



UPDATE ON BUURTZORG IN THE BORDERS

Aim

- 1.1 This paper aims to update the IJB on progress so far on the implementation of a neighbourhood care model in the Borders.
- 1.2 The aim of this model is to develop a relationship based model of holistic care which uses an integration approach to improve outcomes for people receiving care in our communities.

Background

- 2.1 Buurtzorg in Dutch means neighbourhood care. This approach to care in the community was developed over a decade ago in the Netherlands. It has key principles which include a nurse led approach to integrated and holistic care, with teams of no more than twelve, who self-manage to care for a client caseload in a local community.
- 2.2 The model aims for clients to achieve independence working with informal and formal networks depending on the client need. This has been very successful in the Netherlands and Buurtzorg teams are now delivering care across the country through over 10,000 teams. This approach focuses on supporting the staff delivering care by reducing bureaucracy, providing an enabling IT infrastructure and 'back office' support for the teams to maximise contact time with clients.
- 2.3 It has proved very successful in the Netherlands with evidence of improved outcomes for clients, increased satisfaction for both staff and clients.

Summary

- 3.1 During 2016 we held three events in our communities with open invitations to our population as well as our staff. In the events held in Coldstream, Hawick and Galashiels we had over 150 attendees from a mix of carers, those receiving care, third sector organisations, members of the local communities and staff from SBC, NHS and SB Cares. At these events the model was introduced by a Buurtzorg Nurse and then we held facilitated conversations about what this would mean in the Borders. There was a lot of enthusiasm about testing this model and it was decided that we would start in the Coldstream area.
- 3.2 In June this year a study trip, which included the Chief Executives of both SBC and NHS Borders, nurses, SB cares director and a carer went to the Netherlands to learn more about the model to translate this into local implementation.

- 3.3 In Borders the aim is clear that this is an integrated model which focuses on building a relationship with the client to provide holistic and outcomes based approach to care. This is in partnership with SBC, NHS, SB Cares and those receiving care.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** progress to date and support project management resource to increase pace and scale of improvements.

Policy/Strategy Implications	Supports the objectives of integrated working and IJB.
Consultation	-
Risk Assessment	Identified as the project evolves.
Compliance with requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Project management and project officer support.

Approved by

Name	Designation	Name	Designation
Robert McCulloch-Graham	Chief Officer Health & Social Care		

Author(s)

Name	Designation	Name	Designation
Erica Reid	Lead Nurse for Community		