Integrated Joint Board

Buurtzorg (neighbourhood care) in the Borders

Summary of Progress and Recommendations for Next Steps

1. What is Buurtzorg?

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.

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.

It has proved very successful in the Netherlands with evidence of improved outcomes for clients, increased satisfaction for both staff and clients.

2. A Borders Approach to Neighourhood Care

Since July last year we have been introducing this concept to the Borders. This has been supported by Healthcare Improvement Scotland(HIS) who have been commissioned by Scottish Government to link and engage with early adopters of this model in Scotland. We are in a national network of areas that are testing this model which include Aberdeen, Highland and a care agency called Cornerstone. We are one of four areas who are actively progressing this model.

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.

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.

In Borders the aim is clear that this is an integrated model of care 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.

3. Why Buurtzorg?

Integration is a key policy driver both at strategic level and point of care delivery. Evelyn and Jean who are both receiving both health and social care, in their individual homes, have shared some of their experiences. They were both happy with the care provided but their comments provide some insights about the challenges of integrated care from the perspective of the person receiving care.

Evelyn's comments:

- 'I know all my carers but not by name and I enjoy having a bit of fun with the lasses'
- 'I have no idea how much care I get, nurses come in the morning and carers through the day for meals'
- 'Nurses and carers are always rushing between jobs, they don't have time to sit and chat.'

Jean's comments

- 'Communication is a great disappointment'
- 'It is very difficult to keep in good communication with nurses and carers'
- 'Time is of the essence so I can't often communicate about important things as I don't want to take time'

There are a small group of people in every locality, like Evelyn and Jean, in the Borders who receive both health and social care. Our aim is to test this model in the Coldstream to integrate care and share learning to spread this across the Borders population.

4. How have we approached this in Coldstream?

a. Executive support

Our Chief Executives have met with the teams in Coldstream (NHS, SBC and SB Cares) and made clear the permission they have given to progress and explore how this model of care can be introduced in our local context.

b. Supporting Local Teams to Work Differently

In August we had support from Public World, a consultancy that are contracted by HIS to provide facilitation and implementation expertise (along with a Buurtzorg Nurse) to work with the Coldstream team for three days and explore in detail how to progress this model. In these three days all SB Cares and the District Nurse team met together to explore local solutions to integrate care. Due to the challenges of local workforce we were unable to provide any additional capacity and the teams had to ensure clients continued to receive care, this led to difficulties in having the whole team together at any one time. However, the team decided to work together on one individual (Evelyn above) to explore different ways of integrating care.

c. Impact on Evelyn

Evelyn is an insulin dependent diabetic who received her insulin in the morning from the district nurse team and then carers are in four times a day to support with meals and some personal care. The teams decided that the District Nurses would make Evelyn her breakfast when visiting to administer her insulin. Over a three week period, Evelyn has progressed from a dependency (sitting

waiting for breakfast to be made) to being able to make this herself. This has been due to the additional investment in time during this morning visit, establishing a relationship with Evelyn to enable her to become more independent. This is a small example of how this approach can be beneficial by improving quality of interaction which has the potential to lead to improved outcomes.

5. Our Partnership Approach

This has been a partnership approach from the outset, firstly with our communities and then between our organisations. We have held several meetings with NHS, SBC and SB Cares colleagues including senior staff and team leaders. They have created a shared vision of our aims in implementing a Buurtzorg model of care:

'A shared and integrated approach to building and sustaining our communities. This model will catalyse creative solutions to achieve meaningful outcomes through effective communication and **real** team work.'

We have also, in partnership, developed an organisational framework with the key principles that teams will be working towards (Appendix 1). Through this we are aiming to transcend our traditional organisational boundaries and provide seamless and integrated services from the perspectives of those receiving care.

We have also listed our proposed evaluation framework which requires us to see health and social care as a whole system without boundaries. For example the financial framework for care in the locality needs to be evaluated as well as the individual components. We need to move towards an outcomes based approached to care and measure this as well as the processes and tasks that are currently more easily measured. See appendix 2 for the proposed evaluation framework.

6. Recommendations

- To note progress to date on Buurtzorg in the Borders
- To approve the organisational framework within which the teams will operate
- To consider providing project management and project officer support to help to create conditions for success through supporting care teams to break the boundaries of our traditional care models and cut through the bureaucracy that reduces client facing time. This will also support an increased pace of change and improvement.

Erica Reid,

Lead Nurse for Community.

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Appendix 1 – Organisational Framework

Good Quality Care	**Staff Wellbeing**	**Financial Health**
Holistic and person-centred	Appropriate staffing levels	Commissioning Framework
One vision	Clear expectations, well defined	Performance Framework
One Team	Small teams	Clarity
Working to National Care Standards across both health and social care, eg Care Inspectorate	Joint responsibility for care	Local Management
Working in partnership with the client	Work life balance	Joint Responsibility
All staff with appropriate and up to date registration and/or training	Trust each other	
One single point of contact to discuss care provided	Well resourced	
Effective communication with patients – staff listen	Trained and Skilled	
Take an outcomes approach		
Expectations discussed and defined with clients		
Collaboration with formal and informal networks		
Shared Care Plans		

Appendix 2 – Evaluation Framework

Draft Proposed Dataset

Purpose of Dataset

To provide evidence the Buurtzorg model can be translated into our local context, and can provide holistic, efficient and effective care. By March 2018 this model will have been tested in Coldstream and Greenlaw with the following measures used to monitor progress and define success.

(*Operational definitions to be confirmed.)*

General Measures

- Number of staff, WTEs across health and social care team for population base
- Financial framework for delivery of care to the population

Process Measures

- Patient/client facing time
- Number of service users seen per day/week who receive both health and social care
- Hours of care per service user
- Number individuals visiting each service user per day/week
- Communication between teams and person receiving care
    - Frequency of meetings and quality of communication

Outcome Measures

- Number discharged from caseload
- Number of service users with reduced/reducing hours of care
- Service User Experience
- Staff Experience
- Decreased travel time

Balancing Measures

- Unplanned staff absence
- Hospital Admissions
- Prevented admissions
- Readmissions
- New referrals