



# CLINICAL STRATEGY 2015 -20

**Sue Cousland**

**Chief Nurse / Director of Operations**

**Deputy Chief Executive**

**Dr Phil Mitchell**

**Medical Director**

**September 2015**

# Background

---

- Clinical Strategy approved by Trust Board in 2015
- In line with principles of Lincolnshire Health and Care (LHaC)
- Encompasses outline vision of the 5 Year Forward View (5YFV)
- Utilises existing skills and expertise within the organisation
- Builds on previous track record of delivery

# Key Elements

---

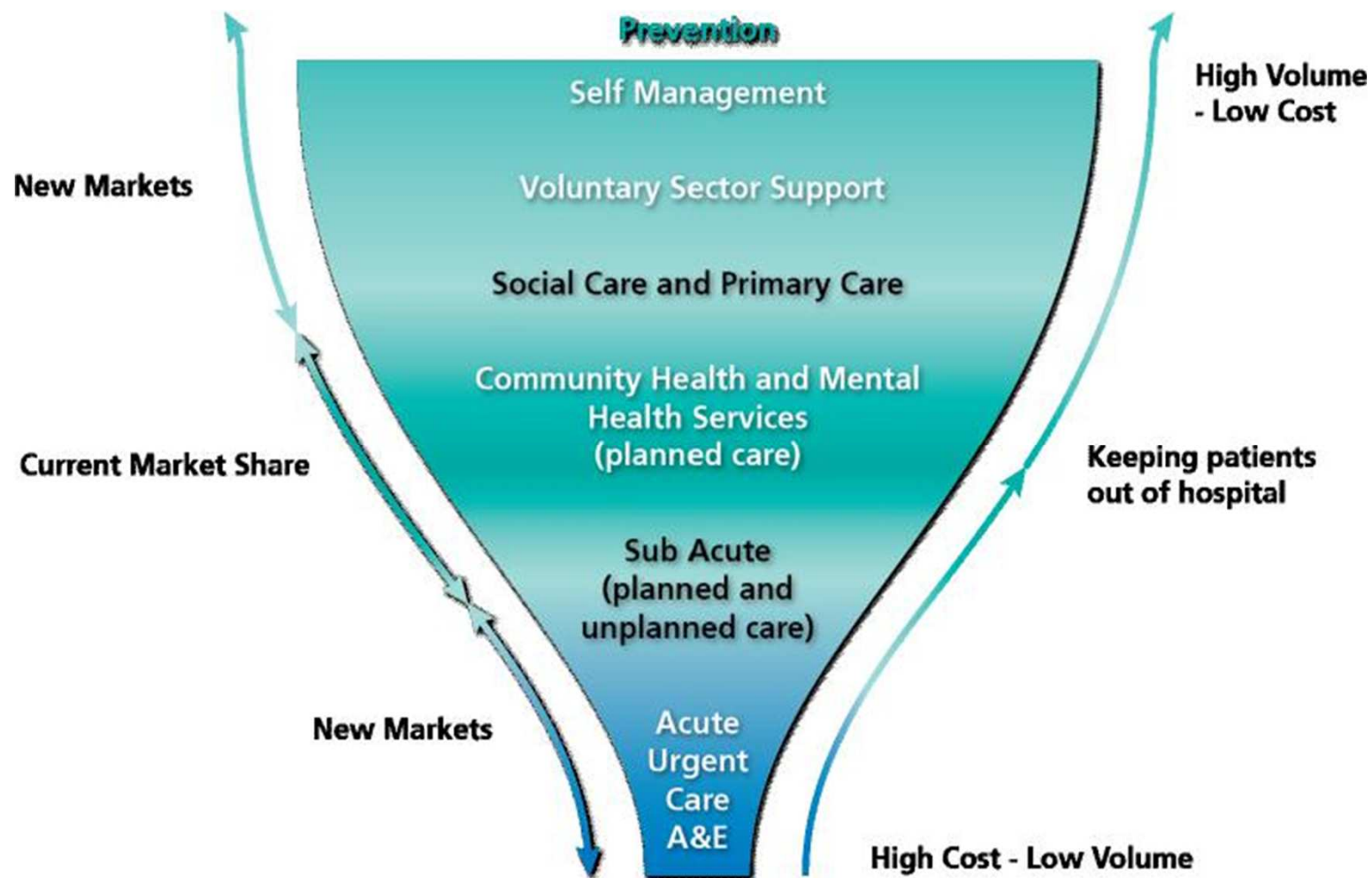
- Encouragement of self-care / co-management of long term conditions
- Care provision as close to home as possible
- Deployment of staff with appropriate skills
- Care delivered along pathways
- Embracing new community models
- Work on principle of 'loaning' patients to an acute hospital setting based on clinical need
- Collaborative working across all sectors

# How will we achieve this?

---

- Easy / simple access to services
- Care Navigation function
- Collaborative working with other providers
- Cross organisations pathways of care
- Supporting infrastructure for patients to manage more of their own health needs

# Intended Business model



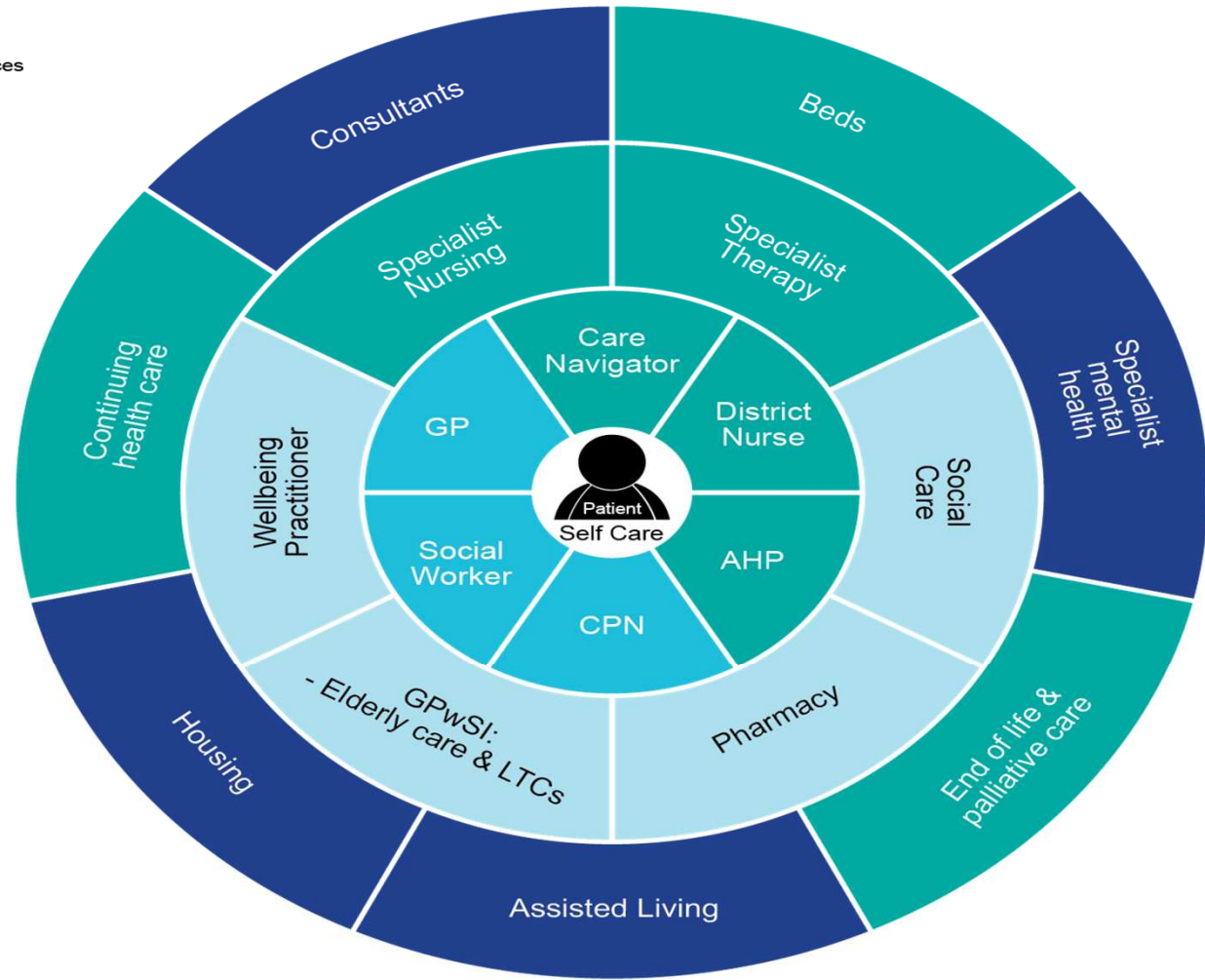
# Examples

---

- Clinical Assessment Service
- Contact Centre function
- Collaboration for rapid response
- Transitional Care / assessment at home
- Integrated community teams
- 0 – 19 teams
- Working with primary care / independent sector to provide ‘wrap around’ services
- Expansion of Community Hospital Function

# Clinical Model

**KEY**  
● LCHS services



# New Dynamics of Care

---

1. Personalisation – tailoring care needs
2. Standardisation – removal of variation
3. Anticipatory care – stratification of risk
4. Co-production – experts by experience



# Key Outcomes

---

1. Patient Centred Care leading to appropriate co-ordination / delivery
2. Longer periods spent out of hospital
3. Best possible start for children
4. Focus on maximising independence for those more vulnerable patients

# Challenges

---

- Workforce / recruitment / retention
- Outcome based / forward thinking commissioning
- Proof of concept models
- Ageing population
- Funding constraints
- Collaborative working as providers
- Shift of care into the community

# Summary

---

- Clear direction of travel over next 5 years
- In line with national /local commissioning intent
- Care for diverse group of adults / children
- Provider of the majority of 'out of hospital' care
- Greater emphasis on self care needs
- Pivotal role as Care Navigator

**Thank you for listening**

**Any Questions?.....**