**CSE CITIZEN EVENT – COUNCIL HOUSE 12/05/2017**

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| **Overview of current provision**  £12M is spent on 817 citizens who receive a CSE service.  86% of citizens are aged 16-64 years old, (50% aged 40-60 years old)  14% of citizens are aged 64+  Areas for consideration:  - Can this money be spent better?  - Are the right outcomes being achieved? |
| **Areas of provision that are working well:**   * Person centred planning * Staff are supported * Communication practices * Equality & Diversity needs met * Citizens enabled, supported to be in the community * Providers often go above and beyond (8 out of 17) * Assessment and Providers trust each other, works well |
| **Areas of provision where there are gaps or not working so well:**   * Language for CSE confusing * Variety of prices * Lack of evidence about outcomes * Quality varies * Service reviews now only every 3 years * Transforming Care need more qualified providers * Need to impose process to organise services |
| **QUESTIONS:**  **What does good look like?** **What do you like about your current services?**   * Open Door x 1 day * Acorn x 2 days (stays in at Acorn – used to go out but cuts in funding? * Feels fragile – if partner had problems he would need to have more care. * If Open Door wasn’t available then he would need CSE |
| **What’s good about Open Door?**   * Able to get out and do activities, talk to people, someone to talk to about what’s ‘difficult today’ – to notice if you’re ill, to help you take part. * Staff give you choices to attend places if you want to and also have an evening meal * Open Door users are encouraged to socialise. Builds confidence * Wouldn’t normally go to the City Centre * Supports recovery from depression * Support with filling in Bus Pass applications * Everyone who comes to Open Door has a named worker. * Open Door has a theatre group |
| **If Open Door could be bottled, what would it be like?**   * Compassion and understanding * Similarities with Deaf Society and Open Door – a community of people with shared issues/ conditions * We understand each other * 95% of attendees have a Mental Health condition * Confidence is key * Don’t under estimate specialist knowledge, have training and experience in MH – long term staff * I value my job role – working alongside vulnerable people is a privilege     SKILLS, KNOWLEDGE & EXPERIENCE  VALUES |
| **What doesn’t work as well?**   * MH – it can be dangerous as some people are unpredictable and potentially volatile * Work with people with mid-to long term issues – range of ways this is acted out. * Staff have de-escalation training, risk and anger management. |
| **Outcomes**   * Build resilience through early intervention and prevention strategies – this is really important * Who is responsible for the outcomes? * MH – one of the challenges is to enable people when the focus is on the money – not good at projections. How much money is saved in the long run? * Lack of visionary people. Youth services are fragmented, creating a challenge in the long run and wasting money in the short term. * Vision is good but outcomes need to achieve from day 1 and need to challenge partners and other providers in the communities – shared vision and share responsibilities. * Include a commitment to the benefits of early intervention. * Enabling through making people confident in their own abilities. 12 week intensive packages doesn’t remove long term need. |
| **Vision**   * Needs to include something about being able to get help with care needs when they need it and have information about what help is available * Get respite support to get breaks when needed * Workers are sufficiently skilled / knowledgeable * Re recovery is not linear – it is a continuum – and not getting better but learning to manage   **Not A Z**    **But A B**  **Or even A A** |