Bringing Buurtzorg to Britain: Barriers, challenges and solutions

"We started working with different countries and discovered that the problems are the same: the message every time is to start again from the patient perspective and simplify the systems."

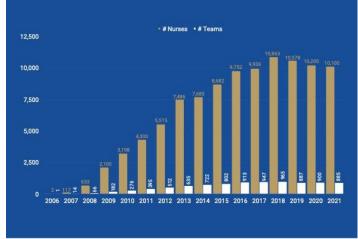
Jos de Blok, Buurtzorg founder and CEO





Buurtzorg in the Netherlands: a success story

Buurtzorg means 'neighbourhood care' and is a social enterprise founded in 2007 by Jos de Blok and three colleagues to provide holistic care at home. Starting with one team, Buurtzorg has grown to 10,000 staff in 900 self-managed teams. It has also created new enterprises in family help, youth care, mental health and maternity services, which employ a further 5,000, all supported by a small and highly agile back office of just 50 staff.





Great Care Quality

- Highest client satisfaction rates in Netherlands (Netherlands Institute for Health Services Research)
- Client facing time 61% vs Dutch average 51% (KPMG)
- Maximum scores in most recent inspection (2018)







Buurtzorg's happy and productive teams



Happy Nurses & Care Workers

- Voted Employer of Year five times (Effectory Employee Surveys)
- Staff turnover 4%, one third below other nursing organisations
- Staff sickness 4%, one third below Dutch average.



Healthy financial responsibility

- Buurtzorg has halved the average number of hours of care per client while improving quality.
- Overheads only 8% compared with Dutch average of 25% with margins of 5% (KPMG)

www.buurtzorg.org.uk









Buurtzorg's purpose, vision and principles



Purpose

To enable and support people to live their lives with meaning and autonomy



Building strong relationships

Starts from perspective of the person needing support and works to create solutions that strengthen their own agency and networks, promoting self-management of their care



Practice based on four beliefs about universal human values

- > People want control over their own lives as long as possible
- People strive to maintain or improve their own quality of life
- > People seek social interaction
- > People seek 'warm' relationships with others

3 Simple Principles

Needing

Doing what the client needs and not what thev don't.

Rethinking

Learning from results and changing as necessary.

Common Sensing

Creating and resourcing practical solutions.





The Buurtzorg onion model

The Onion Model illustrates how Buurtzorg nurses start with what matters to the person needing support, co-creating solutions to achieve their goals.

Person needing **o**support

- 1. Self-managing client
- 2. Informal networks
- 3. Buurtzorg team

4. Formal networks

Buurtzorg means
'neighbourhood care', and its
nurses support care by family
members and others in the
community as well as doing what
is needed themselves.

Up to 12 nurses in each selfmanaged team provide all aspects of care, and share and rotate organisational responsibilities

The teams also support their clients by co-ordinating with the wider system, liaising with GPs, allied health professionals, social workers etc. as needed.



www.buurtzorg.org.uk





How does the organisation support the professionals?

The CEO sets the framework, liaises with external stakeholders, listens and responds to the professionals and supports learning and adaptation.

Professionals in neighbourhood teams self-manage within a clear and simple framework of ground rules.

The teams are supported by coaches who advise and support them as needed to creatively self-manage within the framework and learn from experience.

The Buurtzorgweb serves as a care tool for the nurses and an intranet to share ideas and learning

A highly agile and responsive back office serves and supports the teams with simplified administration.







Transforming Integrated Care in the Community

- > Testing innovation transfer
- > Belgium, France, UK
- Kent County Council, Kent Community NHSFT, Medway Community Health, Public World
- > 2017 2022



250 barriers and challenges, in four categories

Change is never easy!

National health and social care environments

Organisational and institutional obstacles

Demands of the model itself



Organisational and institutional obstacles

Inconsistent organisational goals

Lack of integration at all levels

Hierarchy,
bureaucracy and
competitive
culture

System before purpose



Responses and solutions

- > Status quo approach
- **>** Workarounds
- > Alternative systems
- > Full integration





Key lessons of experience

Start with purpose

But it needs a clear framework of normative standards

Selfmanagement is possible – and necessary

And it needs enablement and support

Learning, coaching, and simplified supportive, protective systems



Link to the full TICC report: https://publicworld.org/ticc-project-results/

Building on the learning: Project Care

- B Aim: to animate and strengthen the great assets in our communities by creating the conditions to grow neighbourhood care.
- B Help people define their own needs and connect with care professionals who can help.
- Learning and coaching resources to co-create and co-produce solutions.
- B Digital admin and organizational supports.
- Buurtzorg teams and 'Buurtzorg inside'.
- B Al to augment not replace human-centred care



