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NHS
Sandwell and West Birmingham
NHS Trust

iCares: Own Bed Instead Response to Predicted COVID-19 Hospital Admissions – 1 Year on

Own Bed Instead
The Own Bed Instead (OBI) team consists of:

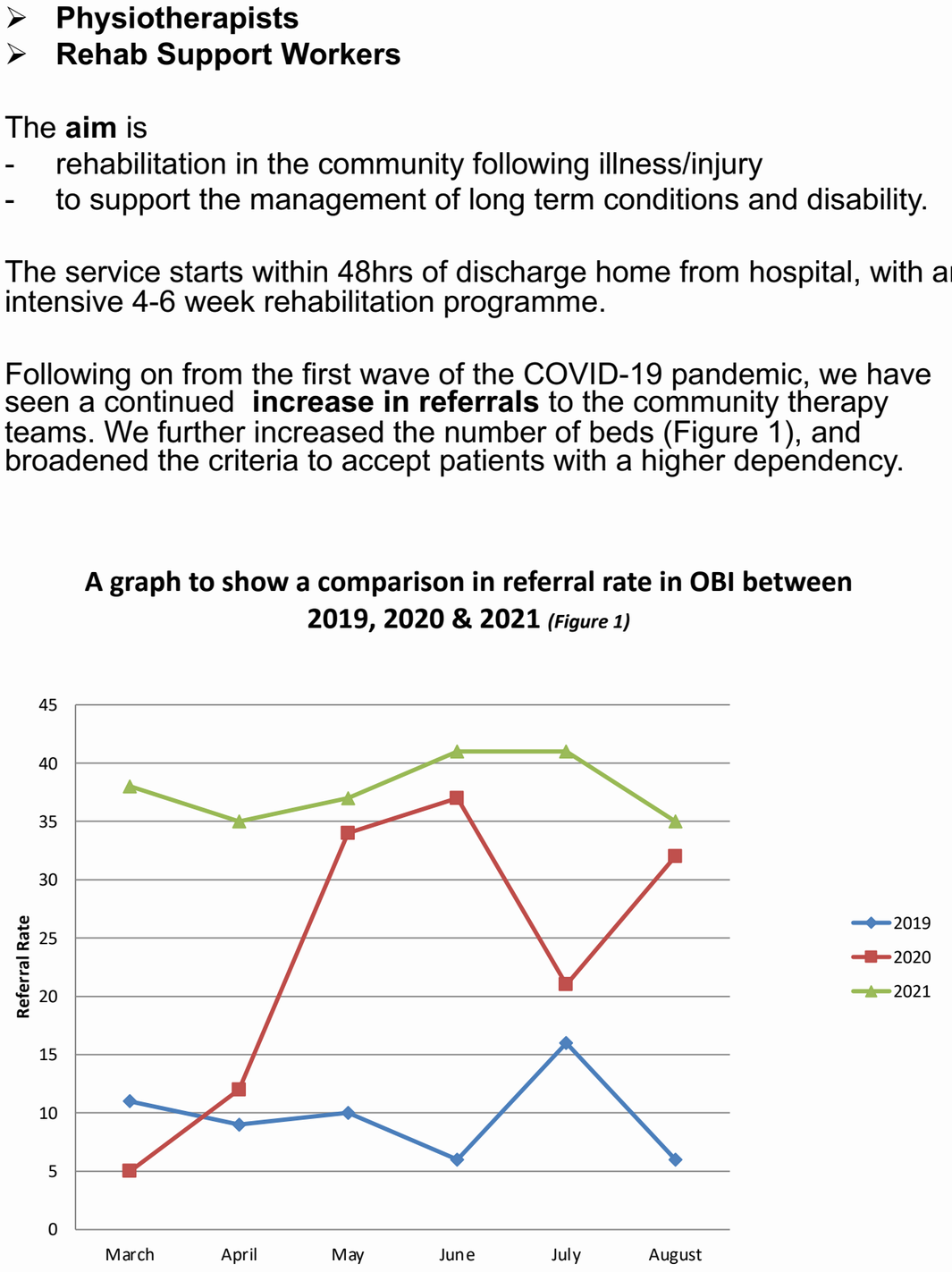
- **Assistant Practitioners**
- **Case Managers**
- **Occupational Therapists**
- **Physiotherapists**
- **Rehab Support Workers**

The **aim** is
- rehabilitation in the community following illness/injury
- to support the management of long term conditions and disability.

The service starts within 48hrs of discharge home from hospital, with an intensive 4-6 week rehabilitation programme.

Following on from the first wave of the COVID-19 pandemic, we have seen a continued **increase in referrals** to the community therapy teams. We further increased the number of beds (Figure 1), and broadened the criteria to accept patients with a higher dependency.

A graph to show a comparison in referral rate in OBI between 2019, 2020 & 2021 ***(Figure 1)***



In response to growing pressures on acute services, there has been a national drive to support increased community services such as OBI to support patients safely in their homes. The discharge to assess (D2A) model has been implemented since September 2020 with an intention to support more people to be discharged and assessed in their own home.

OBI is to be integrated within this model to support patients being discharged from hospital to continue to aid timely, efficient and safe discharges.

To support this new model of working there has been an increased recruitment drive of healthcare professionals including case managers, occupational therapists, physiotherapists and rehab support workers within the OBI team.

Sandwell
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This new way of working is further strengthening the working partnership between Health and Social Care, with results being seen and heard from excellent patient feedback. With this integrated work we are seeing improved discharge processes with the right people assessing in a timely manner to ensure people are not staying in a hospital bed for any longer than they need to.

OBI team virtual weekly MDT ***(Figure 2)***

OBI continues to implement robust strategies to ensure the quality of care for our patients remains high despite rising caseload numbers. These include: Rehab prescriptions for personalised goal setting using SIGA goals; Individual patient-centred care plans; TOMS outcome measure; Weekly MDT (Figure 2).

MISSION STATEMENT:
Health and Social Care partners in Sandwell are committed to supporting people to be independent, reduce health inequalities, with a focus on person centred outcomes that improve the health, wellbeing and quality of life of its citizens. In line with best practice and the Covid-19 Hospital Discharge Policy we will work together to prevent the need for unnecessary hospital admissions, minimise the length of time that people need to remain in an acute/community care setting and support people to return and remain safely at home.

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Community iCares Team