## CHANGE AGENT TEAM RECORD OF PRACTICE IDEAS AND INNOVATIONS

Please record any new ideas in service provision, (service re-design, successful partnerships etc) or big or **small** innovative practices/processes that appear to have a significant impact on service delivery (e.g. flagging specific patient notes to identify a risk factor). Please check that the 'contact' is happy to be contacted to explain their practice

These are practices and ideas heard about or seen on visits by the changes agents. We think they could be applied in other situations and should be shared more widely. They have not necessarily been evaluated, nor are they endorsed by the Change Agent Team.

Name of Organisation: Ealing Primary Care Trust & London Borough of Ealing (Social Services)		
Service: Adult Mental Health Services		
Contact: Stephen Day	Tel No:	
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Key Words Mental Health Core & Cluster		
Brief description of the 'new practice/bright idea		
The mental health core and cluster accommodation scheme is a partnership between the Primary Care Trust, Social Services department and a voluntary sector agency. Two existing residential hostels are being converted into 25 self-contained flats for adult mental health users. The "core" unit will provide a "high support" service with intensive staffing using an "assertive in-reach model". This includes 3 staff on duty at any one time and waking night staff. The "cluster" unit will provide intensive time limited rehabilitation for up to two years and will function as a move on unit.  The core staff for the project were transferred from the local authority to the voluntary sector under a TUPE arrangement. Capital expenditure for the refurbishment has come from a number of sources including PCT investment, sale of land, and voluntary sector fund raising. Revenue funding will come from existing community		
care and PCT funding as well as maximisation of income through Transitional Supporting People funds.		
Impact of the introduction of the change/development		
The refurbishment will be completed in April 2003. The development will provide a clearly differentiated provision for intensive 24-hour support to people with high support needs as well as a move on scheme. It will be possible to support people with severe and enduring mental health problems with complex histories, including dual diagnosis with substance misuse and forensic histories.		
Why did this change/development 'work'? Could it be replicated?		
The development has worked because of a commitment to work in partnership between the NHS, the local authority and the voluntary sector. The principle of the project ahs been based on the "recycling" of money already in the system and the maximisation of Supporting People funds.		
Has the practice been formally evaluated? Please describe briefly.		
Formal evaluation will be undertaken on completion of the building work (April 2003)		
Submitted by: Stephen Day (Head of Strategic Commissioning)		Date 06.11.02: