The management of the Singapore Health Services (SingHealth), one of the regional health systems (RHS) in Singapore, visited the Jönköping County Council on 1st and 2nd October 2014 to review the best practices in care integration internationally. Following their brief trip, SingHealth was inspired by Esther Network to develop a localised Esther Network in Singapore.

This attachment was subsequently organised for three medical social workers from different RHS in Singapore, with the purpose of gaining further understanding of Esther Network.

The three members in the team are: Tan Jie Bin from Singapore General Hospital, Karen Poh from Tan Tock Seng Hospital, and Muhammad Muzzammil from Changi General Hospital.
**Esther Network**

What is best for Esther? – From care providers in the municipality, to staff in the acute hospitals and primary care, and politicians in the county council, this is the constant question that we have heard throughout our five weeks attachment at the Esther Network. “What is best for Esther?” was consistently heard like a chorus, connecting the various care systems together, creating a symphonic piece that delivers coordinated care for Esther.

The care providers’ unwavering commitment to providing the best care for Esther appeared to us as the central of Esther Network.

Esther, who is often overlooked in the care systems because of professional and bureaucratic agendas, has had a greater voice in the care systems because of the Esther Network. The predecessors of the Esther Network and the current leading coordinators have, over the years, managed to draw emphasis to the importance of involving Esther in her care. Involving Esther and allowing her to participate in her care have now gained deeper roots in the consciousness of care providers.

By doing so, the Esther Network is developed into an open, common, and neutral platform that brings together municipalities, primary care providers, and acute hospitals in the region to provide well-coordinated care for Esther.

By syncretizing the spirit of continuous quality improvement and that of person-centred care into the essence of the Esther Network, staff working closest to Esther have been able to champion improvement works to enhance the care provided for Esther. Staff are empowered to carry out quality improvement projects within their institutions and inter-institutions, revealing the synergistic benefits of the network and involvement of Esther.

**Our Five Weeks Journey**

We have spent a total of five weeks in Jönköping, Sweden. The highlights of our first week were meeting with the father of Esther Network, Dr Mats Bojestig, being introduced to the Swedish health and social care system, as well as attending an Esther café and participating in an Esther coach retreat. The first week gave us better insights of Esther Network and the context in which Esther Network sits in, facilitating our understanding of the works of the municipality, primary care, and hospitals in the following weeks.

During our second week, the focus was learning from staff of Qulturum about tools and measurements for quality improvement projects. We have benefitted much from the generous sharing of the experts in quality improvement at Qulturum. We were also given the opportunity to learn about the Eksjö municipality and how elderly care and social care are organised. In addition, we were very privilege to shadow nursing assistants to understand their daily work.

We were amazed at the quality of home care provided for elderly living at home and were inspired to work toward improving the care for our elderly in Singapore.

During our third week, we attended the annual Esther Network strategy day. There, we were refreshed by the passion and enthusiasm of leaders and workers in pledging their commitment to improving care for Esther.

We also visited various units in the Eksjö hospital as well as Tranås municipality in the third week to gain further understanding of the works of staff in these organisations. Our favourite segment of the third week would be the engaging dialogue with an Esther who is actively involved in Esther Network: Mr Inger Werner.
We were spell-bound by his endless energy, wittiness, and his great capacity to love. In the following week, we were warmly welcomed at GGVV, specifically in Gislaved and Gnosjö municipality. We had the pleasure of meeting many passionate staff who are dedicated toward providing quality care for elderly in their community. We were particularly intrigued by the employment of technology to aid staff in their work in GGVV.

Toward the end of our stay, we had the opportunity to visit the primary care in Vetlanda. It was an eye-opening experience learning about the varied responsibilities and works that the primary care centre has engaged in. This also opens up our minds to the possibilities and potential of the future development of our primary care.

For our final week of stay, we had the opportunity to share with our Swedish friends on our learning journey and reflections of the Esther spirit, which we hope to bring back with us.

**Bidding Farewell**

Amidst the cold autumn, we felt the Swedish warmth wherever we went. We are immensely grateful to all the friends who drove us between meeting points, helped us figure out the Swedish systems (health, social, and transport), and made us feel at home. We would like to thank everyone who have helped to make this trip possible for us with all the liaisons, arrangement for our schedules and accommodations. We know this is hard work and we really appreciate it very much.

Returning to Singapore, we hope to embark on the next phrase to share with our colleagues and partners about the Esther Network. We hope to continue engaging you in Sweden by sharing our reflections and learning experiences on the blog ([https://gulturum.wordpress.com/2015/09/16/bringing-esther-to-singapore/](https://gulturum.wordpress.com/2015/09/16/bringing-esther-to-singapore/)). We look forward to developing our own Esther Network and for the efforts of improving care for Esther to continue developing.

**Vi önskar er all lycka och tack så mycket!**

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**EU models of care**

The NHS European Office is working with NHS England to provide support to the Integrated Care Pioneers, vanguards, and Integrated Personal Commissioning sites.

This package of support aims to help NHS colleagues develop links and share learning with organizations at the leading edge of integrated care in other parts of Europe.

During 2015/16, we will be focusing on four different EU models that could be of interest to NHS colleagues looking to transform how they provide care for their populations:

- **Alzira** in Spain
- **Buurtzorg** in The Netherlands
- **The Esther Network**, Jönköping, Sweden
- **Gesundes Kinzigtal** in Germany

We completed a series of webinars on each of the four models. Colleagues were able to hear from, and question, the European leaders responsible for developing and evolving their particular model of healthcare.

You can listen to the webinars at [http://www.nhsconfed.org/eumodelsofcare](http://www.nhsconfed.org/eumodelsofcare)
Hydration project for care home residents (UK)

“I became interested in dehydration in the elderly when I was working at a hospital while I was an undergraduate nurse student. I realised how little was done to help these people drink. Hydration should be seen as a part of nutrition, but is often treated as a separate issue. This certainly seemed to be true in the hospital I worked where my entire time as a care assistant was spent providing personal care such as washing and toileting with a break for protected meal times devoted to providing adequate nutrition (not hydration). I then also realised there was also very little literature addressing this issue. A few years later, after completing a systematic review on nutritional interventions to prevent healthcare associated infections in the elderly, the issue appeared again. There were no papers that described promoting optimal hydration to prevent these infections; therefore this became a focus of my study. I chose care homes for a few reasons. Optimising hydration should be an ongoing process and it is unlikely we would see a significant change in a few days most patients spend in hospital. The quality of hydration care in care homes has always been a concern and I found there was very little academic literature on hydration in care homes in UK.” (Quote Aggie Bak UK)

Short summary of her findings:
What Aggie found as she was trying to find a care home that was interested in participating in a hydration project was that there were several reasons for the lack of hydration and interest in the subject. Lack of resources, lack of knowledge and competence in the care home staff and issues with communication. The big challenge she saw was that neither nurses or care home staff was aware of most of that but thought knowledge and competence was good enough. Aggie has after this extended her research to include depth interviews with staff as well as residents and their families.

When that is finished she will create a process map to inform the next steps. If you are interested in knowing more about the project you are welcome to email Aggie at: aggie.bak@uwl.ac.uk

We wish you all
Merry Christmas
and a Happy New Year!

Esther Network workgroup

@EstherNtverk