

Cuts as Good News¹

Cuts have a negative impact if they make us...	Cuts have a positive impact when they make us...
So preoccupied with the negative and damaging impact on staff and people using the service that you are unable to see the positive side at all	See the positive potential for significant change to help us refocus our priorities and create sufficient impetus to make change actually happen
Hold on to power , believing that people using services, community members and frontline staff are unwilling and unfit to make difficult and unpopular decisions	Recognise that all current and potential stakeholders should be involved in change and some may need support to engage. Current change offers an unparalleled opportunity to achieve more equitable power-sharing .
Tribal , only interested in the survival of our own services, as we believe they are the most important of all	Look beyond organisational self-interest and plan for an overall pattern of joined-up provision across the whole city that delivers real person-centred outcomes
Prefer block contracts as they secure traditional services, demand less administration than personal budgets and work better for some people using services	Push forward on self-directed support and personal budgets by facing up to and planning for the tipping point where significant organisational change is required. This may involve streamlining the process by which people obtain and manage their budget.
Retain the overall pattern of services but just shrink everything to fit the reduced budget	Remove waste and radically redesign what we do by rebalancing in favour of non-institutional services close to home, targeted prevention, effective interventions and community solutions
Shunt costs or work on to other organisations and miss opportunities for collaboration where our investment might yield savings for them and the system as a whole	Pool budgets with neighbouring organisations so that we achieve real 'place-based budgeting' by finding ways to increase efficiency and effectiveness across the whole system. For example, this could make admission to inpatient hospital care for dementia a 'never event'.
Parochial , busy with our own tasks and unaware of the activities of other organisations or suspicious of our 'competitors'. Some excellent services develop to fill a niche, but overall a chaotic jumble of services builds up that is impossible to navigate without expert help.	Focus on our unique contribution and work together with partner agencies who provide other things by choosing to talk to them and trust them. Build up a simple map of services that people can navigate for themselves without help from experts.
Keep occupancy and activity figures high to justify the survival of our own organisation or job and so create dependency amongst people using services	Work for real outcomes rather than activity measures, so that our work makes a lasting difference in people's lives and people become as independent of government funding as possible

¹ This table was created by Peter Bates (peter.bates@ndti.org.uk) after listening to an Open Space discussion organised by Volition and Leeds and York Partnership Foundation NHS Trust in Leeds on 25 November 2013. With thanks to all the contributors.

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Pay undue attention to material benefits so people prefer a well-appointed dependent life (e.g. maximising welfare benefits) and the benefits of being a passive recipient of help	Favour values , such as independence from the state, interdependence within the community and being an active contributor to others. This means we maximise job opportunities and promote the satisfaction of working towards one's own goals.
Emphasise the difficulties experienced by people who have made long-term use of services and who use traditional services as a lifeline	Emphasise the offer made to first-time users of the service, so that they build habits that foster independence from the state and interdependence and contribution to the community
Build a ' stay-culture ' where people want to continue receiving the help we offer and are frightened of losing it, while staff spend most of their time providing a welcome and want people to stay so they keep their jobs	Build a ' go-culture ' where people want to leave our service behind and take up their life in the community, while staff spend most of their time navigating people into ordinary community settings and informal supports
Recruit people using services to our political ends, so that they campaign with us to retain our service	Design services that hasten the day when people have social connections and political agendas rooted in the wider community , rather than just in the mental health world
Hang on to everything that we have traditionally done, assuming that demand for it to continue proves its value. Worry about the people who genuinely need long term support but may no longer get it.	Re-examine everything we do to see if it should be happening at all, if it could be done another way, if it works, if it delivers value for money and if it reaches the people who need it most. Focus on the people who will respond well to our raised expectations of recovery.
Retain all the ways of working we devised in the affluent times and just demand staff work harder or tighten eligibility criteria	Create new approaches to risk management, documentation, use of social media and a host of other things so that people using services take charge of their own lives and peers support one another to use coproduction approaches such as timebanks alongside other citizens
View volunteers and community members as unpaid staff who will replace the paid staff we can no longer afford	Recognise that paid staff can't do it all, so value volunteers and community members for the unique contribution that they can make
Talk the talk of asset-based approaches and community capacity building without making any fundamental changes in our values or approaches – 'you attend our meeting and help us with our problems'.	Genuinely recognise the values and practices of co-production and asset-based approaches to community – everything is based around strengths, conversation and genuine negotiation
Turning people away from our service makes us callous about human distress ('it's not my problem') and blind to the wider impacts of both national and local policy and practice	We are aware of people who do not get a service and constantly review who we prioritise as our target group. We care about the possible harm caused by over-dependency on our service, as well as the people who miss out because they do not neatly fit our criteria.