

## **ADULT SERVICES**

The core purpose of Adult Services is to help people and their families and networks to achieve the outcomes that matter to them in their lives, enhance their wellbeing, maintain independence and be safe. Adult social care services work with anyone who might have a care and support need and people who are informal carers of others. This means we work with older people, people with learning disabilities, people who are mentally unwell, people have long term health conditions and people with physical disabilities.

## **ADULT SERVICES STRUCTURE**

See page below. [Here](#) is the PDF version of this chart.

CACH Shadowing Scheme - Summary of Adult Services - April 2020



## **FRONTLINE OPERATIONAL SERVICES**

### **INFORMATION AND ASSESSMENT TEAM**

The **Information and Assessment Team** is the main point of contact for Hackney residents over the age of 18 who want to make general enquiries about adult social care services and community-based support.

The team provides information and advice to residents, completes initial contact assessments for anyone not already in receipt of a social care service and signposts on to other services such as sensory support or Occupational Therapy where that is appropriate.

The team also determines whether a resident is eligible for Council funded support through the completion of a Care Act assessment and follow up any safeguarding concerns of abuse or neglect.

### **INTEGRATED HOSPITAL DISCHARGE SERVICE**

The **Integrated Hospital Discharge Service** is an alternative first point of contact for those residents who are in hospital. This service is based at the Homerton University Hospital and includes Social Workers, Discharge coordinators and the Continuing Healthcare (CHC) Team as part of a multi-disciplinary approach to assessing people for their eligibility for adult service or CHC support prior to their discharge from hospital and signposting them to voluntary and third sector agencies where that is more appropriate.

Although the majority of people they support are at the Homerton, they also work with any acute ward where Hackney residents are based and with other local authorities to facilitate the discharge of non-Hackney residents from the Homerton.

Following an assessment, residents access a range of prevention and reablement services designed to keep them living as independently as possible.

### **INTEGRATED INDEPENDENCE TEAM**

The first of these is the **Integrated Independence Team (IIT)**. This is a multi-disciplinary team including Social Workers, Occupational Therapists, Physiotherapists, Geriatricians, Speech and Language Therapists, Nurses and Independent Assistants.

It integrates intermediate care and reablement services to provide a streamlined approach to promoting independence through reablement support for up to six weeks and preventing unnecessary hospital admissions.

The service works with people living within the City and Hackney Clinical Commissioning Group (CCG) area who have recently being admitted to hospital, or had a period of illness or who require support to live independently and focuses on promoting independence in community-based settings.

### **OCCUPATIONAL THERAPY SERVICE**

The **Occupational Therapy Service** works with people with physical impairments and their carers to maintain and reduce their care needs by providing early interventions – carrying out assessments and by providing advice, support, equipment and adaptations to maximise their level of independence and wellbeing.

The Occupational Therapy Service is also responsible for Hackney's Integrated Community Equipment Services (ICES), including Telecare. These services aim to maintain a person's independence, prevent hospital admission and reduce care packages by them to live safely and securely.

### **SENSORY TEAM**

The final team that forms part of the prevention and reablement services is the **Sensory Team**. This offers assessment and rehabilitation for adults with a sensory need, helping them to remain active and independent by access to education and community services.

Residents with longer term needs following a period of reablement are supported by one of three services; the Long Term Care Service, the Integrated Learning Disabilities Service or the Mental Health Service.

### **LONG TERM CARE SERVICE**

The **Long Term Care Service** works in partnership with all adults (over 18 years old) with long term conditions, including older people, who have already been assessed for Council-funded support, their families, communities, other Council departments and other organisations including the health and the voluntary sector.

The service includes Social Workers and Review officers and is responsible for completing Care Act assessments, Care Act support plans and reviews for older people who do not have a mental health condition or a diagnosed learning disability. The service helps people living at home to access community-based services, or supports their transfer into Housing with Care, Residential Care or a Nursing Care settings. It is also responsible for referring people for reablement following periods of injury or illness.

### **ADULT SAFEGUARDING / DEPRIVATION OF LIBERTY TEAM**

Over-arching the entire social care pathway is the Safeguarding Adults / Deprivation of Liberty Safeguards (DoLS) Team. This team provides support, advice and guidance in relation to adult safeguarding, the Mental Capacity Act 2005 and DoLS to all Adult Social Care teams and strategic partners across the borough. It also supports Social Workers with any high risk and complex cases and acts as the supervisory body for DoLS authorisations in care homes and hospitals.

### **INTEGRATED LEARNING DISABILITY SERVICE**

The **Integrated Learning Disabilities Service** is a multi-disciplinary service including Social Workers, Psychologists, Psychiatrists, and Speech and Language Therapists.

The team carries out eligibility assessments, reviews, and specialist interventions and support for adults who have a diagnosed learning disability residents to enable them to live well, remain mobile and to learning new skills. The service is responsible for supporting their transition from young people services into adulthood, for providing advice about aids and adaptations and for integrating social care support with psychological, psychiatric and behavioural interventions.

### **MENTAL HEALTH SERVICES**

Hackney's Mental Health Services are delivered through a Section 75 NHS Act partnership agreement with the **East London Foundation Trust (ELFT)**. Access to these services is either through the Information and Assessment Team, the Integrated Hospital Discharge Services or

through the **City & Hackney Adult Mental Health Referrals and Assessment Service (CHAMHRAS)**. The latter is a one-stop, single point of referral for adults and for health and social care professionals to mental health services.

**Mental Health Care of Older People (MHCOP)**, also known as the Community Mental Health Team (CMHT) for Older People, is a multi-disciplinary team that includes Social Workers, mental health nurses, Occupational Therapists, Psychologists, Psychiatrists and support workers. It works with service users, carers and family members to provide health and wellbeing support for residents aged over 65 with functional mental illness and dementia under Care Programme Approach (CPA). The service offers nursing home support as well as carers education and support.

The new City and Hackney Dementia service is part of MHCOP and offers assessment and diagnostic service for patients with suspected dementia or mild cognitive impairments. This new service holds patients with mild to moderate dementia from diagnosis until the end of their life.

### **PROVIDED SERVICES**

Provided Services is the Hackney's in-house provision of care services. It includes **Housing with Care**, **Oswald Street Day Service** and its associated transport, and the **Homeshare Daycare Scheme**. Housing with Care is aimed at adults over the age of 55 years whilst Oswald Street and the Homeshare Daycare Scheme are for people over the age of 18. People who use these services include older people, people with learning disabilities, people with dementia and people with physical disabilities. Additionally Housing with Care also supports some people with mental health problems with a social care need.

**Hackney Shared Lives Scheme** provides accommodation services for vulnerable adults. We recruit, assess, support and train people who live in the borough to become carers. We "match" the vulnerable person with the carer, thus enabling them to live in the community, and enjoy the support that this unique relationship brings. Placements can be short term, respite, long term and we can be flexible with any request.

### **BACK OFFICE SERVICES**

### **ADULTS COMMISSIONING**

Commissioning is the process where we identify, buy in and monitor services to meet the needs of residents. The following teams support this process:

- **Procurement team** - deals with the sourcing activities, negotiation and selection or purchasing of adult social care, and advice on procurement law
- **Brokerage team** - help find the services local residents need, such as home care packages or residential care
- **Quality Assurance** - Check on the quality of the care being provided by services we contract with, and where services have difficulties they help them improve quality.
- **Mental Health Commissioning** - Identify need, buy and monitor services for people with mental illness, homelessness and prevention services in partnership with Public Health
- **Integrated Learning Disability Commissioning** - identify need plan, buy and monitor services for residents with learning disabilities and Autism jointly with CCG commissioners, as a joint team.
- **Older People and Longer Term Commissioning** - Identify need, buy and monitor services for people aged 65 years and over and carers of all people needing support by adult services.
- **Performance Team** - that supports with data, intelligence and performance reporting for the department.
- **Programme Management Office** - made up project managers and project officers that are supporting transformation, change and projects for the department.
- **Direct Payments Team** - that works with people who use services and their allocated workers in setting up direct payments for people which is a way of people receiving the budget for their care package directly and having more choice and control over how their care package is delivered.

### **Business Hub and Workforce Development Team**

- **Workforce Development Team** - that support the learning and development of the workforce across the department.
- **Business Hub Team** - that supports with complaints, business support, members enquiries and Freedom of Information requests for the department.