

**Suffolk Health and Wellbeing Board**

*A committee of Suffolk County Council*

<b>Report Title:</b>	Establishing a Buurtzorg ‘Test and Learn’ in Suffolk
<b>Meeting Date:</b>	17 November 2016
<b>Chairman:</b>	Councillor Tony Goldson
<b>Board Member Lead(s):</b>	Sue Cook, Ed Garrett
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**What is the role of the Health and Wellbeing Board in relation to this paper?**

1. The Health and Wellbeing Board (HWB) has the oversight of the health and care integration programmes in Suffolk. Integration is a cross cutting theme in the Health and Wellbeing Strategy, as a key enabler for the delivery of the HWB vision. Sponsorship is sought, from the HWB, for the development of new approaches to integration.

**Key questions for discussion:**

2. The key questions for discussion are:
  - a) Is the HWB interested, in principle, in exploring the Buurtzorg Model in Suffolk?
  - b) Do Members support the approach, in principle, of investigating three test sites, with one in each of the health systems within Suffolk?

**What actions or decisions is the Board being asked to take?**

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| <ol style="list-style-type: none"> <li>3. To decide whether a full proposal for the delivery of a Buurtzorg ‘Test and Learn’ approach be brought to the January meeting of the Health and Wellbeing Board.</li> </ol> |
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**Brief summary of report**

4. This report provides an outline proposal on the establishment of a ‘Test and Learn’ approach in Suffolk to investigate an innovative model of integrated health and care operated in The Netherlands known as Buurtzorg, which would enhance and complement the existing health and care strategy around Connect and Integrated Neighbourhood Teams.

## **Main body of report**

### **Background**

5. Suffolk partners have been working together, with support and funding from the East of England Local Government Association (LGA), to investigate the lessons that can be learnt from an innovative model of neighbourhood integrated care provision. The Dutch Buurtzorg approach has led to higher levels of patient satisfaction, significant reductions in the cost of care provision, and high levels of staff satisfaction and retention. It has garnered plaudits for its nurse-led model, and interest from the UK and beyond. Buurtzorg is active in 24 countries and developing collaborations in other countries, and Buurtzorg has already supported other care organisations to successfully transition to the Buurtzorg model of care.
6. Buurtzorg have their own partner in the UK called Public World who have been supporting the delivery of the 'Test and Learn Site'. Public World is a small social enterprise based in London who are leading the shared learning from Buurtzorg in the UK and co-ordinating the 'Test and Learn Sites' across the country.

### **A summary of the Buurtzorg Efficiencies and Outcomes**

7. The Buurtzorg model in The Netherlands has been analysed by Ernst and Young and KPMG with the following outcomes/efficiencies of note:
  - Buurtzorg's patients consume just 40 percent of the care that they are entitled to. (KPMG)
  - 50% of the patients receive care for less than three months. (KPMG)
  - Patient satisfaction scores are 30 percent above the national average. (KPMG)
  - Number of costly episodes requiring unplanned interventions has dropped. (KPMG)
  - Buurtzorg requires on average close to 40 percent fewer hours of care per client than other nursing organisations. (Ernst & Young)
  - Patients stay in care only half as long (Ernst & Young)
  - Hospital admissions are reduced by one third, and when a patient does need to be admitted to the hospital, the average stay is shorter. (Ernst & Young)
  - Overheads are 8% compared with an average in The Netherlands of 25% (KPMG)

### **Introduction to the Buurtzorg Model of Care at Home**

8. The challenge of delivering quality health and social care services to a rapidly ageing population – many with long-term conditions – is one that the UK shares with many countries across Europe. To respond to these challenges, a number of innovative approaches have been developed. One of which is the Dutch-based Buurtzorg model of care at home.
9. Buurtzorg, which in English means 'neighbourhood care', grew from the vision of nurse Jos De Blok to tackle ongoing concerns in the provision of care, such as: the fragmentation of prevention, treatment, and care; the impact of demographic change; a shortage of care providers; lowering quality and increasing costs of

care; and a lack information about the quality of outcomes in relation to the cost of care per client. All challenges similar to those facing the health and social care system in the UK. Jos de Blok believed that a holistic, person centred approach linked to local networks would be a more sustainable model to improving the health and wellbeing of whole communities. It was established in 2006 with a team of four nurses working closely with GPs and delivering community care services. By 2016 it had grown to over 10,000 nurses working in 850 teams, working with over 70,000 clients.

10. As with the UK, most Dutch models focussed on specialised care, working to an assumption that care is most efficiently delivered when divided into separate processes delivered by individuals paid at a relative rate to the task. Jos de Blok found that the savings made from this specialisation were lost when the cost of managing a complex and fragmented process was factored in. Buurtzorg has shown that a single visit by a highly-trained, generalist nurse given sufficient time to care is more effective.
11. The benefit to the client with this approach is that the team identifies solutions quicker, are able to improve independence and streamline care more effectively. The personalised attention and team approach allows individuals to stay in their homes and communities for as long as possible and avoid unnecessary hospital admission.
12. Working at a neighbourhood level is also key in allowing the nurses to work closely with GPs and other professionals, and draw on local support from friends, families and volunteers.
13. Evaluation of the model has shown that although this way of working increases unit costs it is compensated by close to 40 percent fewer hours of care per client. Buurtzorg's clients also use 40% of the care they are entitled to. Half of people receiving care do so for less than three months and patient satisfaction scores are now 30% higher than the national average.
14. The model also introduces a new way of working. Buurtzorg nurses work in self-managing teams of up to twelve professionals who provide care for around 50 clients in a specific locality. The self-managed teams, with minimal bureaucracy, handle every aspect of care and business, from client assessment to staff recruitment. Technology also plays a key role in supporting the devolved structure. All this has resulted in significantly lower overheads (8% compared to 25% of equivalent providers in The Netherlands), alongside better overall outcomes for not only clients, but employees too.
15. The benefit to staff is the professional freedom and responsibility that comes with supervising and supporting each other in self-managed teams. Coaches not managers support the team and the nurses decide how the care will be provided to their clients. This encourages flexibility and improves staff satisfaction. Buurtzorg has been chosen as the Dutch employer of the year in 4 out the past 5 years.
16. A detailed briefing on the Buurtzorg Model of Care at Home is included as **Appendix A.**

## Establishing a 'Test and Learn' Process in Suffolk

17. The integration of health and social care in Suffolk provides the opportunity for working differently and putting the person and their community at the centre of care. There is already a clear commitment across the Suffolk system to person-centred, community-based approaches. The concept developed by Buurtzorg offers a potential to test a new and proven approach to this radical change which would enhance and complement the existing health and care strategy around Connect and Integrated Neighbourhood Teams.
18. A Suffolk 'Test and Learn' approach would be one of a handful in the country – with others being established in Tower Hamlets, Nottingham and Gloucester, and at Guys and St Thomas' in London. The aim of this UK wide approach is to apply the lessons of Buurtzorg's experience in various settings, share learning and develop knowledge about how to successfully adapt it to the institutional, regulatory and cultural circumstances of England, which differ to those of The Netherlands.
19. Moving from a hierarchical system to a model of self-management, requires a radical new mindset based on increased trust in the frontline professional. The role of the back office moves from one of management to one of supporting and creating the right conditions for the teams of professionals to thrive and focus on delivering the right care at the right time, based on the needs of the client. The experience of Buurtzorg would suggest that the results make this worthwhile but it needs commitment at all levels.
20. An essential element of the test will be around supporting and developing the teams themselves, and perhaps most importantly ensuring that they are at the centre of leading the change and in developing the new system. In the Netherlands, Buurtzorg was nurse-led and built up incrementally, with demand driven by nurses and clients. In order to successfully test the approach in Suffolk, a balance must be therefore sought between planned development and organic growth.
21. It is proposed that initially up to three 'test sites' are established, with one in each of three Clinical Commissioning Group areas in Suffolk, led and driven by self-selected nurses enthusiastic to trial this new way of working. A series of roadshows will be delivered in Autumn/Winter 2016/17 to socialise the model with nurses in Suffolk, to find those interested in getting involved and to help identify the geographic areas for the Test Sites.
22. The establishment of a 'Test and Learn' will need to encompass the following assumptions/principles:
  - An integrated approach across health and social care with the involvement of social care professionals, particularly reablement, as well as nurses.
  - A clear framework for the teams to operate within, with reduced caseloads and more time to care
  - strong clinical governance based on the principle of self-governance but with a strong connection to the main system
  - An effective back office to support the teams and provide an effective 'heat shield' to protect them from, and be an intermediary for, the wider system

- A enabling IT package (based on the Buurtzorg modules) to support the delivery of care and self-management of the team
- Financial sustainability
- A balance between planned and organic growth.

### **Financing the Test and Learn**

23. A key assumption is that 'Test and Learn' will be established using existing, pooled resources. There will, however, be some initial support costs of approximately £100k based on three teams (to cover team training, IT, coaches and support to establish the back office and 'heat shield'). A further £10k will be needed to support the evaluation of the Test.

### **Evaluation**

24. The metrics for evaluating the 'Test and Learn' complement the overall ambition for health and social care integration in Suffolk. The proposed metrics include:
- A reduction in the number of emergency hospital admissions
  - A reduction in the length of stay in hospital
  - A reduction in the number of hospital re-admissions
  - A reduction in the number of residential care admissions
  - A reduction in the length of care packages
  - An increase in the number of reablement
  - An increase in productivity
  - An increase in staff/client satisfaction
25. Potential overhead reductions will be analysed as part of the Test but without the economies of scale from whole system change to this new way of working these efficiencies are highly unlikely to be realised as part of the test process.

### **Key Questions**

26. The key questions include:
- a) Is the Health and Wellbeing Board interested, in principle, in exploring the Buurtzorg Model in Suffolk and receiving a full proposal at the next meeting of the Board?
  - b) Do members support the approach, in principle, of investigating three test sites, with one in each of the health systems within Suffolk?

### **Actions/decisions recommended**

27. It is recommended that a full proposal for the delivery of a Buurtzorg 'Test and Learn' approach be brought to the January meeting of the Health and Wellbeing Board.

### **Why this action/decision is recommended**

28. The results of the Buurtzorg model in The Netherlands warrant further investigation within the UK context. Suffolk would be one of the pioneering areas to test whether such efficiencies and improved outcomes could be achieved within the UK system by applying this model.

### Alternative options (if appropriate)

29. Not applicable

### Who will be affected by this action/decision?

30. The model would support a range of individuals, with differing needs, receiving integrated care at home, such as: chronically ill; elderly clients with multiple pathology; end of life care; individuals with early dementia and individuals who are released from the hospital and are not yet fully recovered.

#### Sources of further information

- a) RCN Policy and International Department Policy Briefing 02/15 - [https://www2.rcn.org.uk/\\_data/assets/pdf\\_file/0003/618231/02.15-The-Buurtzorg-Nederland-home-care-provider-model.-Observations-for-the-UK.pdf](https://www2.rcn.org.uk/_data/assets/pdf_file/0003/618231/02.15-The-Buurtzorg-Nederland-home-care-provider-model.-Observations-for-the-UK.pdf)
- b) KPMG International, Value walks: Successful habits for improving workforce motivation and productivity (2012) - <http://www.kpmg.com/global/en/issuesandinsights/articlespublications/value-walks/pages/improving-workforce-motivation-productivity.aspx>
- c) Ernst & Young, Maatschappelijke Business Case Buurtzorg, (2009) *Dutch Language only* - [http://www.invoorzorg.nl/docs/ivz/professionals/Maatschappelijke\\_business\\_case\\_Buurtzorg.pdf](http://www.invoorzorg.nl/docs/ivz/professionals/Maatschappelijke_business_case_Buurtzorg.pdf)