

## Extract from County MHAG minutes 17<sup>th</sup> February, 2016

Shaw Trust and Porchlight were unable to attend the meeting but provided individual updates which have been circulated.

### Porchlight Answers

#### Questions & Comments:

1. Housing Support services were told they would not be affected or included in this round but the Porchlight update says it is. Guidance for housing support was one of the needs addressed. The statement says current services will continue and will be reviewed after March. This is ambiguous and needs clarification  
The current Mental Health floating support service has been brought within this contract but no other housing support services. Porchlight are redesigning the service to be able to respond more quickly to housing needs as well as to give long term support. Porchlight are liaising closely with Lookahead to see the best way forward for service users.
2. Partners appear to be project managing, concerns they will commission themselves to deliver this 60% limit. 250 sheltered housing projects by Shelter have been discontinued. They don't have buildings but do provide a service.  
Porchlight is contracting partners from a wide range of services. We want to keep a wide and diverse network including the main mental health organisations in the four CCGs who bring a great amount of knowledge and expertise. We work collaboratively and will seek over the 5 years of the contract to grow and expand the partnership working in our Lots.
3. What is provided for people with long term conditions? Long term is not a year it is 12 months plus. Will they get more than 12 months support or can they be picked up again through the care navigator. Doubts were raised that system could ever work. It was noted that services are already in place and data will be transferred to Shaw Trust/Porchlight but we need to know where services will be and how long for. Lynne advised that the most asked question was re consent forms to pass on data but information was sent out so late there was nothing to tell clients about the new service. Juliette advised she did not feel able to tell clients at yesterday's form as she had no information to give them. She also pointed out that some people might not be accessing services so their details won't be picked up and passed on.  
Porchlight understand that some individuals need long term support on their recovery journey. Not all our services have a strict time limit and we are keeping a safety net of provision for those who need it longer term. All activities, groups and support we are funding are recovery focussed. During the first year we will look carefully at the impact and outcomes of services. We expect to make changes at the end of the first year and will ensure service users and carers are involved in these decisions. Porchlight has a strong tradition of service user co-production and will bring this to the service.  
Porchlight are collating all of this information to give to Shaw Trust for Maidstone area. Porchlight are seeing level 1 and will be stepped up to Shaw trust if needed. In 6 weeks the service will look very different. Some are already ill thinking about this and they are not given any indication about what it will look like.  
Porchlight are not currently collating any information for Shaw Trust. Shaw Trust have asked Porchlight to provide their telephone referral line so the same number will be available across Kent – people often do not know which CCG they are living in so this makes it more straightforward. Our Primary Care Link Workers, who have been working across Kent for the past 2 years, have been asked to take on seeing all referrals for Shaw Trust.
4. There are 4 care navigators in West Kent. For how many people? How can they manage this? Someone would need to know your service really well to refer them to you.  
This is not applicable to Porchlight.

5. We do not feel our service users have been listened to. The new Strategic Partners are still negotiating with tier 3 services but it is not their fault it is down to KCC.  
Porchlight submitted funding levels in the tender as requested and all our delivery partners knew from November 2015 how much they were getting. We have kept to the same amounts so there have been no surprises for our partners. Where a partner has decided to withdraw, we have other partners willing to take on their organisation.
6. Shaw Trust have talked about transition period but have they got enough staff? Zero hour contracts are not sustainable. Were very transparent about what they had been left with but have a lack of understanding about mental health.  
Not applicable for Porchlight.
7. Andy confirmed that CCGs have engaged with this but on the periphery. Each CCG is represented. Noted that very experienced Care co-ordinators were doing more care navigating than their job. Navigator must ensure people are directed to the right place rather than doing it themselves. Mobilisation and procurement has been clear from the start but they have underestimated how long it will take to mobilise this.  
Not applicable for Porchlight.
8. What happens to those whose service is closing?  
Porchlight has aimed for continuity and change. We have asked all delivery partners who are receiving less funding to let us know if any service users will be left without a service. We are working with them to ensure everyone has something. Lookahead have sent a list of people this week and Porchlight is seeking to ensure each person continues to have a service.
9. How quickly is step up/down to take people back in again?  
Porchlight already work closely with the Primary Care Mental Health Specialists to escalate services for people who are unwell. Our network includes a range of current services as well as increased peer support and access to mainstream activities. Services will be provided according to each service users need.
10. Define Tier 1 and 2? If accessed at level 1 and need to move up to level 2, how is this managed?  
Not applicable to Porchlight. Monitoring information does require stating if a service is a low or high level intervention.
11. Shaw Trust/Porchlight should have something on their website so that service users can access this to help them feel assured that it is not just about getting into work as some cannot cope with that. It is not always an end result possible. Staying where they are can be a good result for some and will not be on a journey – just managing to coping. Some recover some don't. Different for everyone, can be better in a week but might not.  
There is information on Porchlight's website under "Health and Wellbeing". This includes our current services and will expand to include links to our delivery partners' websites. We will suggest adding a "coming soon ..." section including links to our partners.
12. What are Care Navigators qualifications?  
Not applicable to Porchlight.
13. Current providers don't know what to do when their funding ends – where will these people go?  
Porchlight offered funding to all current providers in November. We are not aware of people who will be left without a service but please let us know if this is not the case. We have been contacting Lookahead since January and are pleased to have met to talk about the way forward.

14. Ask both Strategic Partners to communicate simply with an outline of their service with a clear pathway rather than through press releases. Flow chart would be useful and an agreed date for this as soon as possible.

Porchlight does not have a clear pathway because of our “no wrong door”. Individuals and those referring people can continue to approach services directly or can go through the central referral unit. There will then be many different pathways depending on the choice of the service user. Each service will do the same initial assessment which will help the person access not only that service but whatever else they need or want to access.

15. What is communication strategy with GPs?

Porchlight community link workers already cover the GP practices across Kent so referrals will continue to be made directly. We have had positive feedback regarding “no wrong door” as this enables good relationships between GPs and local organisations to continue. There is also the central referral unit number which GPs or the surgeries can ring.

We have had detailed conversations with the CCGs in DGS and Swale and in SKC regarding communicating with GPs and information will be sent out by the CCGs. We work closely with the Thanet CCG and are planning a further updates.