

THE VIRGIN CARE 3 YEAR PLAN (FOR AUDIO TRANSLATION)

YEAR 1

- Arrivals Events – these provide colleagues with information about how we work at Virgin Care and the systems and processes that are used.
- Carers Club – this is our jargon free online resource built with carers, all about carers, supporting carers in their day to day lives.
- VDI rollout across sites – VDI stands for ‘Virtual Desktop’ and allows colleagues to access their desktop from any Virgin Care computer within Bath and North East Somerset.
- Citizens Panel launched – the Citizens Panel is a group of local people helping to shape health and care services by offering their views and insight into what matters for them.
- Tableau data reporting – software allowing Virgin Care colleagues and commissioners to analyse performance and follow trends over periods of time.
- Begin new website engagement and design.
- Service reviews.
- Service Redesign programme commenced.
- Joint work programme between directly and subcontracted services.

- Wellness Service redesign.
- Clear YCYW (Your Care Your Way) governance framework.
- Begin Facilities Team management review.
- Feel the difference launch - The *Feel the difference fund* is a £100,000 fund that's been ring fenced for Virgin Care colleagues to help them make that brilliant idea happen. Some of the ideas they have will just need money to help make them happen, others will need support from different areas of the organisation.
- Three conversations model training – three conversations is a new model of social care. The training will support social work practitioners to become familiar with the changes to Liquid Logic – the system that social work practitioners use to record their conversations with the people they are supporting.
- Establish Community Navigators - Community Navigators support people to explore opportunities in their local area and connect them to groups, activities and services.
- Risk stratification high level - a tool for identifying and predicting which patients are at high risk or likely to be at high risk of needing care and support or hospital admission.
- Mobile Working rollout – supporting colleagues to work in the community via mobile phone, tablet or laptop.

- Single Plan and Assessment rollout – one care record to support coordinated care.
- Integrated Care Record rollout.
- Transfer of commissioning functions.

YEAR 2

- Single Plan and Assessment.
- Co-locate navigators along with practitioners.
- Front door redesign – this will streamline how people access our services and improve customer experience
- Link Wellness and Prevention to CCC (Care Coordination Centre).
- Launch innovation fund for wider community and VCSE (Voluntary Community & Social Enterprise)
- New B&NES website launch.
- Launch of Wellbeing hub.
- Service reviews.
- Service redesigns.
- Outcomes framework – this will see us move from reporting key performance measures to outcomes

- **Locality Based Provision introduced – this will build on our current locality model, wrapping services around GP clusters.**
- Single Point of Access - a gateway to a range of health and social services.
- Mobile Working.
- Re-procurement of wellbeing partners.
- Begin integration around primary care.
- Single Point of Access fully functioning.
- Telecare and Telehealth introduced – Telecare combines equipment in your home with a 24/7 monitoring service. A telecare user may activate their own alarm if they use a pendant. For those individuals who need more specialist help to remain in their own home, monitoring equipment is available. Telehealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.
- Facilities Management Review Outcome.

YEAR 3

- Telehealth and Telecare.
- Active Directory of Services with capacity management.
- Workforce development and leadership training.

- VCSE (Voluntary Community & Social Enterprise) Co-located in community hubs.
- Virtual clinics – These are carried out over the phone by a specialist team at a pre-arranged time, and offered as an option to a hospital appointment. Virtual clinics will give patients the same support and reassurance but with the added convenience of being contacted in a place of their choice e.g. their own home.
- Risk stratification.
- Demonstrating social value – social value is the additional value and support created in the community by the services we deliver and the networks we support.
- Service redesigns.
- Health and Care around new builds.
- Estates rationalisation.
- MDT (Multidisciplinary Team) hubs in each locality - A multidisciplinary team is a group of health and care workers who are members of different disciplines (e.g. Community Matrons, GPs, District Nurses, Social Workers, therapists) who meet to discuss and review complex cases.