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

|  |
| --- |
| **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 & EXPERIENCEVALUES |
| **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** |