

The Strategy Unit Annual Report 2017-18.

The Strategy Unit.

The Strategy Unit exists to improve outcomes through providing expert support and advice to public and third sector organisations. In an ever-more challenging climate, our rich experience, technical expertise, and operational understanding, enables our clients to achieve success and provide a measurable benefit to society. This Annual Report sets out how we have achieved this over the past year and how we aim to extend this in coming years.

Impact.

During 2017/18 we secured and completed a broad range of projects for the NHS.

- Nationally, we worked with the hospice sector to identify future end of life care needs; provided innovative analysis on the interaction of mental and physical health for every STP; undertook scoping reviews into the economics of unpaid care and the analytical requirements for clinical neurosciences and undertook evaluations of the 'Building the Right Support' programme for NHSE, and RAID liaison psychiatry services in parts of England and Northern Ireland.
- At system level, we worked with multiple STPs to develop clinical strategy; model future capacity requirements; support the transition to the ICS model and assessing system readiness; analyse evidence to support the transformation of

planned and urgent care services; review proposals for out of hospital care; analyse patterns of dying and evaluate an integrated discharge team and RAID+ services.

- At the local level, we enabled local partners to advance new models of care through evaluating a neighbourhood model of care and an MCP vanguard; delivered a scenario analysis to test and enhance the resilience of innovative local plans; and facilitated the development of a place-based strategy and a QOF+ framework for primary care.

Our client feedback is outstanding with a cumulative net promoter score of 79%. When asked whether we had enabled clients to deliver change, 85% of projects scored as 4 or 5 out of 5; 95% scored 4 or 5 out of 5 for value for money; and 98% scored 4 or 5 for the quality of our work.

Innovation.

Our business model enables us to reinvest any surplus, creating a multiplier effect for the whole NHS. Last year we were able to re-invest c.£0.5m from 2016/17 income into projects that will benefit the NHS and its partners for years ahead. Through this distinctive approach, we have started to:

- Lay the foundations for the population health intelligence that will be fundamental to the operation of integrated care systems;
- Develop a method and practical application for the system-wide deployment of Patient Centred Intelligence;
- Pilot and evaluate a Frailty Infection Model that supports self-management;
- Investigate the potential for a tool to optimise the scheduling of GP appointments;

The SU Services Span.



- Propose a methodology for risk sharing across local systems;
- Create a primary care toolkit based on our unique analysis of the interaction of physical and mental health.

Insight.

We do not limit our contribution to project work but seek to freely share insights with the wider public and third sector community. In 2017/18 we:

- Concluded a major NIHR research project in multispecialty community provider models of care;
- Published peer-reviewed research in the Emergency Medicine Journal into changing patterns of emergency admissions;
- Continued the regular publication of our accessible 'Evidence Insights' summary;

- Launched our new website and cascaded insights through an increasing social media presence. The website has had over 20,000 views by some 3,000 users who have viewed an average of 4 pages/session. Of these users, 83% are returning visitors, 65% are UK based and 32% from the USA;

- Led an event with the University of Birmingham's Health Services Management Centre on primary care at scale;
- Participated in an NHS Confederation webinar about increasing the economic impact of the NHS;
- Became a founding member of the new Urgent and Emergency Psychiatric Care Centre for Research and Training at Aston Medical School; and
- Facilitated a pilot research project

from Aston Business School into how clinicians and managers 'do' strategy in the NHS.



The Strategy Unit do ground breaking work of the highest quality. Their recent national report on mental health and physical health was exemplary and very important. They are also just really good to work with!

Professor George Tadros

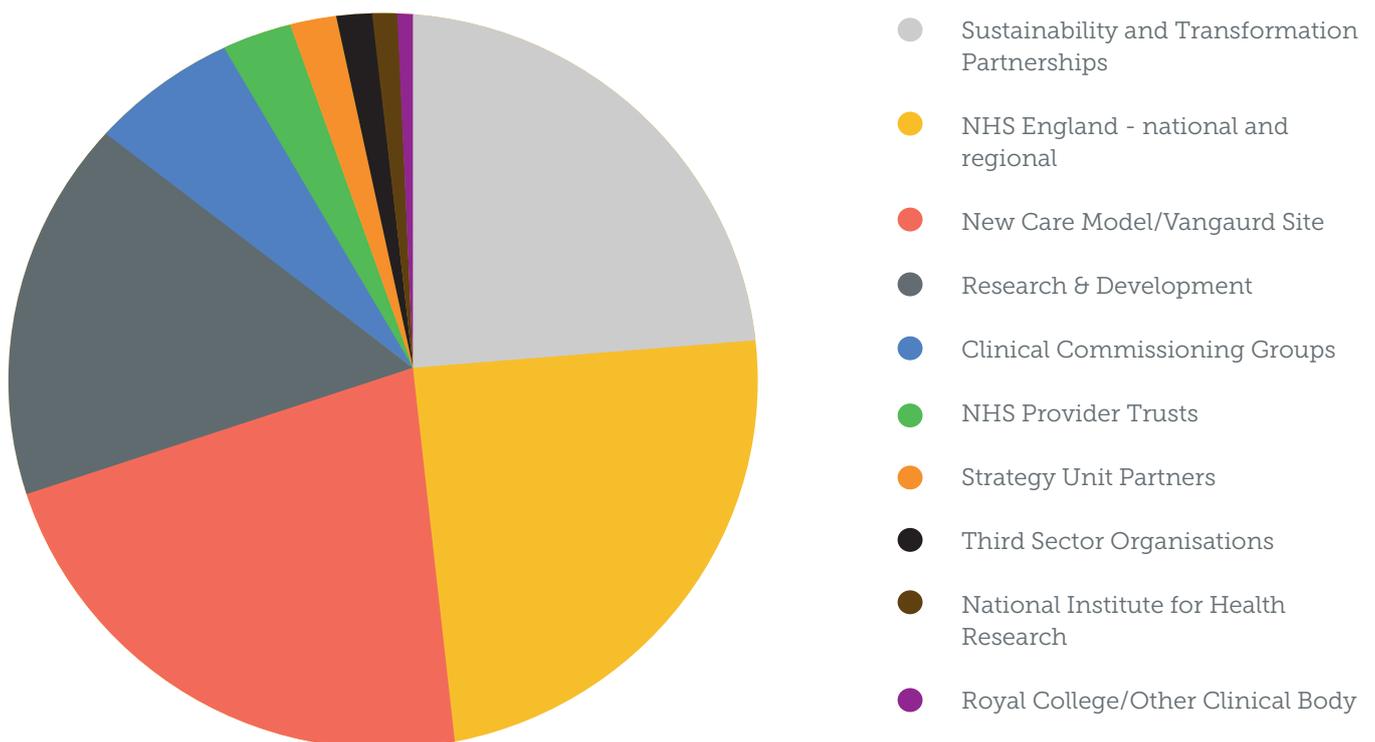
Our clients.

In 2017-18 we undertook work to the value of £3.6m. STPs and vanguard projects continued to generate substantial demands on our capacity, to which was added the research and development projects funded by our host organisation, NHS Midlands and Lancashire CSU. This R&D represents the reinvestment of surplus monies generated during 2016/17.

In terms of service areas, 2017/18 saw noteworthy increases in requests for qualitative research and evaluation, programme advice, strategic advice and other analytical projects. We see this as a strong sign of an increasing commitment across health organisations to make better, evidence-based decisions rather than simply following the latest trend.

- Birmingham & Solihull Mental Health Trust*
- Birmingham & Solihull STP*
- Black Country & West Birmingham STP*
- Bradford Institute for Health Research*
- Cancer Research UK*
- Dudley CCG*
- Health Services Management Centre*
- Herefordshire & Worcestershire STP*
- ICF International*
- John Taylor Hospice*
- Katherine House Hospice*
- Lancashire & South Cumbria STP*
- Midlands & Lancashire CSU*
- National Institute for Health Research*
- NHS England*
- Northern Health & Social Care Trust*
- Royal College of Physicians*
- Sandwell & West Birmingham CCG*
- Shropshire CCG*
- Social Finance*
- St Giles' Hospice*
- St Mary's Hospice*
- Staffordshire STP*
- Telford & Wrekin CCG*
- The Neurological Alliance*
- Transformation Unit*
- Walsall CCG*
- Warwickshire CCGs*
- West Derby Medical Centre*
- West Midlands Clinical Senate*
- West Midlands Quality Review Service*
- Wolverhampton CCG*

Our 2017-18 work by client type and value.



Our team.

The Strategy Unit exists to improve outcomes. We believe that clear thinking and applied analysis improves decision making and implementation. This leads to better results.

We work on complex challenges. Our support is most valuable where the need for innovation is high and the suitability of standard approaches is low.

Our services span the improvement and innovation cycle. We help our customers understand the challenges they face, design responses, improve delivery and evaluate results.

We have a growing team of 28 expert staff. This increased by 10% in 2017/18 and is set to grow even further in 2018/19 in order to meet demand. Growing an expert internal advisory and analytical workforce for the NHS is a core part of our mission.

We take an applied, learning-oriented approach, informed by evidence. We are profoundly multidisciplinary. Our staff come from varied professional and personal backgrounds. Our academic backgrounds include maths, economics, natural sciences, medicine, sociology, psychology, history, political science. Our career histories are just as varied. Harvesting the insights from this rich variety is where the real strength of the Strategy Unit lies.

Our technical expertise spans complex data analysis, decision support, research and development, strategic service transformation, executive-level strategic advice and evaluation. Our practice – like our products – is founded on the evidence of what works.

Technical innovations promoted by our team in 2017/18 have embraced text mining, evolutionary algorithms, scenario planning and the Delphi method. Our knowledge, skills and experience enable us to combine the best of what is generated by universities or think tanks and what is delivered by traditional consultancies.



We are NHS employees and our rates reflect this, representing a significant discount on private sector options. We don't undertake work that lacks the potential to generate real value for clients and real benefits for service users; and we are personally committed to the values of public service. During 2017/18, our development of projects relating to end of life care and mental health, for example, reflected the personal priorities of team members based on their own life experience.

To ensure that we deliver the best for our clients, we have continued to strengthen our partnership with organisations that share our values and complement our skills.

- With the Transformation Unit we have undertaken a review of locality-based working for Staffordshire STP. The review will be used to design a development programme which will also be a joint Strategy Unit – Transformation Unit assignment. We are also initiating innovative modelling of the workforce requirements implied by locality working, building on the strengths of each of our organisation.

- With ICF International we completed the evaluation of the Dudley Vanguard programme. This work, which has been widely cited as one of the best local evaluations in the New Care Models programme, is publicly available www.strategyunitwm.nhs.uk/dudley-mcp. We also produced innovative analysis showing the economic impact of the NHS in the Black Country – an analysis with wider application.
- With the Health Services Management Centre at the University of Birmingham we ran an event to showcase learning from New Zealand on primary care at scale. We are also working on a large-scale national evaluation of NHS England's learning disability programme.

In addition to our organisational partners, we have also continued to draw on our pool of expert associates covering Primary Care, Service Improvement, Strategic Financial Planning and Mental Health.

The SU Ecosystem.



Our future.

We work on complex challenges. Our support is most valuable where the need for innovation is high and the suitability of standard approaches is low.

Going forward we see a continued and growing need for the full range of advisory and analytical services that we provide. Increasingly, we see these as being linked to a common set of key challenges faced by our clients – whether NHS, other public sector or third sector.

- Successful transformation of services and outcomes is being linked, more and more, to working in collaborative systems. Currently described as Integrated Care Systems, they face a common set of challenges. We can help system partners to navigate this territory as a trusted 'honest broker', supporting system design and leadership, clinical strategy and care model development and system innovation and learning.
- Within large scale systems and challenged with delivering the larger part of the transformation agenda are **localities of c.50,000 population**. We are developing a learning network to support the shift towards more local system leadership in Integrated Care Partnerships, Primary Care Networks and similar groupings. We can help those in this emerging tier of delivery to understand their context, effectively implement change and nurture systems that are genuinely self-improving (through insight, intelligence and improvement).
- We welcome the increasing national attention being given to transforming the **Mental Health** landscape. It aligns with our personal commitment to this area as a team of colleagues. Our internally-funded innovation led to a nationally commissioned analysis of the interaction between mental health and physical health, and we have already helped a number of systems to advance their mental health strategies as a result.
- A critical factor in most plans is a very significant dependency on the success of **prevention** activities to improve outcomes and drive down demand. We do not believe that systems are currently exploiting all of the opportunities that preventative services offer and we are committed to identifying mechanisms that will support real progress in this area. We think primary and secondary prevention services should make up a much larger proportion of health spend than is currently the case. Prevention is not a silver bullet or without risk but, on balance, it represents and more prudent and optimistic investment than, for example, many newly approved pharmacological interventions.
- All health and care organisations are faced with the unavoidable challenge of planning and delivering future transformation whilst also having to manage the severe pressures of today. This is especially so in relation to **urgent and emergency care** (across physical and mental health). Building on our recent analysis of emergency admissions – and longstanding work on understanding the drivers of urgent care demand – we are committed to helping clients identify robust, innovative and evidence-based ways of addressing the persistent challenges around the urgent care system.

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**The
Strategy
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