Elisabetta’s Blogg and video about Esther

Is Sweden’s model of integrated care a beacon of light for the NHS?

Elisabetta Zanon is director of the NHS European Office, a part of the NHS Confederation.


Esther back in London

Big investments have been done in the recent years to change this and the area now has a positive air and a strong believes in the future.

My hosts, from the health and social care integration were keen that both they and I should get the most out of this visit. To ensure that we started by visiting one of the six cluster teams in the area to get an insight in how they work. Impressive to hear about the regular weekly meetings where they discussed and planed care services for people who´s needs had been identified either by professionals such as General Practitioners and hospital staff or the persons themselves.

A difference to Sweden is that more of the daily care is provided by relatives and friends and also the fact that the care package is given to the person as a check which can be used to pay for care from any provider who offers the service. No approval of the provider has to be made by the borough social workers, which is the case in Sweden.

In April Esther was once again invited to London to present how we work with integrated care. This time in the Borough of Barking and Dagenham, east side of the city, an area that traditionally has a low level of education and high levels of unemployment and also some social problems and a higher rate of health problems.
The lunch was served at a local café operated by people with learning disabilities. The work has been sponsored by the borough, but from this year the finances go even so the café is now self sufficient.

With a varied menu of tasty food and nice staff it is no wonder it is a popular place to eat. After lunch it was time for the main event, Health and Wellbeing Board Development Afternoon.

The Esther model of integrated care was presented alongside Mrs. Smith from Torbay and Southern Devon Health and Care Trust, presented by Cathy Williams. After the presentations there was and Q and A panel with some challenging questions like if and how the models are applicable in child and family care as well as elderly and how to engage all staff in the model.

This was followed by work in smaller groups to develop how to use the new knowledge in the everyday work. Day 2 started with a site visit at the newly opened Leisure Center. Really impressive with possibilities for physical activities for everyone as it contained 2 swimming pools, a high tech gym, different size rooms for gym classes, a wonderful spa department alongside an area for children where parents could have a cup of tea or coffee while overseeing their little ones climbing and playing.

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It was truly amazing to see the possibilities of physical activity easily accessible for anyone at a decent price.

Next stop was Queens Hospital where I met the discharge team. A team containing both nurse, social worker and, when needed, physio therapist and occupational therapist, to get the full picture of the patients’ needs prior to discharge. This is a winning concept to cut down hospital days and prevent readmissions. My last stop was to meet up with Michael Wood from NHS Confederation in central London. I, as a representative for the Esther network was once again challenged with questions about why and how we created the network, how we get involvement from different providers of care and future challenges.

All in all two days containing a lot of new knowledge and hopefully mutual learning.

Anna Carlbom Esther coordinator
Short review of Esther’s local work

In May Esther had an exam for another 20 improvement coaches. During the winter they have learned about improvement tools, solution focus, made site visits and finally showed their new skills by doing a work based improvement project. A couple of examples are to give the residents in a resident home more influence on the menu and health coaching within psychiatric care.

As Esther is just one of many similar care improvement networks in Sweden there is a yearly gathering where the networks meet and exchange experience and news. This year Esther presented news about work to cut back unnecessary readmissions to hospital, mobile geriatric team and the visit from Minister Norman Lamb.

Early June this year the caregivers of the network agreed on a new joint routine concerning Frail elderly Esthers. The routine describes who does what, when and how to exchange information in order to ensure that this group of Esthers at every given point gets the optimum care and prevent gaps in the care chain.

Reflections from visitors to Esther Network

My first reaction was that I wish my mother in law would live in Eksjö because of the way the patients and healthcare professionals relate to each other, which is both sensible and sensitive. The practical results are very clear to me and I will do my best to describe them in the US. I hope to hear more about the wonderful work of the Esther network.

Laura Leviton President of the American Evaluation Association

Thank you for allowing us to visit you and see with our own eyes that what we only dream about in our country is truly possible to achieve through teamwork, dedication and a commitment to always ask ‘Is this the best for Esther?’ I was truly impressed by the sincere commitment of Nicoline and everyone else that represented the Esther network at our visit as well as the patience and tolerance of leadership in this region which has allowed Eksjö to be a laboratory of learning.

Galina Gheihman Medical student Harvard University