

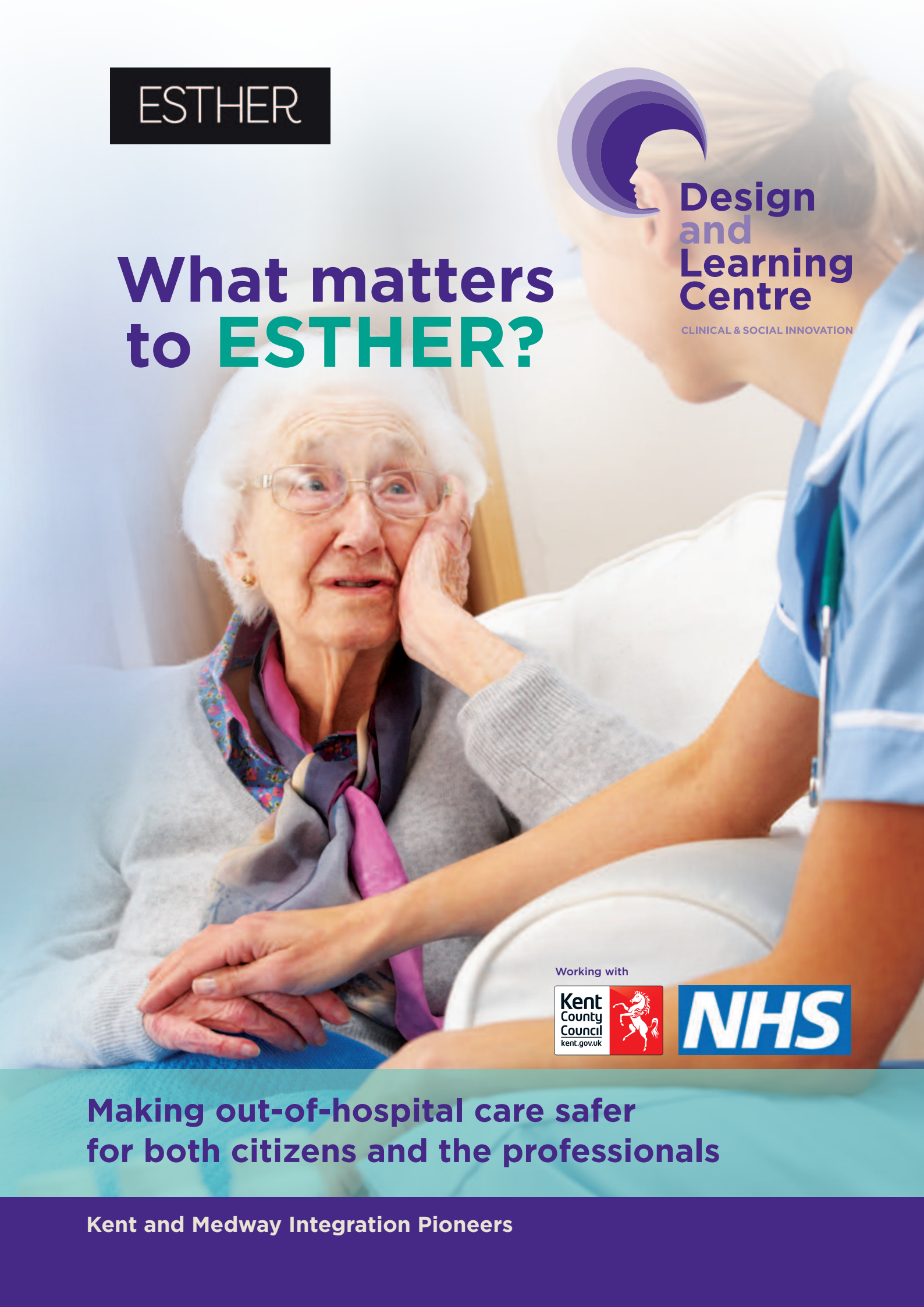
ESTHER



**Design
and
Learning
Centre**

CLINICAL & SOCIAL INNOVATION

What matters to **ESTHER**?



Working with



**Making out-of-hospital care safer
for both citizens and the professionals**

Kent and Medway Integration Pioneers

What are the challenges today when it comes to health and social care?

Challenges for the provider

- Obtain best clinical outcomes through continuous Quality Improvement
- To maximise resident/patient experience
- To improve staff recruitment, retention and morale
- To reduce the need for GP, specialist and long term care

Challenges for the commissioner

- To reduce the need for acute hospital admissions
- To reduce the need for long term care packages
- To optimise use of resources – better and cheaper
- To improve quality and outcomes
- To reduce errors

Challenges for citizens

- Get their needs and priorities met
- To be more in control of their health, wellbeing and care
- To have improved experience when in contact with health and social care organisations – more seamless care
- Inclusion of relatives in decisions of care where appropriate and wanted

Challenge for all of the above

- Making out-of-hospital care safer for both citizens and the professionals

The Design and Learning Centre for Clinical and Social Innovation will find solutions that meet the challenges and priorities for providers, commissioners and citizens. These solutions will be co-designed using a specific methodology, structured methods of Quality Improvement and follow a pre-set timeline.

The Design and Learning Centre is collaborating locally, nationally and internationally including Denmark, Italy, Japan, the Netherlands, Singapore, Spain and Sweden and can exchange and share learning of good practice.

The aim of this work is linked closely to the New Models of Care including Pioneers, Vanguard, Integrated Accountable Care Organisations and emerging GP Federations. These are promoting integration of health and social care and shifting care out-of-hospital and more community based. This is based on the 5 year forward view, empowering citizens and engaging communities.

FUTURE

How are the challenges of the providers, commissioners and citizens met by the ESTHER model?

- ESTHER is anyone with complex needs which calls for care and support from multiple stakeholders including primary care, community care, care home, hospital, informal carers and voluntary sector.
- ESTHER can be any age and gender. The needs can be physical as well as mental and social.
- By asking “What matters to ESTHER?” rather than “What is the matter with ESTHER?”
- By asking “Who has to collaborate and change to achieve “What matters to ESTHER?””
- ESTHER model with its person-centred approach has been proven to be a successful model in tackling the challenges of integrating health and social, primary and secondary, physical and mental care
- The Design and Learning Centre will support stakeholders to create care that is based on ESTHER’s needs and preferences, agreed by all involved in that care
- By training ESTHER improvement coaches who have a clear ESTHER focus – these coaches can be any profession and from any organisation
- By undergoing training together across organisational boundaries, the coaches learn about each other and increase the network for further collaboration
- By involving real ESTHERS in the improvement work – making sure that the improvements make ESTHER’s quality of life better
- The ESTHER program will help to produce a sustainable NHS and Social Care linked to the Kent and Medway STP (Sustainability and Transformation Plan)

Where did ESTHER come from?

Sweden
UK

Jönköping

Kent
Somerset

The model was created 1997 in region Jönköping in Sweden by the Qulturum centre for Learning and Innovation in Healthcare. It targeted 2 main purposes:

1. Create smoother and safer care pathways for ESTHER i.e. people with complex care needs.
2. Use providers' resources more efficiently. A communal goal was agreed: to always do what matters to ESTHER

Representatives from the Kent and Medway Integration Pioneers attended a site visit in Jönköping, organised by the NHS European Office.

This was part of their assignment to provide support to the wider NHS, including Vanguards and Integrated Care Pioneers within the New Models of Care.

The ESTHER model was then presented to the Kent and Medway Integration Pioneers who agreed to adopt the ESTHER model for local implementation.

One of the results from this visit was the employment of one of the top coordinators from Sweden. This has led to an agreed Memorandum of Understanding and on-going collaboration between the Design and Learning Centre and Qulturum in Jönköping, Sweden.

The Swedish network

To make the ESTHER model sustainable providers needed to find out what mattered to ESTHERs themselves and who needed to cooperate to fulfil this.

It was found critical that all providers should meet regularly to discuss challenges and issues from ESTHER's perspective rather than from the organisation's or professional's perspectives.

Sweden showed that it was important that the review of care was less hierarchical and that ESTHER should be present and take an active part in these meetings as a key component to ensure a focus on ESTHER's needs.

The immediate effect of the network regards hospital admissions was a decrease from approx. 9300 in 1998 to approx. 7300 in 2003.

More recent follow up shows that unnecessary days in hospital has decreased from 1113 in 1999 to 62 in 2011. The whole network is embossed by a no-blame culture and a conviction that bad experiences should be used as improvement opportunities.

More about the Swedish network can be found at:
<http://plus.rjl.se/infopage.jsf?nodeId=40350>

Another collaboration partner nationally is The Symphony Program in Somerset, UK:
<http://www.symphonyhealthcare.co.uk.gridhosted.co.uk/>

And apart from Sweden we also link Internationally with Sing Health in Singapore:
https://www.singhealth.com.sg/AboutSingHealth/RegionalHealth/Pages/esther_coaches.aspx

Singapore

How is ESTHER developing in Kent?

- It started with Microsystems Leadership in West Kent in 2013. Inspired by a visit at the Micro System Festival at Kultorum in Jönköping
- One of the Swedish ESTHER Co-ordinators employed in Kent since summer 2016 to support the implementation
- Adoption of ESTHER principles from Sweden and developing standards for a kite mark for care facilities
- Agreement to train and set up network of ESTHER coaches across organisational boundaries
- Work with regulators to establish the credibility of the ESTHER program
- Roll out in place to co-design with Encompass MCP Vanguard and Integrated Accountable Care Organisation (IACO) in Thanet
- Regular ESTHER cafés planned - co-design with people who need services alongside those who provide them including communities and the voluntary sector. Every ESTHER café starts with a real ESTHER sharing their story of a recent care experience. This story is then used as a base for discussions around how to use good experiences and improve weaker areas
- Create an ESTHER App to follow the growth of the ESTHER network, share learning and celebrate failure as well as success



Are we doing what matters to ESTHER?

Building a structure for evaluation and validation of ESTHER in Kent

Focus on the successful examples, but also learn from failure.

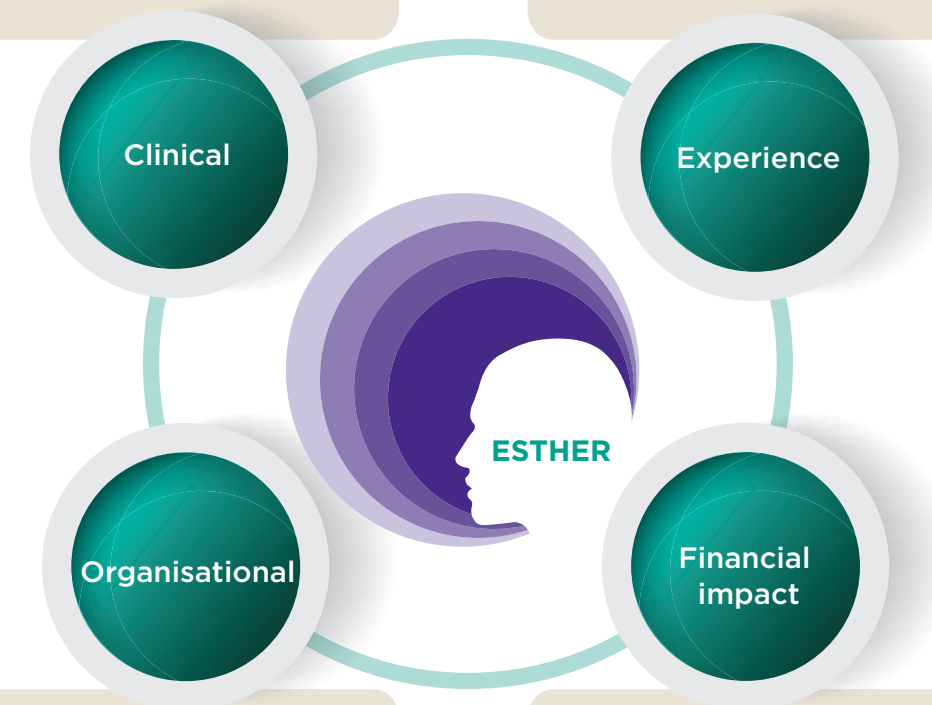
The model will be evaluated from several perspectives:

Clinical

- Have we achieved significant Quality Improvement outcomes for ESTHER?
- Is it provided in the most suitable environment?
- Are we "Making out-of-hospital care safer for both citizens and the professionals"?

Experience

- Have we improved ESTHER's personal experience of care?
- Have we improved the health and social care staff experience?
- Have we improved their morale and job satisfaction?



Organisational

- What effect has the ESTHER program had on stakeholders, including organisational / contractual change?
- What transformational changes have been implemented to produce the workforce for the future?

Financial impact

- Are we providing services that are better and cheaper?
- Is there a reduced need for acute admissions and long term care?
- Have we empowered ESTHERS and their carers to have more control over their own health and wellbeing?



How does the Design and Learning Centre take ESTHER to the next level?

- Ensure health and social care teams work with no boundaries doing “What matters to ESTHER” where ESTHER is a person with complex needs – clinical, mental or social
- Scale fast and disseminate locally, nationally and internationally
- Develop local, national and international networks on behalf of NHS England & Social Care
- Establish the ESTHER principles and logo with the Kulturm Centre, Sweden
- Work with regulators to establish credibility of ESTHER program
- Establish sustainable funding, locally, nationally and internationally
- Maintain a dynamic ESTHER web site to highlight progress/plans
- Create an ESTHER App to follow the growth of the network
- Spread the results at national and international conferences



Contact us

📞 +44 3000 422357

✉️ designandlearningcentre@kent.gov.uk

🐦 @Kentpioneers #design&learningcentre

Design and Learning Centre for Clinical and Social Innovation,
Innovation House, Discovery Park, Sandwich, CT13 9FF UK