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The **TICC (Transforming Integrated Care in the Community) project** was inspired by the success of the Netherlands' Buurtzorg approach to person-centred care, and self-managing care teams. The Buurtzorg approach has halved the average number of hours of care per client in areas in which it is deployed in the Netherlands, as well as being rated as one of that country's best employers.

The Buurtzorg model was adapted and applied by health and care providers in Kent, with input from Buurtzorg and their England-based agents, Public World. The key guiding principles are:

- Start with clarity of purpose and principle, based on the relational service approach and preventative outcomes intended;
- Enable front-line professionals to work in accordance with their intrinsic motivation, professional competence, and both codified and tacit knowledge;
- Support this with learning and development resources, coaching and administrative and digital tools designed to serve the practices required;
- Ensure effective safeguarding through a simple framework that clearly establishes boundaries of authority, normative standards and red lines.

**TICC** produced a rich body of knowledge about the cultural, organisational and digital challenges involved in the shift to community-based, preventative health and care services. It identified some 250 specific barriers and challenges, of which an unwelcoming systemic environment was by far the largest category.

**TICC** showed that nurses and other care professionals and workers in Britain are more than capable of working in a person-centred, self-managed way, provided they are enabled and supported to exercise the freedom and responsibility required within a framework of clear standards and transparent accountability. At present, institutional, organisational and regulatory compliance requirements are poorly aligned with the relational practices required to achieve the intended preventative outcomes, and this was reinforced by the design of digital tools.

The relatively small scale and short timeframe was insufficient to demonstrate the level of savings seen in the Netherlands, primarily given the up-front investment required in systems and training. Increased job satisfaction amongst participating health and care staff was recorded; though the coincidence of the project with Covid-19 meant definitive conclusions relating to staff retention could not be made.

The evaluation of the project did demonstrate patient benefits, including spending less time in care (which is a clear economic benefit, notably when scaled up) as well increased health-quality of life, and satisfaction with their care.