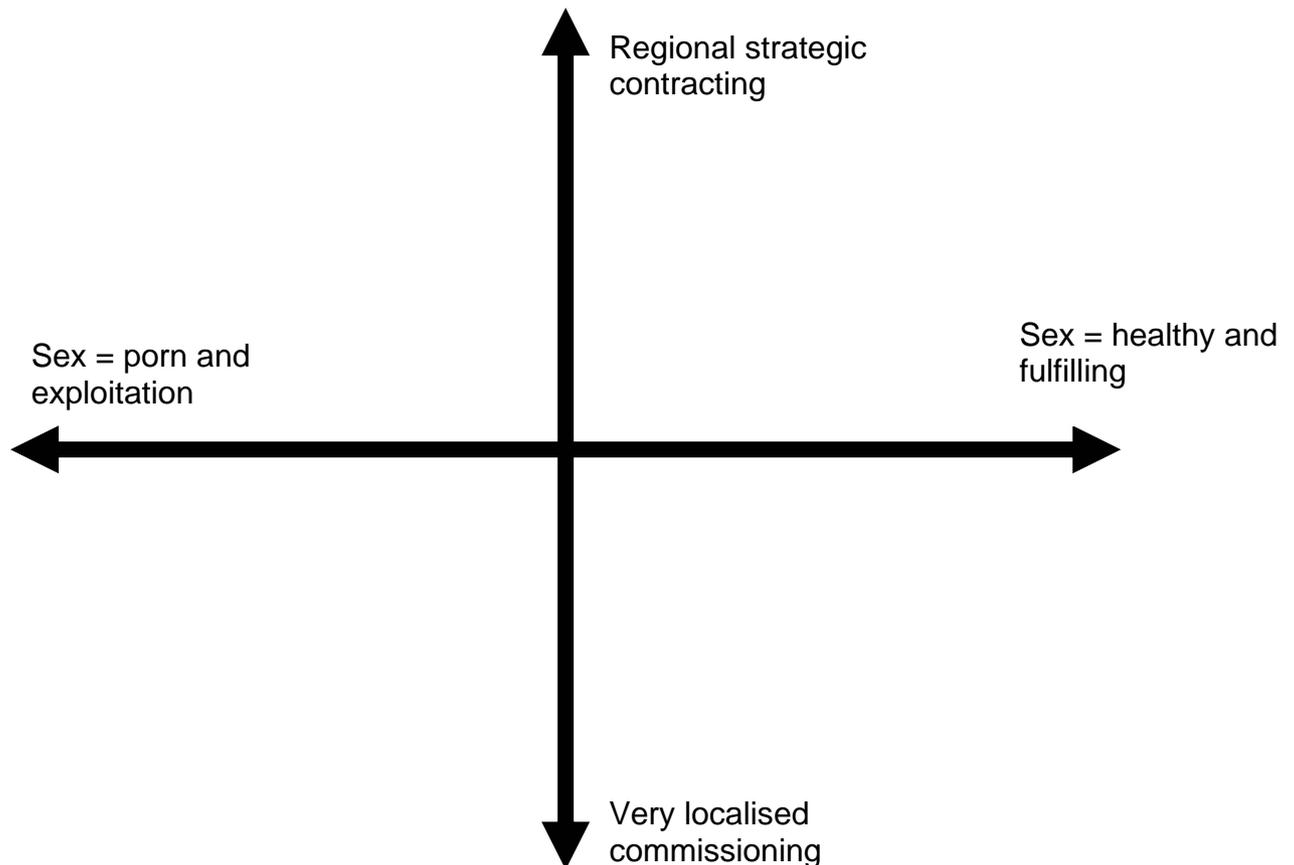
Big impact

Certain	<p>Plan for:</p> <ul style="list-style-type: none"> ▪ YP health will be on agenda with investment ▪ Changing funding streams ▪ Income from trading will become more important ▪ YP from ethnic minority will increase in number and need ▪ Consumers will choose continuity of single location for services ▪ Service design will be increasingly needs led ▪ Focus on evidence, measurement, and quality will grow (regulatory) ▪ New media will continue and increase in range; ‘media savvy kids’ ▪ # practitioners in sexual health will decrease ▪ There will be a widening of EMA provision 	<p>Use to build alternate scenarios:</p> <ul style="list-style-type: none"> ▪ Changing needs and views of young people about sex and sexual health – from sex = healthy and fulfilling, to sex = porn and exploitation ▪ Funding stream’s real face – how local? Could be regional or very local, who knows? ▪ Political environment/context and attitudes to young people and sexual health ▪ Event driven political change 	Uncertain
	<p>Review periodically:</p>	<p>Monitor and see if become ‘big’ or certain:</p>	

Smaller impact

Specific 10 year scenarios to inform Brook's vision

Four scenarios were chosen to enable exploration of strategic options with a 'no holds barred' freedom to think laterally. The axes chosen represented 2 key uncertainties – the depth and all pervasiveness of so called 'local' contracting compared with the level of 'sexualisation' of young people in 10 years time. Brook's response has been considered at each of the 4 extremes:



1. Sex = exploitation with regional strategic contracting
2. Sex = exploitation with very localised contracting
3. Sexual health dominates with regional contracting
4. Sexual health dominates with very localised contracting

For each alternative scenario, a range of implications were considered: What would the Brook strategy and priorities be? The systems and skills needed? What would the structure and services be like? What about PR and campaigning? The funding mix? What would the key relationships and stakeholder groupings be? What would young people's needs be in this scenario?

The following gives a summary of the thinking.

Sex = exploitation with regional strategic contracting

Young people only access help in a crisis, aren't sure what they need, don't know where to get help...

Three areas: – clinical, education, advice

For young women: sexualised and disappointed with sex

For young men: anxious about masculinity

Key features:

- Need for partnership – Brook works from other agencies; others work from our centres
- Growth focussed on specific regions – aim for coverage in all regions
- Better at winning and servicing regional contracts
- Need for 'no bad sex' campaign
- Regional contracts more output driven
- Need for more evidence
- Need for regional structure to cope with contracting
- Need for professional skills in contracting
- Client stories to evidence service are important (NB confidentiality)
- Quality assurance vital
- Efficiency savings important including on IT systems and perhaps with shared finance

Sex = exploitation with very localised contracting

A story of the 'worse case' scenario.....

Everywhere you look there's sex! Sex on the telly; sex on the internet; sexy adverts for shaving legs; sex in the soaps!

All the Brook centres are very fragmented, being driven individually by local commissioning strategies. Some can only see young people up to 16 – it's not very helpful for the network. National Brook is finding it very difficult to support all of the differing needs of the Centres.

The Brook brand is falling apart, we can't say how we work as all the centres are working very differently. The national support networks aren't working – it's not easy for managers to support each other.

40% of young people have Chlamydia; looking on the bright side we're making loads more money from payment by results!

Services are so varied across the country, so now our lobbying has had to be localised – Stephanie and Juliet are run ragged trying to support centres all

over the country. Lots of effort is being put into building relationships locally, networking is paramount. The job description for centre managers now includes lobbying and advocacy skills. Brook national increases its capacity to support centre managers in their ever increasing role.

Sexual health dominates with regional contracting

The strategic commissioner is the facilitator; outcome focussed and intent upon tackling tribalism. There is more stable funding (5 to 20 year span). Brook are recognised and acknowledged as the integrated sexual health specialist. Able to be locally responsive with ser involvement at all levels including the Board. Brook provides integrated holistic health provision (as sexual health impacts on every aspect of health – go for it!).

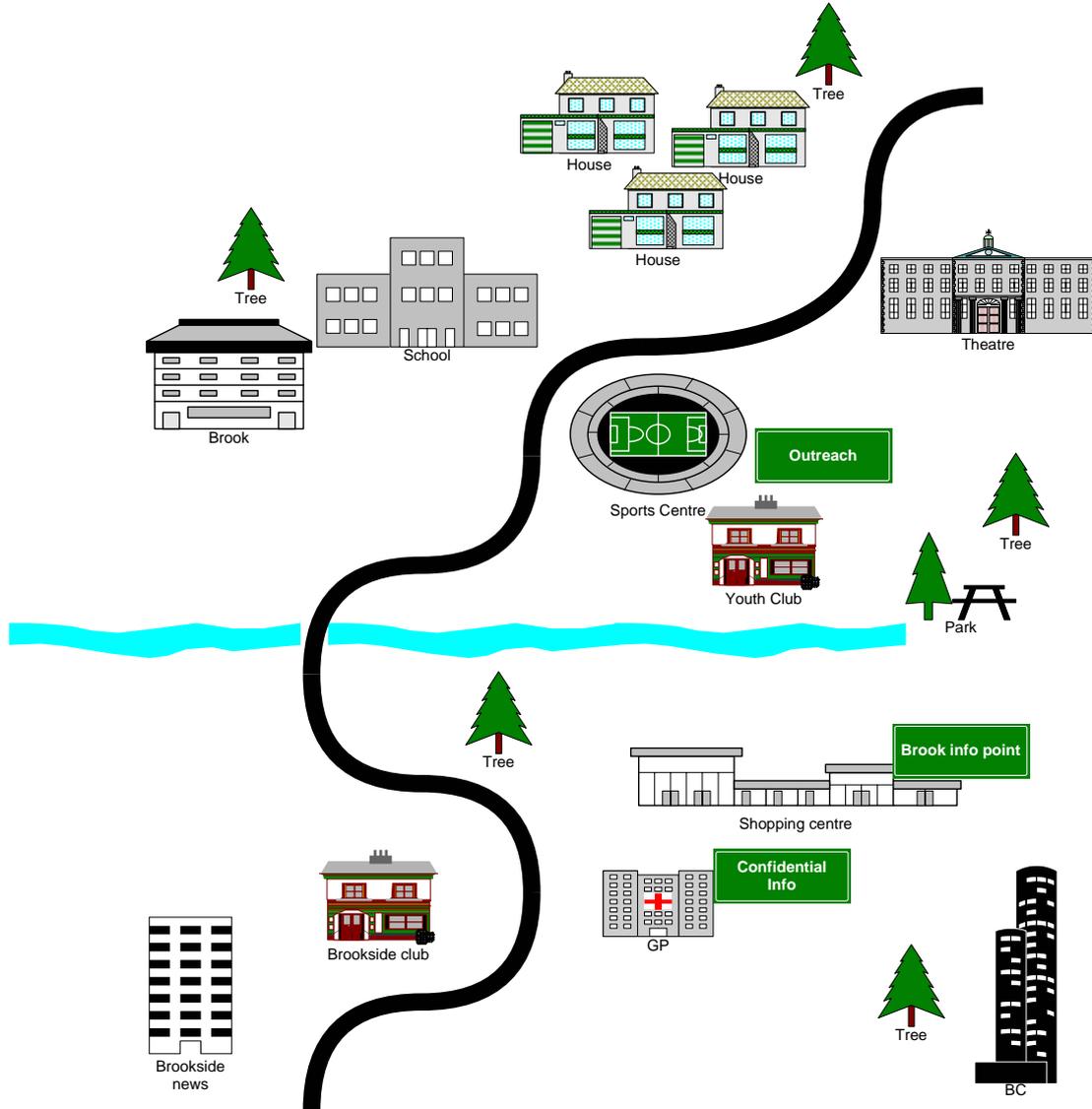
More stable funding enables staff to be freed up for frontline work; efficiency increases and the implementation of new developments gets speeded up.

Change in attitudes in the 10 year period through supported informed development:

- Sexual health = good sex
- SRE from birth working with parents (multi media, outreach, integral)
- Society valuing young people
- Changing attitude towards sex
- Lowering of peer pressure to have sex
- Valuing yourself, body, others, leading to developing morals; values own code
- Relationship support and education
- Open access to whole service
- Young persons' nurse practitioners
- Training and support
- Every Child Matters
- High quality service owned by young people

Sexual health dominates with very localised contracting

‘Brookside’



Early Years sex education
 HPV vaccines – boys and girls 10 plus
 Parent education
 Peer educators
 Doctors
 Nurses
 Counsellors
 Youth worker
 Admin

E learning packages
 SH training modules

Tendered contract based on
 evidence and needs

The things Brook must do whatever the scenario

Even at the extremes of the uncertainties in the future scenarios Brook has to have common elements to its make-up. When planning for the future, Brook will seriously consider the following as imperatives whatever the future scenario:

- Professional skills – negotiation; relationship building
- Including young people in the basic ethos of the organisation
- Being efficient and having a wide funding mix
- Being flexible and adaptable, and easily accessible to young people
- Having a clearly defined offer for young people, focussed on the Mission (services responsive to need)
- Having data and evidence to demonstrate the difference Brook makes
- The Brook network – and making it stronger
- Brands and reputation
- Focus on quality by tweakable replicability

The other things Brook must seriously consider doing in the next 10 years

Emerging from the different extreme scenarios a number of features of organisation development emerged which could well feature in Brook's 10 year future. Brook should seriously consider developing the following:

- A strategy around 'other places' to seek out young people – not just Brook centres, but other places where young people go
- Campaigning to promote positive attitudes to young people and sex
- Successes being promoted and published in the media
- Involvement of young people in governance
- Use of multi media to draw in the involvement of young people
- A good robust funding strategy
- Focus on being the leader in the field of sexual health
- Working with parents (young ones)
- Provision of the HPV vaccine
- Becoming a training agency

Key messages from the Board for the next 10 years

1. Young people must be at the heart of Brook
2. We must diversify what we offer and be fully integrated into all sexual health programmes – and be the dominant force in young people's sexual health
3. Funders and partners must be engaged in the strategy (and Brook must develop the skills to manage these relationships in the interests of young people)
4. There must be a focus on promoting good relationships and sex, and changing society's attitude to both young people and to sex
5. Brook must be rolled out to areas where we currently don't have a presence
6. In order to deliver the above, the Brook network must be strengthened (based on evidence and research), and a regional presence must be considered
7. Additionally Brook must ensure it is 'fit for purpose' for the new contracting environment – systems, skills and processes as well as being able to demonstrate 'equitable quality'
8. And the Brand must be looked after and developed

Three important questions for the future

(well, maybe more!!)

- What makes a 'Brook service' a Brook service'? – What room is there for local variance? We need to make recommendations about the perimeter fence for Brook (What will the 'pick'n mix look like? How local can local be?
- How can you involve young people at every stage and level?
- How would the network function in an ideal world?
- How can we push creativity – keep moving forward?
- How can the national Brook best support the centres?