Brent Adult Social Care: Prevention Strategy

April 2024-2028

Living your best Life

Brent

Contents

1 Introduction

This document sets out a strategy for the Brent Adult Social Care (ASC) Department's offer for prevention. This strategy will:

- Set out what prevention means in the context of Brent Adult Social Care.
- Outline the vision and strategic priorities in prevention for the Brent Adult Social Care Department.
- Review the existing offer in preventative care and support.
- Outline the focus areas for delivering the strategy over the next four years.
- Set out how the detailed implementation plan will be codesigned and implemented with resident engagement at the centre.

This strategy has been developed through discussion with health and social care organisations, feedback from staff and analysis of data about Brent.

This strategy is a health and social care focused strategy, rather than Council-wide. It includes elements of other departments where they interface with ASC. Broadly, in scope of our strategy are prevention and reablement services that support Brent residents and carers, and those provided by organisations or services that interface with the ASC Department. Within this strategy we have been careful to make the distinction between areas of prevention that Adult Social Care are responsible for delivering and areas of prevention for which ASC play an influential role as a partner in the Brent Health and Social Care system.

1.2 Welcome Letter

I am proud to introduce Brent's Prevention Strategy, a joint initiative between health and social care that reflects our shared commitment to prioritising prevention in everything we do. This strategy is a vital step in our journey towards creating a healthier, more equitable community where everyone can live independently, with dignity and choice.

Our vision is to deliver varied and sustainable preventative care and support that meets the diverse needs and preferences of our population. We aim to empower individuals to live as independently as possible in their own homes and to achieve their full potential. By focusing on preventative and rehabilitation models, we want to support people in leading full and active lives, with greater choice and control over the care they receive.

This strategy represents a significant shift for Brent's Adult Social Care services. We are moving towards a model that prioritises preventing, reducing, and delaying the deterioration of health and wellbeing. This shift is not just about changing how we deliver services; it is about addressing inequalities and ensuring that our resources and interventions are aligned with the needs of our communities.

Brent Adult Social Care is committed to working in partnership with health and other system-wide organisations to focus on prevention at every stage. Whether addressing the wider determinants of health, targeting specific at-risk populations, or supporting individuals with complex needs, we aim to ensure that all Brent residents have the opportunity to live healthy, fulfilling lives.

We acknowledge there is more work to be done. Improving how we co-produce solutions with our communities, ensuring equality of access and outcomes, enhancing our 'front door' services, and strengthening case management are just a few areas where we must focus our efforts.

Prevention, as defined by the Department of Health, is about "helping people stay healthy, happy, and independent for as long as possible." This philosophy underpins our strategy, and we will continue to embed it across all levels of our system and service delivery.

This is not a journey we can take alone. Collaboration and partnership with our health and system colleagues, as well as our communities, will be crucial to the success of this strategy. Together, we can create a future where prevention is not just an aspiration but a reality for everyone in Brent.

Thank you to all who have contributed to developing this strategy. I look forward to working with you to bring it to life.

Claudia Brown
Director Adult Social Services (DASS)

1.3 Executive Summary

Our vision is to deliver varied and sustainable preventative care and support, which provides our diverse population with options that can best meet their needs and preferences. We wish to deliver preventative and rehabilitation models of support which help people to live as independently as possible in their own homes and to reach their full potential. We aspire for people who access Social Care services to lead full and active lives where they are supported to be as independent as possible, with choice and control over the support they receive.

Brent is committed to creating a shift in the Adult Social Care service delivery so that the needs of Brent residents are considered from a perspective of preventing, reducing and delaying the deterioration of health and wellbeing. This shift in delivery will therefore mean a shift in resourcing and service interaction for Brent Adult Social Care residents, staff and teams underpinned by our mission to address inequalities.

Brent Adult Social Care are committed to prevent, reduce and delay the deterioration of health and wellbeing. We will:

- Work in partnership with the wider system to prevent the deterioration of health and wellbeing in the population of Brent, with a focus on areas at risk of the impact of inequalities.
- Target cohorts of the Brent population to reduce deterioration and further needs developing.
- Enable residents within Brent with complex needs to live as independently as possible and therefore delay the deterioration of health and wellbeing.

We know we need to improve in several areas, including better coproduction with our communities, enabling equality in access, experience and outcomes, improving our ‘front door’ and case management, and improving our overall offer.

1.4 What Do We Mean by Prevention?

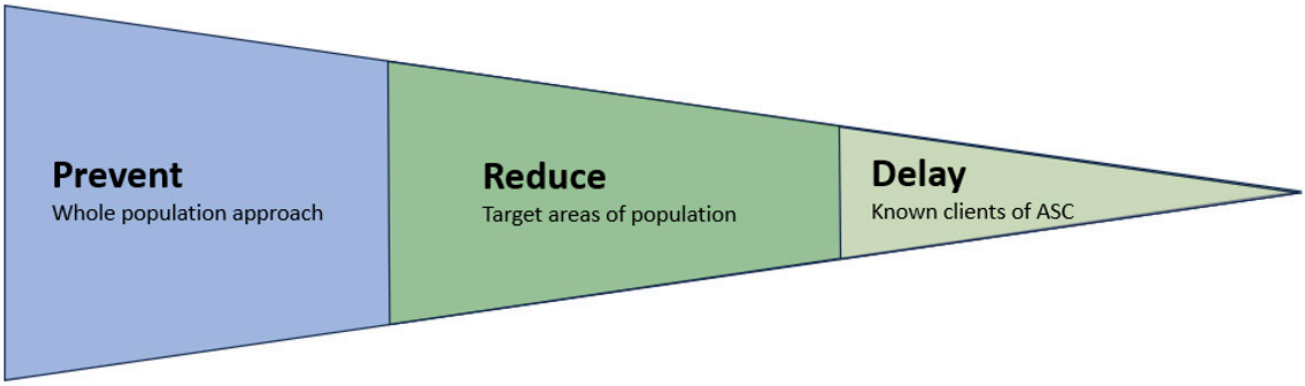
The Care Act Statutory Guidance (Department of Health, 2014) notes that there is no single definition of prevention and that different local approaches may be developed to fulfil councils' legal duties around prevention. The lack of consensus over a definition can make identifying what constitutes preventative services difficult, it can also make evaluating them challenging.

For the purpose of this strategy we will use the Department for Health (2018) definition of prevention;

"Helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven."

Within social care, and as outlined in the Care Act Statutory Guidance (2016) every interaction with a person in any form should include consideration as to whether the person's needs could be reduced or needs could be delayed from arising (Skills for Care, 2019). Prevention should be regularly reviewed for individuals and the population at all levels of the system and service delivery.

When considering prevention in the context of Adult Social Care, it is vital to work closely and integrate planning with system partners. For the purposes of the Brent Adult Social Care prevention strategy, population demand and corresponding service provision has been considered through the lens of primary, secondary and tertiary prevention as outlined in the diagram below:



Primary
This approach applied to the **whole population**. It includes a universal service offer with a wide range of services. These interventions help individuals by avoiding the need for care.

Secondary
This approach targets **cohorts of the population** that are at risk of developing needs. This offer can prevent a crisis from occurring.

Tertiary
This approach is **aimed at individuals who have complex health conditions** and supports minimising the effect of deterioration.

Brent is committed to creating a shift in the Adult Social Care service delivery so that the needs of Brent residents are considered from a perspective of preventing, reducing and delaying the deterioration of health and wellbeing. This shift in delivery will therefore mean a shift in resourcing and service interaction for Brent Adult Social Care residents, staff and teams. In creating this shift, inequalities across Brent must be considered at every stage.

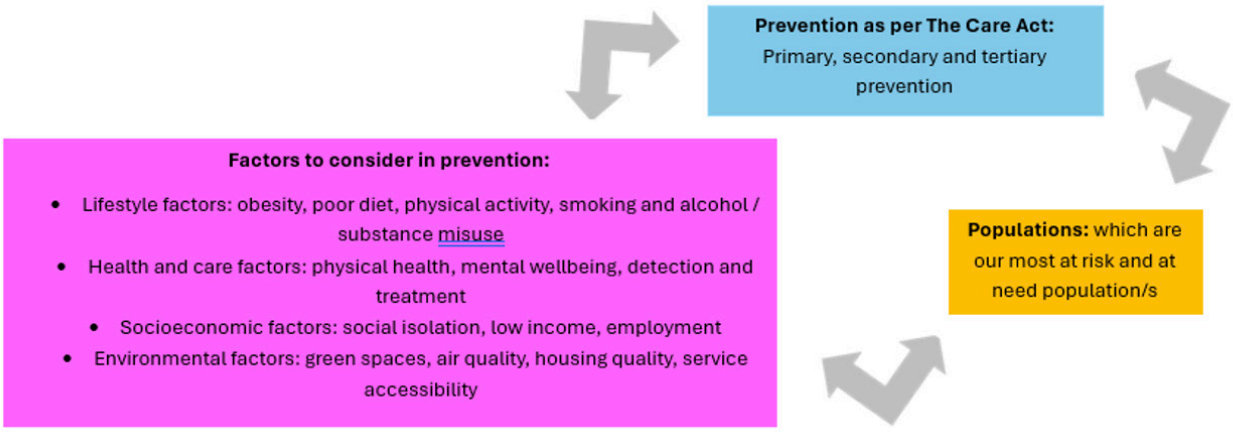
Current state: Reactive service delivery based on the deteriorating needs of cohorts in the population. The increase in demand and challenges facing ASC department are resulting in strain on delivering the right services at the right time for residents.

Future state: The population of Brent are proactively empowered to manage their health and wellbeing. Brent ASC have reconfigured service delivery to facilitate a prevent, reduce and delay approach.

Frameworks for prevention generally capture the wider determinants of health that can impact a population. These include, but are not limited to:

- Lifestyle factors: such as obesity, poor diet, physical activity, smoking and alcohol / substance misuse
- Health and care factors: such as physical health, mental wellbeing, detection and treatment
- Socioeconomic factors: such as social isolation, low income, employment
- Environmental factors: such as green spaces, air quality, housing quality, service accessibility

Whilst Adult Social Care don't directly deliver all of these services, we play an important role in signposting and working with partners to design services that meet the need of the population.



1.5 National Context – The Care Act

Prevention is one of the seven key responsibilities for local authorities highlighted by The Care Act 2014. Specifically, local authorities must provide or arrange services that help reduce people's need for care and support, or delay deterioration that could lead to the need for ongoing care and support.

The Care Act Statutory Guidance (2016) further highlights the critical role of a care and support system to **"actively promote wellbeing and independence"** and **"not just wait to respond when people reach a crisis point"**. Intervening early can better support individuals and prevent or delay deterioration.

To meet the responsibilities for prevention laid out in this guidance, Brent Council's ASC Department must follow this guidance:

Support all adults	Including: • Those who do not have any current care or support needs • Those with care and support needs, whether or not their needs meet the authority's eligibility criteria • Carers
Provide a holistic offer that meets the needs of all	• Prevention and preventative interventions can include a broad range of services, resources, types of support and facilities • Can be aimed at a large population or targeted to individuals, groups, or communities • Support options must be holistic and suitable for meeting the diverse needs of the population • All needs must be considered and met
Promote an individual's wellbeing and consider their life holistically	Including: • Consideration of how family and friends can help a person meet their goals, and any skills, ambitions, or priorities the person already has to help them • Supporting carers to maintain their own health and wellbeing alongside caring duties
Offer community services	• Where support at home is not available to a person, preventative interventions must be provided through community services that work to help the individual or individuals in need live a healthy and independent life
Give residents choice	• About the support they receive • Based around their goals • To promote self-reliance, independence, and resilience
Co-produce interventions and deliver locally	• Interventions should be co-produced with the community, including residents, families, friends, and carers • Preventative services should be developed and delivered locally, with local partners and aligned to other services such as public health, the NHS and housing • Integrate supported offer to reduce delays to care and prevent deterioration
Offer targeted, affordable interventions	• Proactively identify and target which individuals need preventative care and support and enable them to access the right services whilst balancing affordability

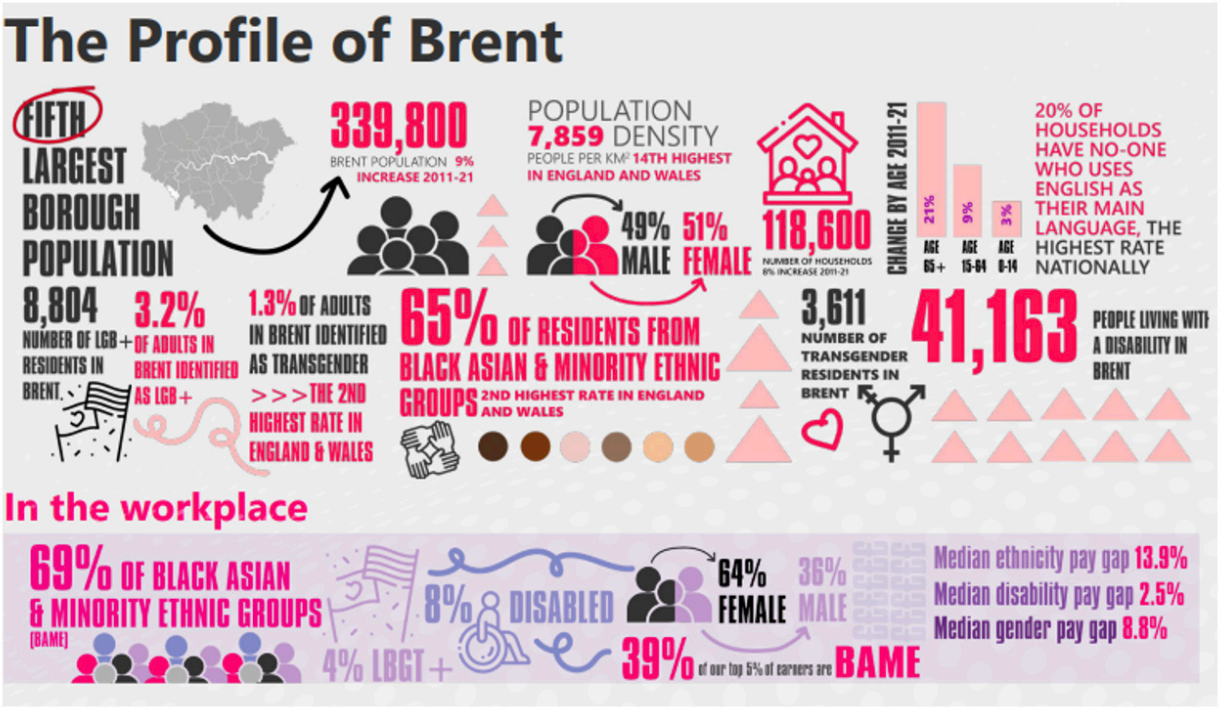
1.6 Local Context

Adult Social Care: An Overview

Brent is a large and diverse borough in North West London. The population of Brent is estimated at 329,800 and it is the second most ethnically diverse population in London.

ASC works to support Brent residents to live independent, safe, happy, and fulfilling lives, as set out in our Vision for Adult Social Care.

Brent's ASC service is currently providing care and support services to over 4,000 people. The number of residents requiring preventative services is expanding, but there are ongoing pressures on services to offer the right capacity to meet this demand and achieve the desired impact and outcomes. ASC represents a significant investment for Brent Council. Our gross spend for 2022/23 was roughly £140m.



We carried out **8,302 assessments**

We **supported 2,295 people out of hospital**, 343 more than in 2021/22

The number of **residents in supported living or extra care rose from 542 in March 2022 to 602** by March 2023

We carried out **3,490 reviews**

We carried out **595 safeguarding investigations**, a fall from last year's figure of 658

As of January 2023, there were **125 CQC-regulated ASC locations and 97 providers** in our Borough

We carried out **639 major adaptations**

We provided for 4,521 service users in March 2023, a 6% increase on March 2022

1,485 residents received homecare in 2022/23, a 20% increase from March 2022 to March 2023

We carried out **821 Mental Health assessments**

We know Brent Council invests significant resources in ASC, and we recognise the role our work must play in realising the Council's ambitions and improving quality of life for residents.

Highest areas of spend include (in descending order): supported living and extra care, residential care, staffing, direct payments, homecare, and nursing care. Other areas of spend (including direct services, external day care, concessionary fairs, and other ASC contracts) make up smaller areas of spend.

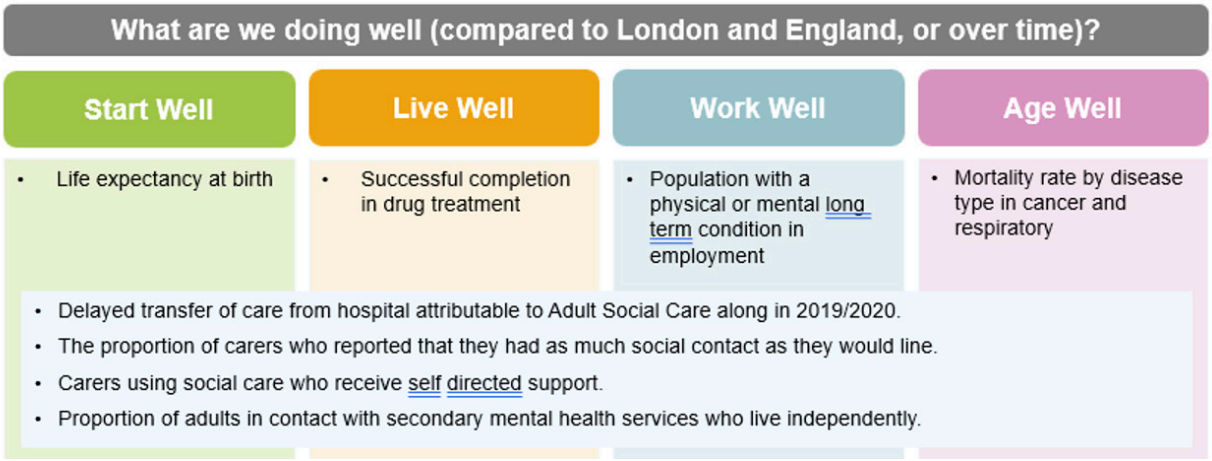
We spent most of our budget on support to keep people as independent as possible – for example home care, supported living, direct payments, and equipment. Like all local authorities, Brent faces significant financial pressures, with savings to make over the coming years.

ASC has had to deliver in a challenging environment, and we expect that these challenges will continue into 2024 and beyond.

The challenges are set against a backdrop of limited funding and workforce challenges. Gross spend remained flat between 2021/22-2022/23 once adjusted for inflation, with demand continually on the rise. Additionally, only 54% of permanent staff positions were filled in ASC at the end of 2022/23, with 28% agency workers, and 18% of positions vacant.

Understanding the Brent Adult Social Care population:

In developing this prevention strategy particularly in producing the strategic priorities, a number of qualitative and quantitative data sources have been reviewed to gain an understanding of the Brent population and demand on ASC services. These data sources include: Census, Joint Strategic Needs Assessment (JSNA), Adult Social Care Outcomes Framework (ASCOF), Adult Social Care Activity and Finance (ASCFR), Short and Long Term Support (SaLT), Brent Contacts Dashboard, staff engagement, resident feedback reports, Brent Healthwatch Patient Experience Report (2023) and Brent Joint Health and Wellbeing Strategy (2022).To provide a local population overview, JSNA data has been dissected across the life spectrum: Start Well, Live Well, Work Well and Age Well. In the below diagrams, we summarise where Brent are doing well compared to corresponding figures for London and England, and where there is room for improvement.



Where is there room for improvement (compared to London and England)?

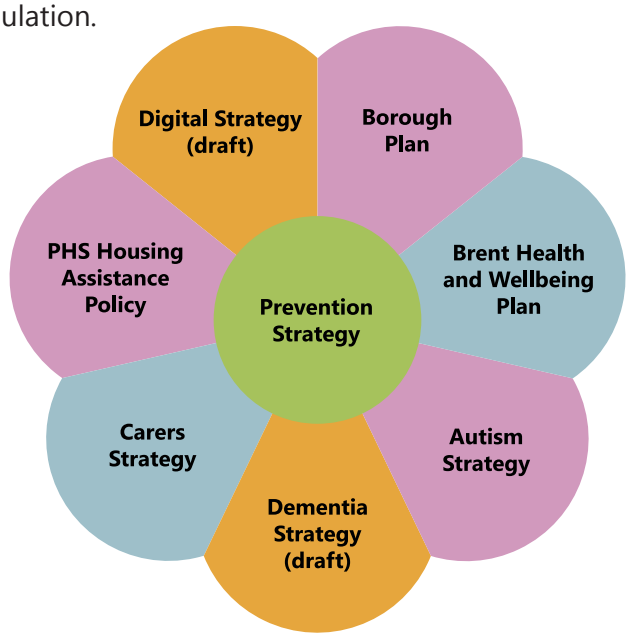
Start Well	Live Well	Work Well	Age Well
• Low birth weight • Inequality of life expectancy at birth • Obesity • A&E attendances • Physical inactivity in young people • Mental health hospital admissions	• Levels of diabetes and hypertension • Cancer screening coverage • Prevalence of common mental health disorders • Physical inactivity • Mortality from all causes and particularly from cardiovascular disease	• Long term unemployment • Sickness absence of the working age population	• Disability free life expectancy • Income deprivation affecting older people • Emergency admissions due to falls and dementia • Prevalence of mental health disorders • Proportion of older people who were still at home 91 days after discharge from hospital • Proportion of older people offered reablement services following hospital discharge

- Brent averages a lower social care-related quality of life score than the average for London
- Proportion of people who use services who report that they had as much social contact as they would like
- Overall satisfaction of carers with social services
- Proportion of people who use services who find it easy to find information about services

2 Strategic Context

To successfully address our challenges and meet our ambition, our prevention strategy needs to be considered and delivered alongside other strategies and plans. Many of these contain actions and commitments aimed at improving health and wellbeing outcomes for our population.

It is essential that our commitment to prevent, reduce and delay act ask golden threads throughout all Brent Adult Social Care strategic delivery.



2.1 Current service delivery

As part of our offer in Brent, we endeavour to deliver a full range of preventative solutions and options are presented to each individual during the assessment and support planning process, to help our residents improve, retain or regain their skills and confidence.

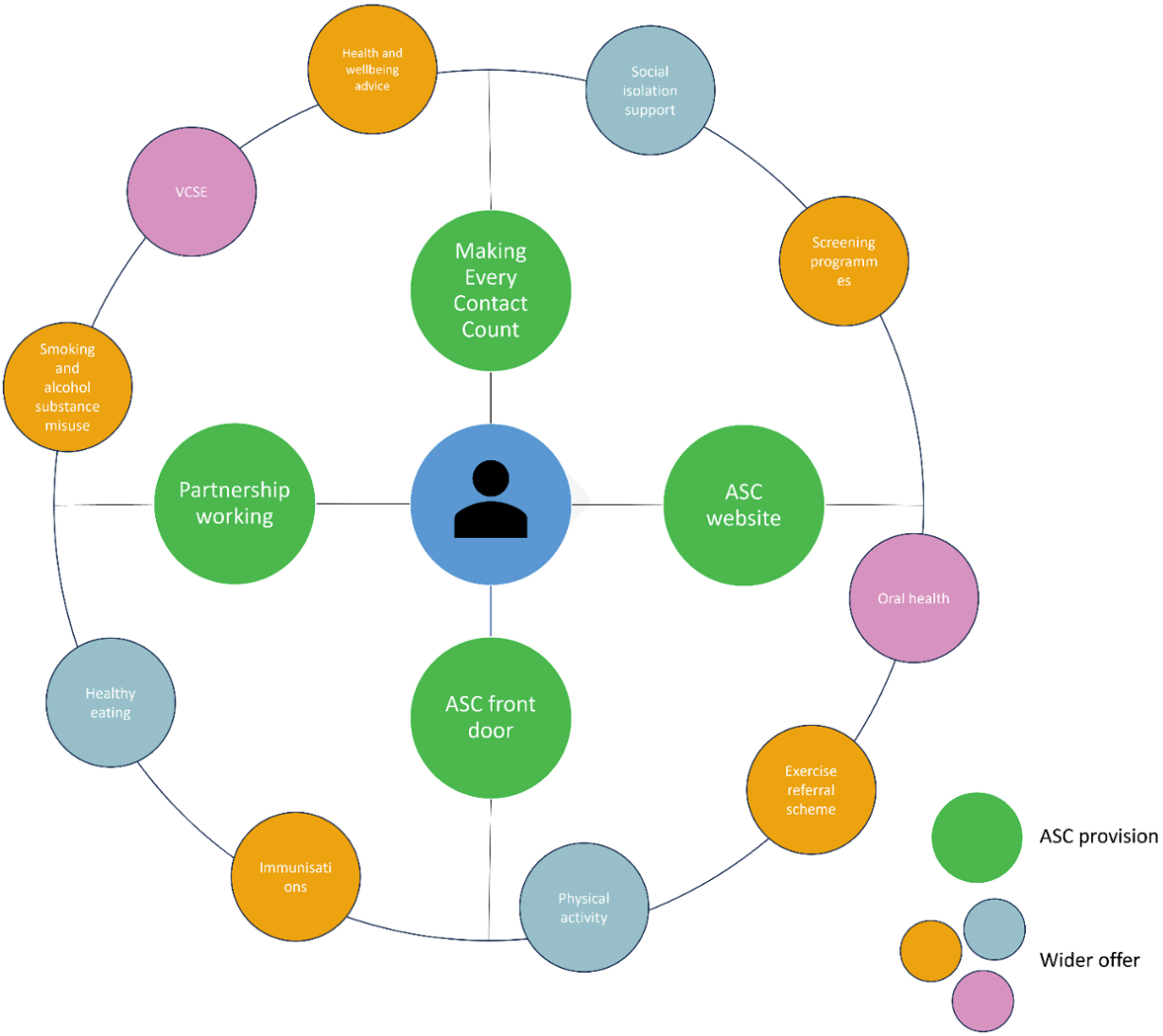
Prevention is about supporting people to find their own solutions by providing good information and advice, rather than by our actions, which can create dependency on ASC health and wellbeing and services. We ensure our responsibilities for prevention apply to all adults, not just those who may have eligible care and support needs and apply equally to carers.

Our service offer is underpinned by a number of supporting strengths-based activities, principles, protocols, legislation and ways of working as presented in the below diagram:

There are different types of prevention, and we offer extensive services across each, as outlined below. Please note that the examples given are not exhaustive. Whilst safeguarding is not specifically referenced in this strategy it is recognised that it plays a significant role in preventing, reducing and delaying the need for care. Safeguarding is managed and delivered through the Brent safeguarding policies and procedures.

2.2 Primary Prevention - Prevent

Adult Social Care deliver a set of services for those with assessed needs and therefore there are a narrow set of services commissioned by the department that address primary prevention, namely MECC (Making Every Contact Count), providing quality information and advice, signposting to services and identification of need (e.g. young carers). The role of Adult Social Care within this function is to work in partnership to signpost residents to appropriate services and activities and to create connections between communities and health/ social care services. There are a number of activities already taking place in Brent to promote wellbeing, improve quality of life and prevent deterioration, as illustrated below (not an exhaustive list):



- This approach is targeted at individuals at risk of developing needs where support may slow this process, reduce further deterioration, or prevent other needs from developing.
- This offer can prevent a crisis from occurring.
- It includes support for carers, falls prevention, housing adaptations or support to manage finances.

Help to live independently

Helping residents to stay independent is a crucial function of the service. Brent offers equipment, adaptations, technology, and services to help its residents live as independently and safely as possible in their own homes. Specialised equipment and adaptations, as well as assistive technology and telecare remote monitoring help residents stay at home for as long as possible. They also help families and carers to support independence and good health.

Adaptations without delay

As noted by the Royal College of Occupational Therapists (RCOT), there is extensive evidence supporting the benefits of home adaptations in yielding preventative benefits. Adaptations can be universal, specialist or targeted depending on the nature and complexity of the situation. Brent's offer is consistent with the Adaptations without delay framework (2019). The level or type of intervention offered is based on what will best meet the care and support needs of the individual.

Support for carers

Carers make a vital contribution to society, giving their time and energy to caring for a family member, friend, or neighbour. Brent Council currently commissions a contract for Gateway to support services to deliver statutory and non-statutory advocacy services and preventative support to customers of Adult Social Care, including carers and people at risk of social isolation.

In addition, as noted in the section on Signposting below, the Brent Carers Centre provides a holistic range of support services to address social, emotional, and financial challenges that carers may experience. Referral pathways and communication networks into and out of the Brent Carers Centres are currently under review.

Access and information

This is a dynamic, front door service with a strong focus on preventative interventions, the team manages a wide range of occupational therapy needs such as basic equipment and minor adaptations, non-complex major adaptations and non-complex moving and handling.

Social prescribing

Adult Social Care are in the process of embedding a front door social prescribing service to widen the offer from the Primary Care setting. Social prescribing connects residents to activities, groups and services within their community to meet their health and wellbeing needs.

2.3 Tertiary Prevention - Delay

- This approach is aimed at people with established complex health conditions and aims to minimise the effects of disability or deterioration.
- This includes supporting these individuals to regain skills and to reduce their needs wherever possible.
- This includes reablement services, equipment, adaptations, meeting a person's needs at home. Reablement needs to be considered in all instances where a person has the potential to benefit, prior to an assessment of any remaining unmet needs for care and support.

Commissioned services

The Adult Social Care department commission a range of services that are targeted at residents with established and complex health conditions. Examples of these services are listed in full on the website. An example of these services is the Brent Day Centre of which there are two for residents with physical or learning disabilities and the reablement service outlined below.

Reablement

Brent's Reablement Service can be accessed by residents over 18 years old, who have had a recent change in function that requires care support. The service aims to improve a person's independence and wellbeing to support remaining and living in their own homes, and to reduce their care needs and need for ongoing packages of care.

The Reablement team offer additional support including:

- Assessment of eligible needs for community equipment, aids, and adaptations
- Referring on where appropriate for rehabilitation, benefits advice or for more complex adaptations
- Actively liaising with GPs, Pharmacists or District Nurses where required
- Undertaking carers assessments and referrals to support services.

Neighbourhood / locality working

Brent ICP's borough-based partnership is working to reduce health and care inequalities, deliver accessible services closer to home, and help residents live healthier lives through meeting their physical, social, mental, and wellbeing needs. They aspire to have core teams in five neighbourhood areas, co-located in integrated health and care hub sites and supported by specialists. These integrated hubs (iHubs) will help deliver easily accessible, closer to home services for local residents, and enable partnership working within these settings.

3 Our Vision for Prevention

Our vision is to deliver diverse and sustainable preventative care and support, which provides people with options that can best meet their needs and preferences. We wish to deliver preventative and reablement models of support which help people to live as independently as possible in their own homes and to reach their full potential. We aspire for people who access Social Care services to lead full and active lives where they are supported to be as independent as possible, with choice and control over the support they receive.

Brent is committed to creating a shift in the Adult Social Care service delivery so that the needs of Brent residents are considered from a perspective of **preventing, reducing** and **delaying** the deterioration of health and wellbeing. This shift in delivery will therefore mean a shift in resourcing and service interaction for Brent Adult Social Care residents, staff and teams. In creating this shift, inequalities across Brent must be considered at every stage.

Brent Adult Social Care are committed to **prevent, reduce** and **delay** the deterioration of health and wellbeing. We will:

- Work in partnership with the wider system to prevent the deterioration of health and wellbeing in the population of Brent, with a focus on areas at risk of the impact of inequalities.
- Target cohorts of the Brent population to reduce deterioration and further needs developing.
- Enable residents within Brent with complex needs to live as independently as possible and therefore delay the deterioration of health and wellbeing.
- These commitments will act as golden threads throughout the delivery of the Brent prevention strategy and when delivering on our focus areas.
- We know we need to improve in several areas, including better coproduction with our communities, enabling equality in experience and outcomes, improving our ‘front door’ and case management, and improving our overall offer.

4 Focus areas for delivery

Our areas of focus for delivery of the prevention strategy have been developed from quantitative and qualitative data analysis of the population of Brent and how they interact with Adult Social Care services. Below is an overview of the five focus areas for Brent over the next four years. In this section we will go into more detail on each of these focus areas and what delivery will look like.

- Improve quality of life of Adult Social Care residents in Brent with a focus on social isolation and supporting residents to live independently.
- Improve Adult Social Care information, advice and guidance available so that residents in Brent understand what is available and when to seek services.
- Champion and lead the implementation of the six carer commitments for Brent.
- Target preventative interventions for residents with a mental health need to reduce deterioration of health and wellbeing.
- Facilitating residents to stay out of hospital through a focus on the drivers for hospital admission in Brent.

Whilst this strategy does not make specific reference to the challenges faced by the neurodiverse Brent population, it is expected that this strand will emerge from the mental health delivery focus area. This strategy specifically focuses on prevention in Adult Social Care and it is recognised that it does not encompass all aspects of prevention across Brent local authority but the delivery plan will work closely with partners across the system. Future iterations of the strategy may seek to reflect a wider Brent wide prevention approach.

4.1 Improve quality of life of Adult Social Care residents in Brent with a focus on social isolation and supporting residents to live independently.

We know that one of the roles Adult Social Care has is in creating connections between individuals, services and communities to support residents to live independently and to reduce the number of residents feeling socially isolated. Our partners, particularly within the Voluntary, Community or Social Enterprise (VCSE) sector already play a huge role in supporting Brent residents in this area.

In Brent the reported Social Care related quality of life score is 17.8, which is 0.6 lower than the London average and is similarly lower than comparable London boroughs. Furthermore, the proportion of people who use services who report that they had as much social contact as they would like in Brent reduced from 35.6% in 2021/22 to 35.5% in 2022/23. This data is indicative that there is improvement to be made in this area of focus and in coproducing the implementation plan with residents we will be seeking to understand the data further and how this presents for individuals and communities.

Adult Social Care will facilitate partners understanding of the needs of the Brent population and work closely with key partners across health and social care to strengthen our collective ambition and delivery of this focus area. We will also consider best practice such as the research conducted by other areas in to creating connection within neighbourhoods (Malvern Hills District Council, 2021).

Below are examples of work already in place or underway within Brent to support this focus area, this is just a sample and is not an exhaustive list of the work being delivered by Brent ASC or our partners:

Prevent *Applied to the whole population*	**Reduce** *Targeting cohorts of the population*	**Delay** *Aimed at individuals with complex needs*
• Social prescribing • Signposting at the front door	• Social isolation and loneliness prevention plus services • Assistive technology • Social prescribing • Staff training to identify social isolation and loneliness as well as opportunities for independence	• Assistive technology • Reablement service • Rehabilitation services

4.2 Improve Adult Social Care information, advice and guidance available so that residents in Brent understand what is available and when to seek services.

We strive to empower our residents with information so that they feel confident in keeping themselves healthy and well as well as able to seek information and advice where required. We must be proactive and identify opportunities as well as population cohorts to target our delivery of information, advice and guidance.

The Care Act 2014 outlines the Local Authority's responsibility to provide information and advice to everyone within the population not just those eligible for Adult Social Care services ands support. Brent scores lower than similar Boroughs and the London average for percentage of residents who find it easy to find information about support. Furthermore, our activity data indicates that Brent has a lower percentage of requests for support that result in signposting to services than the London and England average. This data collectively alongside engagement activities carried out within Brent indicate that we can work with residents to improve how we are providing information and advice.

We will continue to monitor contact data to understand trends of why residents are reaching out to Adult Social Care Services and how we can better provide information that meet the diverse needs of our population. It is important that we have a focus during coproduction of our implementation plan on equity of access to information, ensuring that all residents have equal opportunity to access so this will be an area that we speak to our residents about.

Below are examples of work already in place or underway within Brent to support this focus area, this is just a sample and is not an exhaustive list of the work being delivered by Brent ASC or our partners:

Prevent *Applied to the whole population*	**Reduce** *Targeting cohorts of the population*	**Delay** *Aimed at individuals with complex needs*
• Updates to ASC website • Promoting choice and independence • Signposting at the front door • Inclusive access to information • Quality Information and Advice 3 phase project	• Right information at the right time • MECC • Social prescribing • Signposting at all stages of the pathway	• Signposting at all stages of the pathway

4.3 Champion and lead the implementation of the six carer commitments for Brent.

Much work has gone into the coproduction of the Brent Carer's Strategy that outline six commitments for carers in Brent;

- access to information
- partnership working
- supporting wellbeing
- carer awareness
- reaching into communities
- supporting young carers the start of their caring journey

In delivery of Adult Social Care services there are opportunities to incorporate a preventative approach for Carers through early identification, involvement and support both for them and the person they are caring for.

The Care Act 2014 outlines that Adult Social Care must provide support to carers to maintain their own health and wellbeing alongside their caring duties. In Brent, we know that we score lower than similar boroughs for carer reported quality of life. Overall satisfaction with social services and proportion of carers who report that they have been included or consulted in discussion about a person they care for is also lower than in comparable boroughs. This alongside the listening events carried out as part of the carer strategy development highlights the preventative approach required when supporting carers.

Below are examples of work already in place or underway within Brent to support this focus area, this is just a sample and is not an exhaustive list of the work being delivered by Brent ASC or our partners:

Prevent *Applied to the whole population*	**Reduce** *Targeting cohorts of the population*	**Delay** *Aimed at individuals with complex needs*
• Refresh of carers website	• Identification of young carers • Signposting to support offers • Carers assessment • Brent Carers Centre • Staff training	• Carers assessments • Strengthening the offer available to carers • Signposting to support offers

4.4 Target preventative interventions for residents with a mental health need to reduce deterioration of health and wellbeing.

Mental Health needs can impact anyone within the population and the impact on individuals day to day life will vary by person. Mental health management is known to be a vital factor in maintaining a healthy lifestyle and independence.

In Brent, there are certain populations that we know are areas that we need to work with residents to improve facilitating people to stay well. Estimated prevalence of common mental health disorders in ages 16+ and 65+ in 2017 were higher in Brent than the London and England average and we know that inpatient stays in secondary mental health services can be improved for Brent. In 2021/22 the average mental health assessments completed per month was 35 and in 2022/23 this increased to an average of 69 assessments per month, many of these individuals no previously having been known to services. This indicates the increased demand for mental health support in the local population.

In identification of this focus area we have reviewed the Brent level data. The first step in delivery of this focus area will be to work with partners to do a deep dive on how this impacts residents and where there might be cohorts of the population that needs is greatest. We will also be working across the Brent partnership to identify areas of ongoing work. Below are examples of work already in place or underway within Brent to support this focus area, this is just a sample and is not an exhaustive list of the work being delivered by Brent ASC or our partners:

Prevent *Applied to the whole population*	**Reduce** *Targeting cohorts of the population*	**Delay** *Aimed at individuals with complex needs*
• Understanding the data for the population cohort • Signposting at the front door • Improved advice on the website • Working with system to partners to improve offer for this cohort	• Early identification of a MH need • MECC • Staff training of identification, empowerment and signposting	• Mental health reablement • Drug and alcohol services

4.5 Facilitating residents to stay out of hospital through a focus on the drivers for hospital admission in Brent.

We know that keeping residents out of hospital where possible is often best for the person and the population. There is work ongoing that we will build on to facilitate a more joined up service between hospital and rehabilitation care.

Our data analysis shows us that a large proportion of requests from new residents come via discharge from hospital. We also know that hospital discharge readmission rates of over 65s within 91 days are higher in Brent than the England average which indicates an area of improvement that we could focus on. Furthermore, our data analysis has indicated that causes of admission are particularly high in Brent for Dementia and falls. This data is indicative and will form the basis for further analysis and engagement with residents.

In identification of this focus area we have reviewed the Brent level data. The first step in delivery of this focus area will be to work with partners to do a deep dive on how this impacts residents and where there might be cohorts of the population that needs is greatest. We will also be working across the Brent partnership to identify areas of ongoing work. Below are examples of work already in place or underway within Brent to support this focus area, this is just a sample and is not an exhaustive list of the work being delivered by Brent ASC or our partners:

Prevent *Applied to the whole population*	**Reduce** *Targeting cohorts of the population*	**Delay** *Aimed at individuals with complex needs*
• Understanding the data for the population cohort • Working with system to partners to improve offer for this cohort	• Screening services • Early identification of enablement requirements • Staff training for early identification, empowerment and signposting	• Assistive technology • Reablement service • Rehabilitation services

5 Mechanism for delivery and Evaluation

Preventative care in Brent is evolving, diversifying and transforming to improve the existing service offers and to develop new preventative interventions and strategies to make services more accessible and targeted. This will ensure a range of services and facilities are available to Brent residents to promote independence, choice, and flexibility, and to support people to live healthier and more independent lives for longer. It will also help prevent, delay, or reduce their care and support needs.

The Brent Transformation Board will oversee the delivery of the prevention strategy which includes representatives from ASC teams, Public Health colleagues and wider system partners.

We will develop a coproduction approach for the implementation plan to deliver the prevention priorities in partnership with our residents and communities. This will aim to follow the refreshed Brent coproduction approach to be owned by staff and community champions that sit on the Brent Coproduction Advisory Board.

Academic research tells us that *'assessing cost-effectiveness in prevention is challenging not only due to the lack of a shared understanding of what prevention is, but also because of the difficulties in demonstrating causality between the preventative interventions and outcomes over time'*. There are challenges in measuring the effect of preventative interventions as where the intervention is delivered may not be where the impact is seen and there may nothing to measure. For example, a falls prevention intervention delivered by a health service may mean that a person does not require a service from Adult Social Care but it is difficult to measure this effect. Research into how other local authorities measure their preventative interventions demonstrates that there are a number of ways evaluation is carried out. What is measured and how it is measured is defined by the local context. Return on Investment (ROI) for preventative interventions in Adult Social Care does not have a strong research base, however, a recent report by the NHS confederation suggests that a systemic approach to prevention could produce additional ROI of £11 billion. Of particular interest to this strategy is that the top 20 interventions for ROI were community based, number one being adapting homes to prevent falls. This report did not appear to evaluate other social care-based interventions such as social prescribing, interventions for carers or Reablement all of which are employed in Brent ASC.

We will utilise data sources from ASC and Public Health to build on the data analysis done in the development of this strategy. We will conduct a deep dive on each strategic priority focus area to understand the populations and drivers of health and wellbeing deterioration in order to target effective preventative interventions. In development of this implementation plan, we will state the metrics by which we will measure success for delivery of this strategy. We will hold then hold ourselves to account through the Brent transformation governance mechanism as outlined above.

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