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## CONFERENCE ABSTRACT

### **Enabling Town Slough: Reducing Inequality through integrated co-produced mental health services**

ICIC20 Virtual Conference – September 2020

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#### ***Introduction***

In the deprived, multi-ethnic town of Slough, Berkshire Healthcare NHS Foundation Trust and the council have been developing an innovative and comprehensive pathway, by creating an ‘Enabling Town’ which aspires to meet the needs of all those requiring mental health services.

#### ***Description***

The pathway relies on co-produced interventions jointly delivered by peer-mentors in different settings across the town: in health, social care and the voluntary sector. This is our ‘whole-town’ approach, using an asset-based community development approach alongside evidence-based psychotherapeutic and psychosocial approaches to ensure that requirements of the different sectors are met.

#### ***Aim and theory of change***

The key to our work is co-production and relational practice, and this was wholly developed - across health, social care, the voluntary sector and supported living providers.

#### ***Targeted population and stakeholders***

Our target population is the community of a socio-economically deprived town of Slough and the mental health difficulties people face. By challenging the health deficit model and utilising a community asset-based methodology (salutogenesis), we normalise people’s troubled experience, and this is not specific to any particular population of mental health (transdiagnostic).

#### ***Timeline***

Seven years of developing.

- Awarded ‘The Best Patient Initiative and Practice’ – by NHS trust for co-produced services in 2016
- 2017. CQC inspection “the inherent value of patient’s voice”
- 2017. An excellent patient experience example in a report by six local Healthwatch associations in 2017.

- 2018. The third sector consortium awarded us with an award for partnership working.
- 2018: Shortlisted for Innovation in Mental Health Practice
- 2019: Won National award for Reducing Inequalities in Mental Health

### ***Highlights***

Our innovative approach to mental health difficulties in our community has had a quantifiable impact, measured through standard NHS measures and economic data. For example: for the 12 months before and after:

- Bed days: 4786/£1.6m (pre) to 312/£101k (post).
- Crisis and A&E: 4451 (pre) to 1235 (post)

### ***Sustainability***

Demonstrated sufficient cost savings to the local authority that further investment was agreed.

### ***Transferability***

We have ongoing training commitments with regional and national training courses. We attend national and international conferences to present various aspects of our work. We publish in professional journals, and are invited to contribute book chapters on aspects of the work. We have been asked to contribute to setting up services in Sheffield, West London and Isle of Man, which are based on our model.

### ***Conclusions***

Our central tenet of co-design and co-production, across the system, challenges inequality in the system by creating opportunities for all by minimising 'us and them' dynamics, and transcending any diagnostic categorisations.

### ***Discussions***

The model we have developed is based on 'relational practice', focussing on the engagement, and establishment of a good therapeutic relationship; rather than seeing people as 'individual faulty machines'.

### ***Lessons learned***

The development of this whole-system approach to mental health has proved to be successful in times of austerity: improving quality and achieving cost savings for the local authority and NHS.