

ESTHER

Implementation of the ESTHER model in Kent

KSS AHSN Care Home Collaborative event
20 March 2018

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Why Does it Exist?

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

Get in the Purple Zone

An Innovation Space for Professionals, Citizens, businesses & academics

Join us wherever you are

Inspiration for Innovation and transformation

Removing organisational & professional barriers

Finding the right solutions to make a real difference

Integrate together

A physical space with a virtual presence



Design and Learning Centre

CLINICAL & SOCIAL INNOVATION



The model was created in the region Jönköping in Sweden in 1997. The model had two main purposes:

1. To create smoother and safer pathways for ESTHER
2. To use providers resources more efficiently with a communal goal to always do what matters to ESTHER

But who is ESTHER?

ESTHER is a fictitious person and can be anyone with complex needs who requires care from more than one provider. The name ESTHER was given as this was a common name at the time and everyone knew an ESTHER!

While today ESTHER is a fictitious person in 1997 ESTHER was a real person who had to tell their story 32 times over 10 starting from the District Nurse that morning to the time she was admitted to hospital.

Key Features of the ESTHER Model:

- A cross organisational steering group committee to address organisational challenges
- Each area holds four ESTHER cafes per year and has to include at least one ESTHER who was hospitalised in the last year and is in receipt of home care or other services
- Interorganisational training for palliative care, nutrition, and fall prevention
- An annual strategy day to bring together staff across all organisations, ESTHER Coaches and ESTHERS to generate new ideas/priorities for addressing problems in care
- ESTHER Coaches!

Outcomes of ESTHER in Sweden:

- Reduction in hospital admissions from 9,300 in 1998 to 6,500 in 2013 (Höglandet Hospital)
- Reduction in hospital readmissions within 30 days for patients age 65, dropped from 17.4% in 2012 to 15.9% in 2014, this was lower for areas that introduced the “Welcome Back Home” package
- Decreased length of Hospital stay from 3.6 days in 2009 to 3 days in 2014
- ESTHERs reported in 2008 and 2011 that they feel safe

Not only focus on “**What is the matter with ESTHER**” but also look at “**What matters to ESTHER**”

See ESTHER and their representatives as **equal partners**.

Plan with ESTHER and not only for ESTHER.

Spreading knowledge about the model simultaneously among citizens/ESTERS, professionals and at a structural level.

- **Involvement**
- **Individualisation**
- **Integration**
- **Innovation**
- **Information**



ESTHER JOURNEY IN KENT SO FAR

January

Kent Integrated Care Pioneer Team attend a study trip to Jönköping Sweden to see the ESTHER Model in action where it originated.



June

The outcome of the bid submitted to implement the ESTHER model in Kent is successful.



January

An introductory ESTHER Café is held at Discovery Park where we shared the story of an ESTHER and their wife with the group about their experience of care following a hospital admission.



February

A cohort of 12 ESTHER Coaches graduate from Hawkings House following training with Anna Carlborn.



March

Hawkings House celebrates ESTHER name day.



April

ESTHER ambassador training is offered to teams and organisations to develop the ESTHER model within their organisation.



May

The first cohort of ESTHER Coaches including staff from health and social care graduates. In total 20 Coaches graduated and were all from the Thanet area, bringing the total number of trained Coaches to 32.



June

An ESTHER Café is held in Ramsgate at Customs House. ESTHERs shared their story to improve care in Thanet.



July

Hawkings House hold an ESTHER Café



August

ESTHER Coach training starts for our next cohort who are based around the Intermediate Care Team at Broadmeadow Registered Care Centre in Folkestone. This cohort will be running from July to December and will be evaluated to assess the impact on ESTHERs and staff satisfaction.



2016

2017



May

The Kent Integrated Care Pioneer Team submit a bid to NHS England for support to implement the ESTHER Model in Kent.



August

Anna Carlborn one of the ESTHER Co-Ordinators from Sweden joins Kent to support the implementation of ESTHER by working with Hawkings House and the Design and Learning Centre for Clinical and Social Innovation.



January

ESTHER Coach training starts for our first cohort in Thanet comprised of coaches from KCC, KCHT, KMPT and the CCG.



March

The first monthly ESTHER Newsletter for Kent is published.



April - May

The Kent Integrated Care Pioneer Team develop and introduce the ESTHER Ambassador Role through running an ESTHER Roadshow across East Kent to promote and raise awareness of the ESTHER Model. The Roadshow was open to health and social care staff and the public. 92 ESTHER Ambassadors were recruited.



June

An ESTHER Café is held in Margate at the Trinity Resource Centre. ESTHERs shared their story to improve care in Thanet.



July

The ESTHER coach training at Broadmeadow is being evaluated to assess the impact on ESTHERs and staff satisfaction.



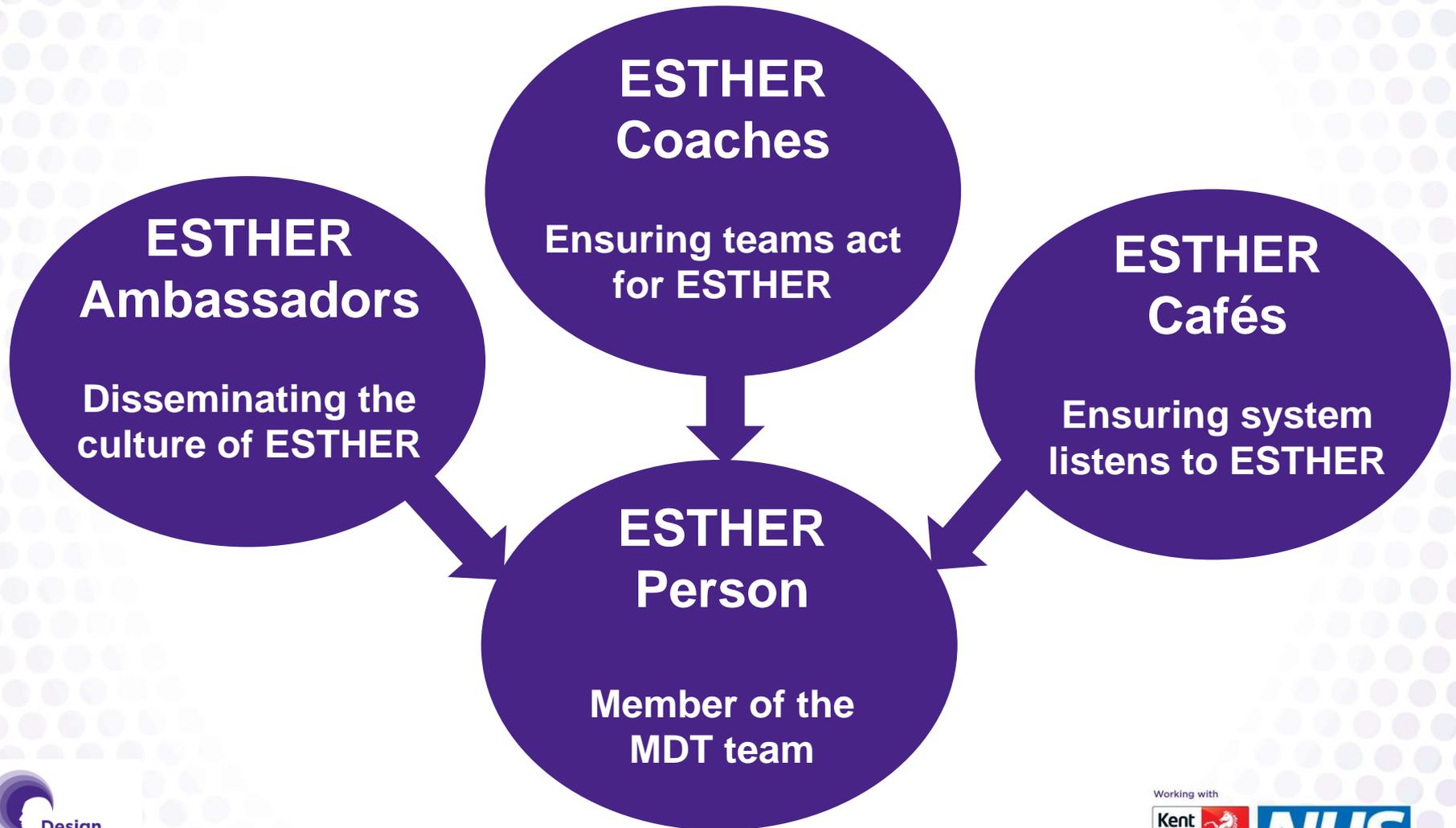
September

Broadmeadow hold an ESTHER Café.

Today!

A Digital Inspiration Day for ESTHER!

4 Levels of Continuous Quality Improvement for ESTHER: Bringing together culture and strategy with better outcomes



Achievements to date:

- Engagement events in the form of our “ESTHER Roadshow”
- ESTHER newsletter to distribution of 700 people
- Collaboration with Singapore and Sweden to continue to develop the ESTHER model
- The Kent ESTHER philosophy and way of working also gained recognition by national bodies, such as Health Education England and the Department of Health and Social care
- ESTHER inspiration event in November 2017

- **324** trained ESTHER Ambassadors who can be identified by a badge given following the training (from health, social care and sector)
- **50** trained ESTHER Coaches
- **7** ESTHER cafes

- The impact of ESTHER in Kent through film:
<https://vimeo.com/258783935>

ESTHER program – what is different?

Better, safer, cheaper and different

- **BETTER:**
 - Person is valued as part of the multi-disciplinary team
 - Conversation moves to “What matters to the person?”
 - Prevention and care keeps person more safely in own home
- **SAFER:**
 - Care less fragmented with all organisations, professionals and person /carer working as a team - continuous quality improvement at all levels
- **CHEAPER:**
 - Less need for long term and complex care packages
 - ESTHER / carer / relative empowered to be involved in care
- **DIFFERENT:**
 - Default place of safety is community not hospital
 - Person/carers part of the solution
 - Workforce works in different way

- ESTHER e-learning package currently being developed, which will be rolled out from April.
- Soon to launch 2018 programme of Ambassador and Coach training dates – at least one session per month.
- Development of an ESTHER app.
- Design and Learning Centre website to go live from April which includes an ESTHER forum.

- By December 2018 we want to achieve:
 - 1000 Ambassadors
 - 10 Train the trainers
 - 80 Coaches
 - 20 ESTHER cafes

Further information on ESTHER:

- **Webpage:** <https://www.kent.gov.uk/social-care-and-health/information-for-professionals/design-and-learning-centre-for-clinical-and-social-innovation>
- **Our ESTHER Brochure:**
https://www.kent.gov.uk/_data/assets/pdf_file/0007/69748/What-matters-to-ESTHER-brochure.pdf
- **The ESTHER Network Webpage:**
<http://plus.rjl.se/infopage.jsf?childId=2764&nodeId=31383>
- **Email:** designandlearningcentre@kent.gov.uk