Buurtzorg

– Learning Report

December 2019

1. Purpose

This paper seeks to describe the work AQuA has undertaken in 2017/18 with the Buurtzorg programme.

2. Introduction to Buurtzorg

The Dutch community nursing provider Buurtzorg has attracted widespread interest both in the UK and internationally for its deployment of self-led nursing teams across The Netherlands. These have consistently demonstrated improved outcomes including being more cost effective. The Buurtzorg model demands that care is holistically planned and provided rather than relying on different types of personnel to provide individual services. The model started and largely remains as community nursing model and expects that nurses deliver the full range of nursing and support services to clients.

The Buurtzorg (meaning neighbourhood care) model consists of self-led teams of up to 12 nurses embedded in the community who provide co-ordinated 24/7 care for a specific catchment areas of 40-60 people. The composition of the teams in terms of speciality and practice level varies according to need in each area. The teams have a coach who provides support as required across a regional footprint. The national organisation has what is called their Back Office that provides all financial, governance and HR legalities for every team.

One of the main reasons Buurtzorg provides excellent person centred care has been due to its approach of putting patient self-management at the heart of its operation and due to community links is able to lever local community assets as appropriate.

The results have been:

- Higher levels of patient satisfaction
- Reductions in the costs of care provision
- Development of self-directed structures for nurse

There are currently a number of Buurtzorg and Neighbourhood programmes across the UK, particularly in Scotland, West Suffolk, Guys & Thomas's FT and Tower Hamlets as well as Malpas in West Cheshire. These sites are all being supported by Public World, Buurtzorg's only UK partner whose purpose is to support UK organisations to implement Buurtzorg or Buurtzorg-informed projects. AQuA worked alongside Public World to test Buurtzorg amongst the AQuA membership.

3. What is the evidence base?

Kreitzer, M. J., Monsen, K. A., Nandram, S., & De Blok, J. (2015). Buurtzorg nederland: A global model of social innovation, change, and whole-systems healing. Global Advances in Health and Medicine, 4(1), 40-44. doi:10.7453/gahmj.2014.030

Brennan, V. (2018). English 'buurtzorg' pilot impresses patients and nurses. Primary Health Care, 28(5), 11-11. doi:10.7748/phc.28.5.11.s11

Monsen, K. A., & de Blok, J. (2013). Buurtzorg: Nurse-led community care. Creative Nursing, 19(3), 122-127. doi:10.1891/1078-4535.19.3.122

nandram, s., & Koster, N. (2014). Organizational innovation and integrated care: Lessons from buurtzorg. Journal of Integrated Care, 22(4), 174-184. doi:10.1108/JICA-06-2014-0024

Johansen, F., & van den Bosch, S. (2017). The scaling-up of neighbourhood care: From experiment towards a transformative movement in healthcare. Futures, 89, 60-73. doi:10.1016/j.futures.2017.04.004

From S drive 2017 11 Module 1\Resources\Articles re Buurtzorg.zip

Matt Hancock: https://www.nursingtimes.net/news/community/hancock-talks-up-potential-of-dutch-community-nursing-model/7026404.article#.W80VcZo8C3w.twitter

King's Fund:

https://www.kingsfund.org.uk/audio-video/jos-de-blok-buurtzorg-could-it-work-in-england

https://www.kingsfund.org.uk/events/new-future-social-care

https://www.kingsfund.org.uk/publications/transformational-change-health-care

https://www.kingsfund.org.uk/sites/default/files/2018-01/Reimagining_community_services_report.pdf

The RCN: https://www.rcn.org.uk/about-us/policy-briefings/br-0215

The Health Foundation: Referenced in: https://www.health.org.uk/blogs/retention-recruitment-and-morale-its-time-to-address-the-key-challenges-facing-our-nhs-and-social-care-workforce

Nuffield Trust:

https://www.nuffieldtrust.org.uk/news-item/unlocking-the-integration-challenge

https://www.nuffieldtrust.org.uk/news-item/why-is-it-so-hard-to-copy-international-best-practice

Public World

http://www.enliveningedge.org/organizations/buurtzorg-britain-ireland-transforming-national-health-service-resources-scarce-part-2-emerging-experience-uk/

https://www.thersa.org/discover/publications-and-articles/rsa-blogs/2018/02/can-we-radically-transform-the-way-we-deliver-health-and-social-care-in-the-uk

https://www.centreforpublicimpact.org/looking-for-the-revolution-my-journey-to-buurtzorg/

4. Introductory Masterclass

This was scheduled as part of AQuA's whole system flow programme and held in March 2017. The event was presented by Public World and Riekje Elema, a Buurtzorg Nurse. The

event explored the following aspects of Buurtzorg with over 100 AQuA members and partners:

- The Buurtzorg story - Better home care at lower cost
- Implementing the Buurtzorg principles - Understanding issues and learning to date
- Reflection and questions on what Buurtzorg means for the UK
- Delving deeper -Discussions on the opportunities, risks and challenges in implementing Buurtzorg in your own setting

The interest and learning from this event helped AQuA to gauge the appetite for future work and to identify the questions posed by members in the design and application of the Buurtzorg model within North West care providers and commissioners. A summary of the arising themes:

- How is clinical governance consistently applied across the geography? How do organisations such as social care/ housing refer or integrate with model? How would we balance medical and social care needs within one model?
- How are teams funded, costed and commissioned or patients referred in? How do you flex team capacity to meet demand of changing patient needs? What happens to people that aren't picked up – Does this model cherry pick clients?
- How do you measure your outcomes?
- How do coaches work and what is their background?
- Capacity and demand. How does the model work collectively to support patient care when patient demand increases – in complexity and patient numbers and across rural and urban areas?
- What happens to patients who can't self-care or won't self-care? How do they ensure 'the work with you' model not 'do to you model' is fully implemented?
- What are the barriers to working in this way in UK context? How do we take the first step?
- What are governance, performance and regulatory frameworks and how are the metrics used to support?
- How would you transition from formal arrangements now, to the Buurtzorg model? What is the 'framework' for service? How's this determined and is this standardised access across Buurtzorg teams?

5. Programme

Support was obtained to develop an AQuA Buurtzorg programme. The programme was positioned within the Person Centred Care and Whole System Flow work streams and designed by 2 representative leads and Public World. AQuA members were engaged in the design phase also. The aim of the programme was to work with a specialist provider to recruit up to 3 teams across the STP footprints in the North West to develop and test the establishment of 3 self-led teams by December 2018. The intention then was that these teams would become the pioneers for adopting the Buurtzorg model in the North West. The programme would provide an opportunity to test the development and implementation of self-led Buurtzorg style teams within their own locality or community.

The structure of the 17/18 programme

An ignition/programme set up phase from July to September 2017

- Recruitment - a formal application process detailed in a project charter. The key focus of this phase was the identification and support of the organisations/systems most likely to succeed and to help them identify their core team to enable this success
- Module 1: 3 days formal discovery and myth busting in November 2017, which was the first module of the programme.
- A gateway process for systems to decide whether they could commit to continuing with the Buurtzorg journey, or wish to withdraw. At this point, AQuA would take up to 3 teams from the STP footprints for commencement of the Programme in full from Spring 2018.
- In order to increase opportunity for success, sustainability & spread, formal arrangements were agreed with sponsoring organisations and evidence of sound local governance arrangements was confirmed and reflected in the completed project charter before ongoing participation in the modules 2-4.
- Module 2 Study Tour
- Module 3 - From inspiration to implementation
- Module 4 - Supportive module and Self-led Team Recruitment Phase

Programme Objectives and Desired Outcomes.

To support participating AQuA members and associated teams to:

1. Deepen understanding of Buurtzorg principles and practice by exploring the Buurtzorg model, and spending time with nursing teams in the Netherlands.

2. Develop and test the governance, IT and HR implications/challenges of this type of approach across 3 different systems to allow for staff to be recruited to self-led teams by December 2018.

3. Be in a position to recruit up to 3 self-led teams across different systems by December 2018

4. Establish a plan for the further promotion and roll out of self-led teams building on the learning from the 3 pioneer teams to spread this beyond December 2018.

5. Establish a process to share the learning and experiences of the pioneer sites in adopting Buurtzorg models into English health and care contexts.

6. Ensure social care, patients, commissioners and relevant local stakeholders are fully involved with the development process.

7. Throughout the programme the participants will show evidence of the utilisation of formal improvement methodologies and person centred approaches.

8. Share best practice throughout the life of the programme and be responsible for sharing the evidence and learning achieved throughout the programme.

9. Use quality improvement approaches to improve outcomes.

The teams recruited for module 1 were:

- Wirral Community Trust
- Tameside FT
- Manchester LCO (MFT)
- St Helens CCG

Those that decided to apply were aware of the criteria for success and the requirements for participation which were agreed as part of the development of the project charter with each of the signatories. Each successful organisation going forward was expected to identify the following team members:

- Executive Sponsor - provide line of sight to local/STP strategic aims and support for testing.
- Clinical Lead/ Lead Nurse/ Deputy Director of Nursing/AHP – demonstrate line of accountability and professional governance for the pioneer team.
- Project Lead – Improvement function and implementation role – provides the support to unlock or enable learning systems and develop the interface between old and new processes.
- Enabling structures Representatives - OD/HR/IT/Governance – to be informed and to provide specialist support and /or structures that enables the pioneer team to develop.
- Commissioner – to be informed and involved in key learning points and early identification of new ways of working and to provide a connection to contract developments 2018/19.
- 3 Senior frontline professionals (nursing/AHP/social care) - provide 1st hand support and a willingness to develop and test the implementation of self-led teams

6. Module 1

Overview

The first module was a more in depth 3 day introductory session. The session took the teams from their current knowledge base, expectations and preconceived expectations, working through the Buurtzorg model with case studies from ZorgAccent and Amstelring as well as Buurtzorg and UK examples. The Group explored the differences and challenges of planning implementation and also looked at how technology supports the Dutch system - Buurtzorg web and Omaha system.

The final part of the module was for teams to reflect whether they wished to pursue this programme further to Co-designing the study tour.

Initial Team Expectations of Programme

- Support neighborhood integration through a strengths based approach

- Strengthen nurse leadership, moving away from time and task – organise workload differently
- Decrease the number of fragmented teams working in silos and look at the balance of so many specialist nurses vs generic care
- Increase focus on person centred nursing
- Help take away barriers that don't need to exist and take back control and impetus
- Make people healthier and happier at work and increase staff morale and satisfaction

Key Learning:

- Buurtzorg is about building a neighborhood of care for communities to look after themselves. These are not your tasks, but your clients or neighbours. The aim is to support patients to help themselves – what can they do for themselves – co-creating practical solutions and widespread use of social prescribing
- Buurtzorg is not about re-organisation
- Trust – Buurtzorg trusts staff to use their vocational expertise and skills. Robert Francis '*Organisations need to support frontline staff to exercise freedom and responsibility to put their patients forward all the time'*. Staff know what they need to do – we have to let them do it.
- Staffing Models – Usually part time staff, demanding role with 60% of time patient facing; few specialists and the specialists within teams also work as generalists. 3% turnover of team per year. Cheapest staff are not always the best value in the long term – it's all about the quality of the relationships.
- Self-Led Teams – Team organise and rotate duties such as rostering, IM & T, Learning & Development, Housekeeping, chairing meetings to avoid hierarchy. Teams make decisions by consensus *" Agree with decision or can live with it"*
- Initially Guys & Thomas' Team had too much freedom – although self-led, some boundaries are needed.
- Back Office – Small centralised back office functions, sophisticated IT system to reduce paperwork
- Governance & Heatshield – Amstelring reduced rules and protocols from 1500 to 45

Reflections and Actions

- Buurtzorg is simple, but not always easy. It is an honest approach, but all teams and organisations are mature enough to work this way.
- Governance & Assurance – This was the major perceived deal breaker at this point – 'CQC will never agree to this'
- Another member organisation, East Cheshire FT contacted both AQUA and Public World during the time module 1 was being delivered as they h

<u>Additional - Assurance Workshop</u>

Overview

Additional workshop to explore the perceived barrier that the teams from Module 1 had around self-led teams failing to meet CQC requirements. The session was led by Cath Hill from AQuA who leads on Well Led Reviews for AQuA. The following element were addressed:

- Developing assurance for well-led teams
- Exploring 3 key lines of enquiry
- Identifying common ground between current and proposed process
- Identify next steps for Buurtzorg programme

Key Learning

- Don't be afraid to be different, but you need to explain why you are different and do the translation for the regulators – don't expect them to understand about self-led teams
- Stakeholders – Make sure you bring them with you – commissioners, Unions, Regulators and Execs
- People do not generally understand systems and controls - Many systems add no value and duplicate waste. When re-designing, don't see things as constraints – as *'why is there a control in place?'* Then ask '*Is it effective and what value does it add?*' Then think about change to make things more effective. Understand the current system what must stay and what can go
- Think about CQC at Corporate and Service levels. Ensure you are meeting the corporate asks at Service Level. How can you gain assurance that your staff are working at the right level and you are delivering appropriate outcomes? Use triangulation and revalidation of appraisals, complaints, staff surveys, outcomes etc
- Difference between Assurance (No freedom from doubt & evidence) and Re-Assurance (Giving confidence that services are acceptable). Need to take teams and stakeholders to the assurance end of the spectrum and create earned autonomy to increase trust overtime to reduce a compliance culture

Reflections and Actions

- Define with your Executives what earned autonomy looks like – What KPIs need to be put in place to demonstrate improvement
- Consider a workshop on stakeholder mapping and engagement
- Follow up visit on Assurance and Governance after the visit

7. Module 2 Study Tour

Overview

The study tour was designed with the delegates and the Buurtzorg team in The Hague in the Netherlands. Each delegate had completed a questionnaire and individually identified objectives. The tour was an immersive learning experience in self leadership that, while a shock to the system, was very effective.

Programme:

- Each delegate shadowed a Buurtzorg nurse for half a day with overwhelmingly positive feedback.
- Lessons learnt and progress in Britain, by Brendan Martin
- Day to day work in a Buurtzorg team, by Madelon van Tilburg

- The position of the back office, by Gonnie Kronenberg
- The work of Buurtdiensten/Familiehulp, by Lia van Kippersluis and Annelies de Groot
- Quality in Buurtzorg: reflective learning, by Mirjam de Leede, Buurtzorg Coach
- Coaching self managed teams, by Margreet van den Heuvel
- Change management, by Matthias van Alphen

Key learning

- Inspirational– moved from not being able to see past obstacles to the art of the possible. The obsession of talking about assurance and CQC just disappeared. A whole organisation run on 3 goals and 8 ground rules.
    - Goals:
        - Deliver good care
        - Financial health
        - Have Fun
    - 8 Ground Rules – when they create a new one, they have to lose one.
- Motivational – to commit to the model and its challenges and develop the skills and approaches to self- Its nurse and person centred emphasis was refreshing and welcomed. Jos De Blok trusts 14,000 employees to be the best they can be – it is not about checking or control, but complies externally with government guidelines etc
- Innovative & courageous – Need to work out what is relevant in terms of adding value to patient care and then stop doing the rest
- Staffing - 'Buurtzorg nurses are the spider in the web – reaching out to all different aspects across the neighbourhood' Madelon van Tilburg
  Consensus approach – decisions are made by the team together – 'agree or live with it' 'Together everyone achieves more'.
- Governance & Heatshield - 50 people support 14000 staff, many working from home – the back office is small and simple
- Amstelring's case example provided reassurance for the 'big bang' approach and the speaker's delivery was perfect!
- Self Led Teams do not work unless there is total commitment – ' *You cannot be partly pregnant'* Matthias Van Alphen. Many failed teams elsewhere have had some devolved responsibilities but not budget etc.

Reflections & Actions

- What's the compelling narrative we need to create that will get this work across the start line? WE get it now, how do we help THEM get it?

  ' Self led teams really do work – staff enjoy their jobs' Nurse, Wirral

  'Why do we have to complicate things – give power back to staff' Nurse, East Cheshire

- How do we create the space for self-led teams without actively seeking the obstacles and obstructors that we foresee we'll have to overcome?

‘ Keep it simple – how much common sense have we lost and disempowered staff – I have become part of theat. If staff and teams are happy then everything else will follow’

‘ How much policy, procedures and protocols get in the way and impact on my job. Stop the bad stuff and do the good stuff’

- Can we achieve our organisations' expectations of Buurtzorg by using a too tentative approach to testing or implementing?
- Matthias van Alphen talked about how ridiculous it would be to describe someone as 'a little bit pregnant', or a little bit autonomous... Can we agree to approach this properly where self-led means self-led
- Challenge from Buurtzorg staff and Public World was to start and enable different conversations. Instead of the common discussion of how we adapt the Buurtzorg way to our care systems, could we ask:
    - How do we change the context to fit the Buurtzorg model?
    - Can we adopt the principles within the context we work without compromising the model?

After study tour blogs:

1. Emma http://aquanw.blogspot.com/2018/03/buurtzorg-diaries-self-led-start-to-our.html
2. Wendy http://aquanw.blogspot.com/2018/03/buurtzorg-diaries-bring-buurtorg-home.html
3. East Cheshire http://aquanw.blogspot.com/2018/03/buurtzorg-diaries-buurtzorg-life.html
4. Manchester http://aquanw.blogspot.com/2018/03/buurtzorg-diaries-integrated-care-not.html
5. Wirral http://aquanw.blogspot.com/2018/03/buurtzorg-diaries-brief-buurtzorg.html

6. Module 3 - From Inspiration to Implementation

Overview

The objective of this module was to start the detailed planning for implementing a self-led team. The programme was again co-designed between AQUA, Public World and the delegates and covered the following topics:

- Learning journey so far – reflections on the Study Visit
- Current state of local plans:
    - What is decided?
    - What is still open for debate?
- Considerations re: UK context, opportunities, risks: what makes doing this now the right thing to do?; what might hamper it?; what could strategies be to deal with this?
- What are key questions for fellow participants, Buurtzorg/PW experts?

- The change management challenge: Delegates were asked to consider their current plans around 4 elements based on the Buurtzorg principles–
    - Support - what support does their work needs as well as what it could provide.
    - Fire-wall (Protect) - what protection is thought to be needed for the pilot project to work.
    - Remove Obstacles – what are the barriers to testing and what obstacles to care providing and staff enjoyment of work would be removed by the implementation of the model.
    - Simplify – what would be simplified by the implementation and what would make the pilot easier to start?

Key Learning

Teams had prepared a presentation to share. The discussions and support that developed within the group as a result of very honest accounts of work since the study tour were really constructive. Each team had met with challenges and successes and were able to share experience and strategies. The Manchester Team however, had struggled to take their programme of work forward and had not been able to send many of the team who went to the Hague to Module3.

Manchester Progress

The Manchester team were struggling with challenges surrounding the set-up of the new systems and structures across the Manchester footprint. The timing was difficult. They identified challenges as:

- Organisational structures and cultures, there is too much change going on – inability to be half pregnant
- Contractual obligations
- Complexity and capacity issues
- How to streamline and incorporate specialist services
- Trying to use learning and approaches

Unfortunately during module 3, the Manchester team decided that they were no longer able to participate in the programme.

Wirral Progress

The Wirral Team made considerable progress:

- The Wallasey Hub was identified as the focus for their first 'Neighbourhood Care' programme, with 3 teams covering a population of 40,000.
- 2 test sties has been identified one slightly more affluent than the other, although both currently have less staff than a standard Buurtzorg model.
- Looking to create increased accountability within the teams to allow staff to utilise their professional skills more.
- The challenges identified:
    - Staffing issues
    - Historical hierarchy
    - Links with social care

    - How do the new teams not get pulled back into the larger teams
    - Lack of leadership support from the organisation

- Planning to develop a coaching role and to use joint budgets more creatively
- Looking for a mid June start once the caseload review has been completed to look at acuity.

East Cheshire Progress

- This team had focussed on governance arrangements and had arranged an IT demonstration of the Omaha System from Buurtzorg, and had spoken to the Coach from St Guys' and Thomas'
- The team had presented to their Board and had good support
- The team had identified Holmes Chapel as their first team focussing on 11,000 population, with a supportive primary care set up and positive team.
- Working on ways to create the heatshield and back office function by finding ways to get around corporate functions with informal discussions – adopting the approach form follows function.
- Challenges will be to change things that have been ingrained for years
- Looking to start at the end of June, and working up success measures

- The two teams from East Cheshire and Wirral started to really work together during this module and gain great benefit and peer support from working together and networking outside of the modules going forward.

Reflections & Actions

- Expectations: A difference in the teams' approaches to the work emerged within this module. One team wanted to experience a rich learning and discursive programme and had planned an approach that involved understanding and positioning of the work. Whilst understandable given their local context and emerging structure, this was never the intention or purpose of this module. As the other two teams had taken a practical approach to the work and were operational leaders themselves, there were stronger relationships developing between the team members and their work plans.
- Leadership: One of the teams had a senior leadership challenge in terms of visibility and support for the pilot project and the other had their executive lead as part of the core team. While this was a real challenge for the team without any executive support, they did start filling the gap by looking towards the other organisation to fill this gap and benefit from the shared learning.
- Shift in thinking: AQuA staff had anticipated that all teams would remain interested in the exploration of assurance frameworks as this had been such a focus within the 1st taught module. This was not the case and the teams reflected that the study tour had demonstrated the art of the possible thus reframing the work towards a person centred and quality strategy.

7. Module 4 - Supportive Module and Self-led Team Recruitment Phase

Overview

The teams updated each other on progress and worked with an organisational development specialist to look at how they could tackle their individual issues. The main focus areas were HR issues, IT & Admin issues and finance issues. The teams used a standard process to map where they needed to focus their attention in terms of easy wins or more challenging issues:

The Teams also had a re-cap on the governance and regulatory issues as their thinking had moved on considerably since the initial meeting earlier in the year. The teams then planned the next stages of their programmes and had some separate organisational specific input from Public World.

Referenced Myron Rogers:

“The Phenomena of Organization: Structure, Policy, Procedure”

“Dynamics of organisations identity, information relationships”

Reflections and Actions

- Following the structured programme elements, AQuA planned to consider the roll out of Phase 2 for more self-led teams within the first cohort of systems, and the development of a second cohort for another 3 systems if there is demand.

- The 2 teams decided to continue to meet to support each other and to link with another pilot which was slightly further ahead in Malpas, West Cheshire. AQuA co-ordinated dates and left the teams to self-manage the venues and topics for discussion

8. Outcomes - members

Team 1 Wirral

"In regards to Wirral unfortunately we didn't get to pilot a self-managed small team but have collectively as part of our transformation used some of the Buurtzorg principles but call it Neighbourhood working and Netherlands principles.

Principles of Buurtzorg/neighbourhood working
Fun at work (staff well-being and involvement)
Patient/person centred care (Integrated neighbourhood working)
Continuity of Care-(smaller sub teams with caseload managers, appropriate lead clinicians identified at ICCT/MDT)
Patient independence and positive outcomes

As part of the project Transformation plan the above is part of it and the Principles of Buurtzorg used are above.

Fun at Work!!......involvement of staff in work streams, staff awards, heart cards, team spirit in teams with Christmas lunches, social events, Positivity and enthusiasm, the new emphasis and a staff member in Communications is looking at positives of teams. These principles are mentioned at Transformation meetings.

Patient centred care/integrated neighbourhood working, personalised care plans in use, reps attend neighbourhood meetings from Teams.

Continuity of care see attached as e.g. with caseload managers assigned set caseloads and mini sub teams (at some point when staffing allows) to promote continuity and named nurses. These staff will be lead clinicians and if patient referred to ICCT they are allocated an appropriate Clinician/key worker-may be SW, Therapist or matron.

Pt independence and positive outcomes, self-care being promoted by staff with pt's, caseload cleansing and safety netting, A TL is currently undertaking a piece of work re pt leaflet for self-help and estimated number of visits which will be rolled out once completed hopefully over next 6 weeks.

Incorporating the above in ongoing transformation work

Team 2 East Cheshire

The East Cheshire Team focussed around the community of Holmes Chapel. AQuA facilitated a review session with this team to draw out the learning from the Programme. Through the Programme, the team felt that they have started to work differently, and these changes have enabled the team to be more person centred, increase connections across the community and increase continuity of care for patients. Another result has been that the team feel less task focussed and more proactive, and this has improved decision making. In addition, individual skills have increase and nurses are more able to take responsibility, and this increased personal care has contributed to the more holistic assessment of patients. The next steps for this team is to evidence the team reflections through data and case studies.

Team 3 Manchester

Manchester remains committed to the principles of distributed leadership, particularly in our Integrated Neighbourhood Teams - however structural changes has taken significantly longer than we anticipated and as such we still have very few Neighbourhood Leads in post. There is considerable interest in the principles of self-managed teams across our workforce but currently our focus is on safe delivery of services. There has been a lot of energy around the three goals / eight rules principle - particularly around the implementation of the Nesta 100 day challenge in our INT but I feel that we still have a significant journey ahead before a meaningful pilot project is on the cards. I live in hope that OD development in teams means that we evolve in that direction.

9. Learning Outcomes - AQuA

The programme focused the development of self-led teams, based on the Buurtzorg model. The programme was based on the following assumptions which were the identified criteria for success:

1. There must be a real commitment to enabling self-led teams to develop and function (i.e. these teams do not have any management roles)
2. Each organisation, must commit to supporting a team of 7 staff to attend all 9 days of training and development, plus additional protected time and space to fulfil the work requirements locally to develop this way of working
3. Executive sign up and support for organisational state of readiness is essential.
4. Each system participating will need to commit to setting up its own internal working group which will include patients, commissioners and any other appropriate stakeholders
5. There must be the ability to for these self-led teams to be able to share patient information electronically with their team and other professionals by December 2018
6. Organisational commitment to continue to support and develop the teams beyond December 2018 to help them work as a team and to establish a back office function where required.
7. Travel and accommodation expenses are to be met by the participating organisations/systems

The AQuA Buurtzorg programme 2017/18 was planned on the assumption that this programme will remain as a key priority for the AQuA Member organisations.

- The programme was resourced into 2018/19.

Risk	Recommended Mitigation Actions	Assessment May 2019
Ability of organisations to commit to such an intense programme of work	The AQuA Team will support participants to understand the benefits of such a programme and encourage shared working across different organisation	Evidence that 2 of the 3 teams could.
Organisational Readiness of organisations to move at the pace required.	Need to provide clarity up front about what the programme involves to achieve success within the timescales.	Evidence that 2 of the 3 teams could but with varying challenges and pace.
Commitment of organisations to truly understand and develop a self-led team approach and deal with governance & HR challenges	AQuA & specialist provider will need to share examples of good practice elsewhere and case studies to help resolve these challenges.	2 of the 3 demonstrated progress and learning around this although leadership was very different across the 2.
Possible ramifications of the introduction of self-led teams into current local services and structures are not deeply understood.	Teams and core AQuA team will enable all learning and questions raised to be shared honestly and seek to identify any issues at the earliest opportunity with Dutch colleagues to enable solutions to be found.	Emerging now
Competing priorities between the organisation and local agendas.	Manage links between AQuA, its members and their partners.	This will be ongoing, as with any improvement project
Ability of organisations to have suitable IMT in place	This will need to be identified upfront in the recruitment process	? Emerging through pilot tests
Organisational and individual challenges that may occur during the life of the programme (eg redundancy, restructure, maternity etc)	During the recruitment phase discussions will be made to attempt to mitigate the stress on the system, AQUA will discuss resilience plans with organisations. This will primarily focus on ensuring the size and scale of the initiative are 'SMART'.	1 team had 2 key team members leave between study visit and module 3.
Complete withdrawal.	Delegates will be asked to inform AQUA and their sponsor if they wish to withdraw at any time.	1 team did this but not formally.
Weak stakeholder engagement.	Manage effective relationships in line with the	2 of the 3 teams managed this

	individual communication plans.	well.

The following risks were identified at the start of the programme, before teams had even been recruited. Unfortunately all these risks materialised for the teams during the Programme. In terms of future lessons, it would be our advice to consider these issues carefully upfront before embarking on a Buurtzorg style programme as these risks have hampered the teams see table

The key issue is around organisational culture & risk - allowing teams to work in a different way. As previously mentioned –' you cannot be partly pregnant' – Teams have to be completely self led or not at all – a half way does not work, but as our assurance sessions demonstrated this does not mean that such a model cannot operate within the NHS.

10. Community of Practice

There is a commitment for the continuiation of a community of practice within the North West. This was initially facilitated by AQuA with an introduction to Cheshire and Wirral Partnership 's Self Led team. Plans are currently in place for quarterly meetings.

Connections to Scotland's Neighbourhood Teams work are in place and there is a willingness from both Scotland's team and AQUA to continue to share learning and consider collaboration with future events.

Public World continues to grow in strength and the organisation is now working within the North West with a number of teams. The national events and opportunities for networking with the Buurtzorg faculty from The Netherlands that Public World can enable will remain valuable for AQuA and membership. However, since the contract with Public World was completed AQuA has not been invited to their events and disappointingly neither have the AQuA Buurtzorg teams.

11. Opportunities and Connections with AQuA Programmes

Following discussion with the membership teams and an internal session with colleagues from System Transformation and Capability Building, it is apparent that there are valuable connections between the learning from the Buurtzorg programme and current membership offers. The system transformation programme has potential to support place based and community asset approach to sustaining and progressing Buurtzorg teams, and Motivational Interviewing has been discussed as an additional skill for teams. Capability building around leading quality improvement work at system level as well as connections to support evaluation of the teams' work could be supported via Clinical pathway design/ redesign and the Lived Experience Panel.

12. Future steps

- Exploit the internal opportunities as above.
- Explore and describe the alignment of learning and how it could contribute to NHS Long Term Plan.