

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Report Title:	Establishing a Buurtzorg Integrated Neighbourhood Care 'Test and Learn' Site
Meeting Date:	26 January 2017
Chairman:	Councillor Tony Goldson
Board Member Lead(s):	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) Does the HWB commit to establishing a Buurtzorg Test and Learn Site in Suffolk to assess whether the outcomes and efficiencies seen in the Netherlands (as outlined in point 8) can be realised within the UK context?
 - b) To discuss the funding options for the Test and Learn.

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

3. To decide whether to:
 - a) progress the Test and Learn with Transformation Challenge Award (TCA) funding (dependant on the outcome of the bid);
 - b) agree to internally resource the exploration of alternative external funding options (if the outcome of the TCA bid is unsuccessful);
 - c) make a commitment to provide funding through existing resources; or,
 - d) not progress the Buurtzorg Test and Learn process any further due to financial challenges.

Brief summary of report

4. This report provides a framework 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. The Health and Wellbeing Board at its meeting on 17 November 2016 agreed to explore a proposal to establish a Buurtzorg Test & Learn Team for each of the 3 Clinical Commissioning Group areas in Suffolk:
 - West Suffolk
 - East Suffolk
 - Great Yarmouth & Waveney
6. West Suffolk partners have been working together, with support and funding from the East of England LGA, to investigate the lessons that can be learnt from an innovative model of neighbourhood integrated care provision for the past nine months. Early engagement has begun in Great Yarmouth and Waveney and Ipswich and East Suffolk, however a greater understanding of the model is required in both areas. For this reason this paper proposes an approach to initially establishing a Test Team in West Suffolk.

Introduction

7. There is a strong business case for testing the Buurtzorg way of working in the UK context. The 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. It is now active in 24 countries and developing collaborations in other countries, and Buurtzorg has successfully supported care organisations transition to this model of care.
8. The aim of the Test and Learn approach in Suffolk will be to ‘test’ the Buurtzorg business case to identify how model would relate to and interact with other parts of the system and, most importantly, to assess whether the outcomes and efficiencies seen in the Netherlands can be realised within the UK context. Analysis by Ernst and Young and KPMG have demonstrated that Buurtzorg in the Netherlands has delivered the following improved outcomes/efficiencies:
 - Although Buurtzorg has higher unit costs, it requires on average close to 40 percent fewer hours of care per client than other nursing organisations.
 - 50% of the patients receive care for less than three months.
 - Patient satisfaction scores are 30 percent above the national average.
 - Buurtzorg’s patients consume just 40 percent of the care that they are entitled to.
 - Number of costly episodes requiring unplanned interventions has dropped.
 - Patients stay in care only half as long.
 - Hospital admissions are reduced by one third, and when a patient does need to be admitted to the hospital, the average stay is shorter.
 - Overheads are 8% compared with an average in The Netherlands of 25%.

Establishing the Test and Learn Team

9. It is proposed that initially one team be established within West Suffolk to run for up to 12 months, with the aim of establishing two further teams in Great Yarmouth and Waveney and Ipswich and East Suffolk to stress-test the model during the course of the test period. An Operational Framework has been drawn together for the West Suffolk Test and Learn Team as Appendix A which provides:
 - A framework which the teams to operate within, with reduced caseloads and more time to care
 - A clinical governance approach based on the principle of self-governance but with a strong connection to the main system
 - A back office system to support the teams and provide an effective 'heat shield' to protect them from, and be an intermediary for, the wider system
 - An outline evaluation process for the Test and Learn.
10. An essential element of the test is 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 has been sought in the operational framework to enable confidence through planned development whilst also ensuring flexibility for the Teams to lead and shape the Test themselves.

Financing the Model

11. The budget for the Test and Learn Team is included in Appendix A. The partnership is currently seeking £500,000 pump priming to fund the Test and Learn approach.
12. There are two options for funding the Test and Learn:
 - **External Funding:** A proposal has been submitted to request Transformation Challenge Award funding for this purpose. A verbal update on the outcome of this bid will be provided at the meeting. If unsuccessful, other external funding would need to be sought in order to progress the project beyond this stage.
 - **Existing Resource:** The alternative is for the HWB partners to commit to funding the Test and Learn through existing resources utilising for example, staff vacancies and contributions from social care.
13. It is envisaged that during the course of the Test & Learn these costs will be partially recovered through recovered financial savings to enable the scaling of the model to other areas of Suffolk.

Key Questions

14. The Key questions include:
 - a) Does the Health and Wellbeing Board commit to establishing a Buurtzorg Test and Learn Site in Suffolk to assess whether the outcomes and efficiencies seen in the Netherlands (as outlined in point 8) can be realised within the UK context?

Actions/decisions recommended

15. To decide whether to:

- progress the Test and Learn with Transformation Challenge Award (TCA) funding (dependant on the outcome of the bid);
- agree to internally resource an exploration of alternative external funding options (if the outcome of the TCA bid is unsuccessful);
- make a commitment to provide funding through existing resources; or,
- not progress the Buurtzorg Test and Learn process any further due to financial challenges.

Why this action/decision is recommended

16. It is felt that 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.
17. A commitment from the HWB is now required to establish the funding model to progress the Test and Learn any further.

Who will be affected by this action/decision?

18. 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
- 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