Video transcript – Buurtzorg Britain and Ireland

Brendan Martin: People sometimes say to us ‘You’re never going to be able to build Buurtzorg in Britain as it is in the Netherlands because the situations are so different.’

Actually, that’s not our intention. I take as a success every place where they say ‘Well let's look at this experience, draw upon its fundamental principles to create something that we want to create that is really rooted in our community’ and mobilises the knowledge and the commitment of our professions. To me that's what it's about.

So towards the end of my Mum’s life, she needed an increasing amount of home care. Initially not very much, by the end of her life not far off 24/7 homecare.

So I was seeing how that was done, I was liaising with the home care workers themselves and with their employer, the local home care agency. Essentially what I found was, a workforce which is underappreciated, underpaid and under-supported, not really able to build the kind of relationships with my Mum that were needed, they were coming in for short periods to do timed tasks, but nevertheless was, in the main, bringing to the care they provided a strong level of compassion and kindness and support to my Mum the best they could. But their best efforts would be undermined by the organisational and systemic environment in which they worked.

For the last 30 years I've been working to support change in public services based on mobilising and developing the intrinsic motivation and tacit knowledge of professionals in public services. The people who work in public services really want to do a great job and they know a lot more about what they're doing based on their experience as well as their qualifications, than is sometimes used by organisations in which they are told what to do rather than supported to do what they know how to do.

Looking after my Mum led me have a very close up look at how homecare is done in Britain through the lens of what I’d been doing for many years and the conclusion I came to was [that] this was a service crying out for neighbourhood-based self-managed teams of care workers who are able to manage themselves collectively and support their clients in a more flexible way than they are usually able to do on the basis of the time and task model.

So that’s what motivated me to look around and see whether there were any examples internationally of the kind of care arrangements that I’d got in mind. I quite quickly discovered Buurtzorg in the Netherlands. I went to visit them and we established a partnership which we called Buurtzorg Britain and Ireland and we've been working to support organisations in this country, whether they be NHS organisations, local authorities, care providers - charitable or private sector.

Drawing on that body of experience and knowledge [we aimed] to change the way they work because although the systems are different, we believe that the fundamental principles that make Buurtzorg successful - and it has been fantastically successful in the Netherlands -can apply here albeit not in exactly the same form.

We've worked with around 40 different organisations in Britain and Ireland. Cambridgeshire County Council, five years ago probably, they asked us to support them in setting up what became Neighbourhood Care Teams, one in Soham and one in Saint Ives, a creation of the council and its workers and others in the community themselves, but drawing upon the experience and the success and the methodologies that Buurtzorg had demonstrated in the Netherlands.

So they set up one of them in a library, one of them in a GP surgery, and essentially what they said to their communities was: 'We're here, if you need us, come and tell us what you need.'

And [they] also took some initiatives when the more they learned about their communities they found out what they could do. What they found was that there was plenty of strengths in those communities to contribute to improving the wellbeing of the community. And they could draw upon the voluntary effort of some of the people that were able to provide that kind of support and they were also able quite early to detect people who might need support, who might later be presenting to social care or who perhaps were already presenting and entitled to social care.

They did very well, ran for couple of years, but the local authority decided not to build on those promising results directly. What they did do however, the people that were involved in the teams, the professionals in the teams were redeployed into other activities in the council including in community development roles. I am still in touch with some of the professionals involved who are very positive about how they'd been able to bring the lessons of that experience back into the work that they do in community development and in social care.

The way our model works, a neighbourhood of something around 10,000 people is supported by a team of anything up to 12 professionals - that would be something like 8 full time equivalents, because most of our team members work on a part time basis. The approach that our professionals take is to start with the needs of, and the goals, of the person needing support, and to build a relationship with that person that doesn't start with what's wrong with them, but starts with what they can do for themselves - with a bit of help - what others might be able to help them to do in a voluntary, non-professional way and what the professionals need to do, whether it be clinical interventions in the case of nursing or personal care interventions, that are best done, or in the particular person's circumstances, can only be done with professional support.

But [all this] always on the basis of the purpose being not to provide care first and foremost, but to enable people to live their lives with as much meaning and autonomy as their circumstances could allow, and with warm social interaction.

We all know that there is a huge workforce crisis both in community nursing and in social care. Everybody knows how desperate that crisis is. The fact is, when Buurtzorg started in the Netherlands, nurses came out of retirement, nurses who had dropped out of nursing, demoralised, came back into nursing because they wanted to work in this way.

Why? Because people who do this kind of work, whether it be nursing or social care are intrinsically motivated to support other people. So if on top of not paying people what they're worth, were we also undermined their motivation with command and control regimes of course we're going to lose people and that's what's happening.

One of the obstacles we faced is that structurally, as we all know, there are obstacles between healthcare and social care and between NHS organisations and local government, and indeed of the providers as well.

The emergence of integrated care systems could overcome some of these structural barriers. We're talking currently to some local leaders in integrated care systems that are seeing the potential to create a local integrated service that would combine community nursing with home care, and indeed with community development to provide a place-based service that would cut across some of these institutional and structural boundaries.

We believe that where local leaders in integrated care systems want to start with the potential of building holistic care from the ground, they are more likely to be able to do so through the new arrangements than in the old structures.