

Local Child and Adolescent Mental Health Services (CAMHS) Transformation Plan for Rotherham – 2015/16.

Assured by NHS England – 23rd November, 2015

Rotherham CAMHS Local Transformation Plan (LTP) – Action Log

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Section 1 - Introduction

The 'Future in Mind' report, published in May 2015, required that CCGs prepare a Local Transformation Plan which, following assurance by NHS England, will release additional funding for local CAMHS services.

This document outlines the local transformation plan for Child and Adolescent Mental Health Services (CAMHS) in Rotherham. The production of this document has been led by Rotherham Clinical Commissioning Group (RCCG) but it has very much been a collaborative process with all Stakeholders in Rotherham, including; Rotherham Metropolitan Borough Council (RMBC) – including Public Health, Social Care and Education – Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), The Rotherham Foundation Trust (TRFT) and voluntary groups such as Rotherham Multi Agency Support Team (MAST) and Rotherham & Barnsley MIND.

Representation has included input from Health, Social Care and Education and most importantly from children & young people, parents and carers through various routes including; Rotherham Youth Cabinet, Rotherham Youth Parliament, Rotherham Parents Forum and Healthwatch. Section 3 gives further details of the engagement with Stakeholders.

The plan has also been developed collaboratively with NHS England Specialist and Health and Justice Commissioning Teams as detailed in section 3.

Section 2 - Background

In December 2014, RCCG and RMBC jointly produced an 'Emotional Wellbeing and Mental Health Strategy for Children & Young People, 2014-19' for Rotherham. This also included an 'Analysis of Need', which outlined the specific challenges in Rotherham. These documents are available through the following link - http://www.mymindmatters.org.uk/mmm/downloads/download/2/useful_information.

The 'Analysis of Need' concluded that *'based on the socio-demographic profile of Rotherham summarised in 5 ACORN Categories (CACI 2012), the prevalence of mental health disorders in Rotherham is estimated to be 14% above the UK average. This results from the higher levels of deprivation in Rotherham which is reflected in the higher proportion of children in the ACORN Category "hard pressed" families'*.

It also summarised that *'In Rotherham, there are an estimated 6,800 children and young people aged 0-19 with a diagnosable mental health disorder, 2,600 with an emotional disorder (anxiety and depression), 4,100 with a conduct disorder (e.g. oppositional defiant disorder), 1,100 with a hyperkinetic disorder, 640 with Autistic Spectrum Disorder and 280 with a rare disorder'*.

These are estimated numbers based on prevalence rates. It should be noted that as at October 2015, the Autism Communication Team at RMBC have 1,235 children on their records between the ages of 3 and 18 years who have a diagnosis of Autism.

The Strategy outlined 12 key recommendations:-

- i. *Ensure that services are developed which benefit from input by young people and parents/carers.*
- ii. *Develop multi-agency care pathways which move service users appropriately through services towards recovery*
- iii. *Develop family focussed services which are easily accessible and delivered in appropriate locations.*

- iv. *Ensure that the services being delivered are effective, appropriate and represent the best value for money for the people of Rotherham.*
- v. *Ensure that the services being provided are delivered at the appropriate time as required and not restricted to normal operating hours.*
- vi. *Ensure that services across all tiers of provision are delivered by appropriately trained staff and that training and support is provided to Universal/Tier 1 services to ensure that children & young people do not unnecessarily move to higher tiers of provision.*
- vii. *Ensure well planned and supported transition from child and adolescent mental health services to adult services.*
- viii. *Explore the option of a multi-agency single point of access to mental health services for children and young people to ensure that appropriate referral pathways are followed.*
- ix. *Ensure that services are better able to demonstrate improved outcomes for children and young people accessing mental health services.*
- x. *Promote the prevention of mental ill-health.*
- xi. *Reduce the stigma of mental illness.*
- xii. *Ensure that children & young people do not face inappropriate delays in accessing services, across all tiers, for assessment and treatment which adversely affect their recovery.*

Progress is being made against the above recommendations and this is monitored through a quarterly CAMHS Strategy and Partnership Group, which has representation from all stakeholders.

Particular areas of development which have resulted from the Strategy include:

- Development of the CAMHS website – ‘mymindmatters’, (see 6.1.2 below).
- Development of Multi-agency care pathways – covering; ASD, ADHD, ‘behavioural issues’, emotional health & wellbeing issues, Substance Misuse. These have been published on the CAMHS website.
- Development of ‘Top Tips’ for CAMHS and a Directory of Service to help referrers to direct children & Young People to the most appropriate services.

In its 2015/16 Commissioning Plan the CCG made a commitment to invest on a recurrent basis an additional £200,000 to improve services for children and young people. The aim of this additional investment was to:

- Increase general capacity and availability of therapy provision within the CAMHS service.
- improve the out of Hours provision for young people.
- Support the delivery of an enhanced Single Point of Access (SPA) to improve the access experience for young people and key stakeholders, such as GPs, schools etc.
- Recruit a CAMHS Interface/ Liaison post to work with the acute trust to improve outcomes for those young people in a mental health crisis. This is part of a number of initiatives included within the Rotherham Crisis Care Concordat Action Plan (<http://www.crisiscareconcordat.org.uk/explore-the-map/>).

Research indicates that the delivery of Early Intervention in Psychosis (EIP), when delivered in accordance with NICE standards, helps people to recover from a first episode of psychosis and to gain a good quality of life by decreasing the likelihood of detention under the Mental Health Act within the first two months of psychosis as well as reducing risk of suicide (Department of Health 2015).

To support the delivery of the local EIP service in accordance with NICE standards and enable local delivery of the new EIP waiting time target, as part of the 2015/16 contracting agreement the CCG has invested an additional recurrent investment of £102,435. The development of this service will also contribute to the delivery of the Rotherham Suicide-prevention and self-harm action plan.

A key focus of this document is to outline the specific areas which it is proposed the extra funding will be utilised to help to achieve the recommendations of the 'Future in Mind' report. However, there are additionally ongoing and future planned initiatives, some using existing new funding, and some which will happen without any additional funding. An outline of the key initiatives is included in Appendix 2.

Section 3 - Engagement and partnership working

3.1 General Engagement

General engagement of stakeholders in the process was outlined in Section 1.

Children and Young People and their parents/carers were consulted with in the preparation of the Rotherham Emotional Wellbeing and Mental Health Strategy. This was achieved through interaction with the Rotherham Youth Cabinet and Rotherham Parents Forum.

More recently, the Rotherham Youth Parliament produced a report – 'Mind the Gap – A Rotherham Youth Parliament Report about Mental Health' in July of 2015. This made twelve recommendations:-

- i. More funding for mental health services.
- ii. More information given about self-help techniques.
- iii. Make facilities more available for young people.
- iv. Having convenient services for young people.
- v. Providing fluent treatments.
- vi. Addressing the issue around stigma
- vii. Sharing good practice between organisations.
- viii. A service run by young people for young people.
- ix. Ensuring all workplaces have mental health training.
- x. Promoting positive mental health and eliminating stigma and stereotypes in media.
- xi. The referral time times and the time of receiving treatment for young people needs to be consistently quick and appointments should be regular.
- xii. All educational institutions have easy access to mental health services and school nurses.

The above recommendations are reflected in the Transformation Plan.

RDaSH is also in the process of reconfiguring the CAMHS service in Rotherham and have consulted with Children, Young people and their families in that process. More details of the reconfiguration are contained in section 5.

Section 4 includes brief details of all the areas for future investment.

One of the identified areas for future investment is engagement with Children and Young People and specific details are included below.

3.2 Specific Proposal to develop services through input from Children & Young People (CYP) & parents/carers.

Whilst there are good examples in Rotherham of services being developed through input from CYP and families, it is not felt that this is strong enough across all services all the time.

The proposal is to establish a baseline and a shared understanding around what good engagement looks like, and how working together will mean services that work better for everyone – children & young people, families, staff, and commissioners. This baseline audit will look at three main aspects (which mirror the ‘Transforming Participation’ published by NHSE).

- Experience – capturing peoples experiences in different and innovative ways and ensuring this is used to develop and improve services
- Individual involvement – young people and families are involved in their own care and in making decisions
- Public involvement – collective involvement in planning, developing and monitoring the quality of services; again in a variety of ways.

An appropriate body/consultant (hopefully existing Voice and Influence expertise from within the statutory and voluntary sectors) will be used to impartially consider what is in place, and where the current gaps might be. The process needs to be built on the appreciative enquiry model; focusing on positive aspects and improvements, rather than anticipating problems and issues to resolve. Also an asset based approach mobilising the skills and knowledge of individuals and the connections and resources within communities and organisations, rather than focusing on problems and deficits.

Outcomes of the baseline audit: -

- Provide a structured approach for the way forward, with standardisation of approach across services, while maintaining flexibility and variations.
- Highlighting gaps and suggesting ways of addressing these, learning from local good practice.
- Consideration of a training programme for staff, and identifiable ways of embedding engagement and participation.
- Developing local principles and values.

This baseline audit will be undertaken using non-recurrent funding in 2015/16. Once the scoping exercise has been completed, an assessment will be undertaken to determine if further funding will be needed in future years. The opportunity will also be taken to re-assess the effectiveness of the engagement periodically.

In addition, enabling CYP to speak up is vital, and a key part of individual involvement. Currently, Rotherham Healthwatch has an advocacy role but is only commissioned to provide this service to adults (but has acted several times in an advocacy role for young people). It is proposed to use extra funding recurrently to commission Healthwatch to provide this advocacy role in a sustainable way moving forward.

Outcomes of this work will be:-

- Healthwatch to establish a sustainable advocacy service for Children & Young people.
- Monthly reporting to cover; activity, age, ethnicity, LAC etc.
- Details of any specific issues to understand trends.
- General feedback to commissioners regarding lessons learnt, areas of concern to help to improve services and interaction with Children and Young people going forward.

The Main KPIs associated with the work will be:-

- Real and effective engagement with Children & Young People & families in service development.
- Sustainable advocacy support being provided to children & young people in Rotherham and positive feedback rating scores being recorded following experience of the service.

Section 4 – Current and Proposed Key investment Areas

4.1 Current Investment in Rotherham

For the financial year 2014/15, Investment in CAMHS in Rotherham was as detailed in the table below.

| Source of Funding | Area of funding | Investment in 2014/15 |
|-------------------|---|-----------------------|
| RMBC | Integrated Youth Support Service | £128,000 |
| | RDaSH | £139,000 |
| | Rotherham & Barnsley MIND | £60,000 |
| | Looked After & Adopted Children's service | £229,000 |
| Education | Support in Schools | £248,280 |
| RCCG | RDaSH | £2,345,000 |
| NHS England | Tier 4 Inpatient services | £1,868,414 |
| | | |
| Total | | £5,017,694 |

Appendix 1 includes this finance information and related activity and staffing information for Emotional Wellbeing and Mental Health Services in Rotherham.

Services have only been included in the above figures if they are deemed to spend 100% of their time on Emotional Wellbeing and mental health issues, so School Nurses, for example, have not been included.

4.2 Proposed future investment utilising the extra funding associated with the Transformation Plan

With reference to various consultations with Children & Young People and their families, the development of the Emotional Wellbeing and Mental Health Strategy, the Rotherham Youth Parliament report and with reference to the Future in Mind report the following key areas were identified for future investment by a group of stakeholders:-

- **Enhanced Crisis Service** - that will provide for the Children & Young People of Rotherham on a 24/7 basis.
- **Enhanced Community Support Service** - which will provide step-up and step down services for children & young people moving into and out of inpatient services to help to avoid inpatient admissions and reduce length of stay.
- **ASD Support** - for Children & Young People and their families during the ASD diagnostic process and following diagnosis. Particular emphasis will be placed on filling current gaps in service including Occupational Therapy (OT).
- **Prevention/Early Intervention** - work in this area will be undertaken across many of the other areas of investment such as ASD support and family Support workers and many existing initiatives such as establishing locality workers to link with schools, GP practices and RMBC Early Help teams. Some non-recurrent funding will be used in 2015/16 for a Youth Cabinet Self-help conference.

- **Family Support Scheme** - to provide support in the areas of ASD, ADHD and Conduct Disorder. The support workers will also provide training for parenting/families. The service will, by default, pick up hard to reach groups and provide early intervention and prevention elements also.
- **Workforce Development** – Work during 2015/16, using non-recurrent funding, around a workforce development strategy and a Universal Screening Tool.
- **Hard to Reach Groups** – Initial work during 2015/16 to consult with LGBT young people around their emotional wellbeing issues and mental health.
- **Looked After Children** - some work will be undertaken in 2015/16 to reduce current waiting times to access the services of the Looked After and Adopted Support and Therapeutic Team (LAACSTT).
- **Development of services through input from C&YP etc.** - A baseline audit will be undertaken using non-recurrent funding in 2015/16 to understand current engagement and how this could be improved. In future years the opportunity will be taken to re-assess the effectiveness of the engagement periodically. In addition, recurrent funding will be utilised to provide an advocacy service for Children & Young People.
- **Child Sexual Exploitation** - Extra funding will be used to support the current funded 0.8wte Psychotherapist post which works across both Adult and Children's services.
- **Transition to adult services** – An improved process for transition from young peoples to adult services including for those with both mental health and learning disabilities.

These are brief summaries. Further details are contained in Section 6 (or section 3.2 in the case of the development of services through input from Children & Young People (CYP) & parents/carers).

4.3 Other associated areas of future development

In addition to the above, three areas of extra focus will be:-

4.3.1 Perinatal Mental Health

This will be covered by separate guidance (and separate funding stream) which will be available later in 2015/16.

4.3.2 Eating Disorders

Eating Disorder services for Children & Young People in Rotherham are currently provided as part of the general CAMHS service by RDaSH. Lower level eating issues will be picked up by Dietitians, School Nurses and GPs.

At RDaSH, the care of Eating Disorder cases is across the caseload and there is a psychiatrist with a particular interest in eating disorders.

During 2014/15, RDaSH dealt with 20 specific Eating Disorder cases. Between April and August of 2015 there were 12 new Eating Disorder cases accepted into the service.

As at August 31st, 2015 there were 14 cases in the system identified as having medical intervention from the Consultant Psychiatrist with a special interest in Eating Disorder and all these cases also had active regular intervention from a CAMHS practitioner of varying frequency during their treatment (from bi weekly to 4 weekly) .

There were an additional 6 cases identified as having an isolated CBT intervention for Eating Disorder (not formally diagnosed) which included clinical presentation consistent with restricted eating, EDNOS, Bulimia , OCD & eating difficulties and Body Image and eating issues. There were an additional 3 cases being seen by a Band 6 systemic practitioner identified as Eating difficulties may be EDNOS, not yet diagnosed (both with medical and CBT interventions for complex presentations) and a case with Bulimia (not formally diagnosed eating disorder also having medical intervention for risk management of complex presentation).

In summary, this suggests a caseload of approximately 23 open cases across the team as at August 2015 with at least 17 having multi- disciplinary case input.

In line with the recently published guidance “Access and Waiting Time Standard for Children and Young People with an Eating Disorder: Commissioning Guide” (National Collaborating Centre for Mental Health 2015), Rotherham CCG is working in partnership with Doncaster and North Lincolnshire CCGs to review the current community eating disorders provision across the three localities. This partnership has been developed because all three CCG’s currently commission their mental health services from the same Provider (RDaSH) and, as such have a history of working together to develop services. This collaboration will ensure that the service developed covers the required minimum 500,000 population in line with the guidance requirements.

Following the formal agreement to work together the CCGs are now working to gain a greater understanding of the levels and type of community eating disorder provision currently available within the different localities. Once this has been established the CCGs will work with service users, families, local stakeholders (GPs, Local Authority, voluntary sector groups etc.) and the Providers to establish a new eating disorder pathway that will deliver an evidence-based compliant service within the three CCG areas. Once agreed it will be commissioned by the CCGs as part of their contractual arrangements with the Provider.

Agreement has been made that Rotherham will be the lead commissioner and provisional meetings and workshops have taken place to discuss the guidance and how best this can be implemented across the three areas. It is expected that sign-off from the respective CCG boards will take place in November 2015 with implementation of the new service following quickly after.

Agreement has been made to work with the existing provider with the directive to subcontract with a third sector organisation. The new service will adhere to NICE concordance treatment recommendations.

Further details are not yet available concerning the development of this service, but will be reflected in the Rotherham LTP Action Plan.

4.3.3 All age 24/7 liaison mental health services in emergency departments (EDs)

RCCG is also receiving central funding of £135,416 (50% immediately and 50% in December) to ‘pump prime’ investment in an all age 24/7 liaison mental health service in the local emergency department (ED). This investment will be reflected in the Tracker document accompanying this plan.

As this funding relates to both Adults and Children & Young People services, further work is required to understand how this funding will be used going forward. Currently there is a notional expectation that the funding will be split 50/50 between the respective services.

The funding is being used to cover set-up costs, increase service awareness and support workforce development.

4.3.4 Specific research and scoping work during 2015/16

There is a need to further investigate specific areas of the 'Future in Mind' aspirations in order that a considered way forward can be established.

Some non-recurrent funding will be utilised in 2015/16 (and in future years, if required) to investigate specific development areas where it is felt that a better understanding is required in order to make the appropriate improvements/changes to the commissioning of services.

These include initially:-

- How best to develop a new approach to delivering care, which moves away from the established 'tiered' model.
- How to develop a sustainable local CAMHS workforce against the background of a national shortage.
- How to develop 'One-stop-shops'.

All of the above extra funding initiatives have been costed and align to the funding allocation which will result, following successful assurance by NHS England. These costs are included in the associated 'Tracker' document.

Section 5 - Local CAMHS Reconfiguration

Rotherham, Doncaster and South Humber Foundation Trust are currently in the process of reconfiguring the Rotherham Children and Young Peoples Mental Health Services (CaYPMHS) structure in order to bring about a number of improvements:

The reconfiguration will take place over two phases.

Phase 1 is considered as 1st July 2015 up to end of March 2016 during which time the following outcomes will be achieved:

- Improved patient experience and satisfaction;
- A reduction in the number of complaints;
- A sustained reduction in the waiting time for assessment following initial referral;
- A sustained reduction in the waiting time for treatment following initial assessment;
- Increased productivity and efficiency within the service;
- Services delivered within available financial resources;
- A substantively employed and stable workforce;
- Increased staff morale;
- Improved relationships with key partners including RCCG; RMBC; TRFT; Healthwatch.

The period of formal consultation with staff commenced mid-September 2015 and is expected to close by the end of October. The proposed service model includes a single point of access for GPs; a service that faces and actively links with the 7 GP localities and other educational and early help social care services; delivers a range of specialist evidence based pathways; responds to young people in crisis; actively manages the transition into adult mental health services; and supports 'high risk' vulnerable young people with mental health needs.

As part of the reconfiguration process, RDaSH undertook a project from April to June, 2015 in conjunction with Meridian Productivity, which demonstrated under-utilised capacity within the service. This has enabled a significant improvement in waiting times.

Phase 2 will take place following the assurance of the Local CAMHS Transformation Plan.

The service will continue to provide focussed support for those young people with a learning disability and mental health need.

Section 6 - Key areas of the Transformation Plan:-

The following sections provide more details regarding the specific areas where the extra funding will be utilised and how these relate to the 5 key themes of the 'Future in Mind' report.

6.1 Promoting Resilience, prevention and early intervention

6.1.1 Perinatal Mental Health Pathway

The management of mental health problems during pregnancy and postnatal is more complicated as consideration has to be given to the potential impact of any difficulties and treatments on the mother and the baby. There are risks associated with taking the psychotropic medication in pregnancy and during breast feeding. Ceasing medication for an existing mental health problem also carries risk.

Depression and anxiety are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety. In some cases, both are experienced. Anxiety and depression also affect between 15-20% of women in the first year after their child's birth (NICE 2014).

Although a maternal mental health pathway had been developed in Rotherham a number of years ago, changes in organisational structures, staff turnover and changes in commissioning responsibility mean that the Rotherham pathway needs to be refreshed to reflect the local changes and ensure compliance with the new NICE guidance published in 2014.

This piece of work commenced a number of months ago. Progress to date includes:

- Antenatal and Postnatal mental health pathway group established. This is a partnership group with representation from across the district and NHS England.
- Pathway revision work has commenced.
- Commissioning discussions have commenced between the CCG and RDaSH to identify a specialist perinatal Mental Health clinician to work on the pathway.

It is anticipated that a revised pathway will be agreed later this year which will take into account any new guidance from NICE or NHS England which is expected shortly.

6.1.2 Prevention & early intervention work with schools and families

RMBC is working closely with schools in Rotherham on a project which is looking at developing strategies around collective responsibility for children & young people with social emotional & mental health (SEMH) needs through establishing clusters of schools to work in partnership with health and social care partners. This initiative will specifically target the most vulnerable children.

Partners in the Statutory and Independent sectors will be working with schools and the wider community to develop whole school approaches to mental health and wellbeing and to develop bespoke community mental health promotion responses.

Commissioners have worked closely with the Rotherham Youth cabinet in the past and particularly when the Emotional Wellbeing and Mental Health Strategy was being developed. As a significant 'voice' of young people in Rotherham, the Youth Cabinet can be a powerful tool to generate key messages for children and young people and non-recurrent funding will be used in 2015/16 to support the Youth Cabinet to deliver a conference. This will promote the development of self-help tools for children and young people.

The Family Support Scheme will contribute to this work by supporting families in the areas of ASD, ADHD and Conduct Disorder (see 6.2.2 & 6.2.3).

As part of the reconfiguration of the RDaSH CAMHS service, 'locality workers' will be identified to interface with GP Practice localities (of which there are 7 across Rotherham) and the 9 proposed Early Help teams which RMBC are developing. In addition, work will be undertaken with schools to identify mental health leads and the CAMHS services will link with these on a locality basis and provide ongoing support.

Following the development, during 2015, of a CAMHS Website in Rotherham – www.mymindmatters.org.uk – further work will be undertaken to develop associated digital tools and 'Apps', with particular emphasis on self-help techniques.

Expected outcomes of this work will include:

- Children and young people are able to manage emotional wellbeing and mental health in order to allow them to learn, develop and fulfil their potential.
- Improved interface between RDaSH CAMHS workers and GP practices, Schools and Early Help Teams, providing a more co-ordinated and holistic approach.

Some non-recurrent funding will also be used in 2015/16 to develop whole school approaches and support local community workers to promote resilience and improve emotional wellbeing and prevent mental health problems for Children & Young People. Strong consideration will be given in future years to the use of any additional funding to support early intervention.

The Main KPIs associated with the work will be:-

- Develop whole school approaches in Rotherham. Schools & Colleges will identify a mental health named contact.
- Identify pilot areas for working with local community workers.

6.2 Improving access to effective support

6.2.1 Enhanced Crisis Service

RDaSH currently provides an 'Out of Hours' service which operates across their total footprint so includes Doncaster and North Lincolnshire CCGs. Whilst the service works well, there can be issues if staff are called out to more than one area at a time.

The objective will be to provide a Crisis response service that will operate on a 24/7 basis. From 8pm to 8am this will link with the existing Adult Crisis service and provide a more joined-up approach.

This service already encompasses 16 and 17 year olds, so this development would extend this to all CAMHS ages from 15 and below. From 8am to 8pm an all ages Mental Health liaison service will be provided, combining the existing Adult mental health Liaison service recently commissioned as part of the Rotherham Better Care fund work with the new CAMHS Liaison role.

The Crisis Service will support the suicide prevention and self-harm work in Rotherham. In particular, referrals to this service will help inform partners of any need to activate the Rotherham Suicide and Serious Self Harm Community Response Plan.

http://rotherhamscb.proceduresonline.com/chapters/g_multi_age_prev_self_harm.html#community_plan

Recurrent funding will be used to develop the service.

This initiative also links very closely with many elements of the Crisis Care Concordat and will help to provide support to Children & Young People before, during and after Crisis.

The expected outcomes of the work will include:-

- Reduction in the numbers of children and young people admitted to Tier 4 / other in-patient settings;
- Increased patient satisfaction;
- Increased staff satisfaction in delivering this model;
- Positive impact on staff recruitment and retention as on-call rota will be replaced.

The Main KPI associated with the work will be:-

- Assessment of mental health needs within 1 hour of presenting at A & E.

6.2.2 ASD Support

One of the recommendations of the Emotional Wellbeing and Mental Health Strategy was to develop multi-agency pathways. Through taking this work forward in June of 2014, it was recognised that there was a gap in provision of post diagnosis support for children & young people with ASD. There is a particular gap concerning support for families at home as opposed to school. The support at school is provided by RMBC's Autism Communication Team (ACT).

Additional funding will be made available for working closely with families at all stages of the ASD pathway. Particular emphasis will be placed on filling current gaps in service including OT. This will also link with the section covering the Family Support Service in section 6.2.3 below.

Fundamental to developing the delivery of the service, young people and parents and carers would be engaged in coproducing the programme and interventions would be tailored to individual families. Links would be developed with GPs, Early Help and other relevant services.

Expected outcome of the work:-

- Improved resilience of families and young people.
- Reduction in need for specialist interventions from mental health services.
- Reduction in social care referrals.
- Improved parental mental health.

- Children and young people are able to manage ASD in order to allow them to learn, develop and fulfil their potential.

The Main KPI associated with the work will be:-

- Providing support relating to 15 new referrals per month.

6.2.3 Family Support Scheme

RDaSH have Family Support workers based in Rotherham, but these are not recurrently funded. RCCG will work with the Rotherham Parents Forum to develop a 'Family Support Scheme'. This would embrace all services used whilst accessing CAMHS Services, i.e., Education, health, social care, etc.

Having a co-ordinated parent led approach with trained volunteers will help to empower parents and young people to get the best possible outcomes for the child /young person whilst working in partnership with services.

This will align with a number of cross organisation initiatives and principles including:

- The SEND agenda and local offer.
- Co-production within allocated and available resources.
- Building patient / carer champions.
- Pioneers for participation.
- Improving CAMHS services and delivery of the CAMHS strategy.

It is proposed to use extra recurrent funding for this 'Family Support Scheme' to provide general support for families, but with particular emphasis in the areas of ASD, ADHD and Conduct Disorder. The support workers will also provide training for parenting/families. The service will, by default, pick up hard to reach groups and provide early intervention and prevention elements also as some of the families will not have entered services when they start to engage. As it will be working in a family focussed way, it will also be well placed to pick up 'intergenerational' work.

Expected outcomes of this work will include:

- Improved resilience among children, young people and families.
- Families are more aware of what to expect when their Child/Young Person is on a particular pathway.
- Children & Young People are prevented from developing more severe mental health issues.

The Main KPI associated with the work will be:-

- Young People and families accessing services from The Rotherham Parents Forum will be empowered to independently access support services.
- Percentage of families engaged by the service successfully who have a positive outcome.

6.2.4 Transition to Adult Services

Whilst processes are in place for Children & Young People to transition to Adult services, commissioners have concerns that this process isn't consistent and timely. Some non-recurrent funding will be used to scope out the current transition process and recommend how this can be enhanced to ensure a better experience for Young people both with mental health issues and learning disabilities.

Expected outcome of this work will include:

- Improved experience of transition from Children's & Young People's services to Adult Services.

The Main KPI associated with the work will be:-

- Percentage of children & young people experiencing a good transition to Adult services.

6.2.5 Enhanced Community Support

RDaSH CAMHS have on occasion provided enhanced community support (Tier 3+), but this has not been on a consistent basis. Recurrent funding will be used to provide an enhanced community support service (operating from 9am to 5pm) which will provide the opportunity for CAMHS services to retain children & young people in the community who would otherwise be admitted to inpatient beds. It will also enable children & young people who are admitted to inpatient facilities to be more quickly 'stepped down' to community services, therefore reducing the length of stay.

The expected outcomes of the work will include:-

- Reduction in the numbers of children and young people admitted to Tier 4 / other in-patient settings;
- A reduction in the length of stay in Tier 4 / other in-patient settings;
- Increased patient satisfaction;
- Improved therapeutic outcomes;
- Reduction in the number of children and young people attending A&E with mental health issues;

The Main KPI associated with the work will be:-

- Reduction in average bed-days of children & young people admitted to a Tier 4 bed.

6.3 Caring for the most vulnerable

6.3.1 Looked After Children (LAC)

RMBC currently commissions a specific service for Looked After and Adopted Children – the Looked After and Adopted Children Support and Therapeutic Team (LAACSTT), which is well established.

Whilst it is not proposed that extra funding be allocated to this area on a recurrent basis, some work will be undertaken in 2015/16 to reduce current waiting times to access the services of the LAACSTT.

The Main KPI associated with the work will be:-

- To provide a range of therapeutic advice, consultation and interventions to reduce current waiting lists.

RDaSH CAMHS also provides longer term psychotherapy care to Looked After and Adopted Children (LAAC).

RCCG will work with RDaSH and RMBC to develop a process for prioritising LAAC and Care Leavers entering the CAMHS or Adult services.

Through the establishing of RDaSH CAMHS locality workers to work specifically with schools, support will be given to Teachers and key workers to enable them to recognise attachment difficulties and on interventions for children & young people on the edge of care and in care (in line with proposed NICE guidelines relating to children's attachment).

Expected outcomes;

- Better access to services and support for LAAC.

- Teachers and key workers in schools are better able to recognise attachment difficulties are aware of possible interventions.
- More joined-up support for LAAC.
- Better awareness of Care Leavers by services.

6.3.2 Hard to reach groups

Some hard to reach groups (including; BME, Youth Offenders, LGBT, Asylum Seekers, travellers, young carers etc.) will be picked up through other elements of the Transformation Plan, such as LAC and also through general interfaces such as the Family Support Scheme.

It is recognised that further work needs to be done in this area and some non-recurrent investment will be made during 2015/16 to consult with LGBT young people around their emotional wellbeing issues and mental health. The main purpose will be to understand the impact on their lives, the responsiveness of services and to identify gaps in provision which need to be addressed in order to improve their emotional wellbeing.

Expected outcomes;

- Improved emotional wellbeing & mental health of LGBT young people.
- Improved awareness of staff of the emotional wellbeing and mental health needs of LGBT young people.

The Main KPI associated with the work will be:-

- Number of young people attending 'residential'/workshops

6.3.3 Child Sexual Exploitation (CSE)

Working with children and adults who have been affected by CSE is a high priority for Rotherham CCG. The CCG is already funding a 0.8 wte Clinical Psychologist to specifically work with children & young people affected by CSE. The Clinical Psychologist works 2.5 days in the Adults service and 1.5 days in CAMHS and has been in post since October 2014. Activity data is collected to show the work of the current post.

Further funding will be utilised to extend the CSE work in Rotherham.

Expected outcomes;

- A holistic and joined up approach to address the mental health needs of people affected by CSE and a trained and supported workforce.

The Main KPI associated with the work will be:-

- Enhanced support for the voluntary & community sector in supporting victims of CSE. Referrals for Children & Young People affected by CSE will be triaged within 24 hours for urgency.

In addition, it was announced in August 2015 that £3.1 million was being used to help victims of child sexual exploitation across South Yorkshire. Those who have been or who are at risk of being sexually exploited will be getting more support from Barnardo's specialist workers who are expected to be in post from autumn 2015. Barnardo's will be delivering the service for the next three years, employing a team of 15 specialist workers.

6.3.4 Changes to the use of police custody suites

Rotherham CCG is working collaboratively with other CCGs in South Yorkshire and with South Yorkshire Police to ensure that provision is made for Children & Young People who would previously have been detained on custody suites but who will not do so from January 2016. This is in line with Government proposed changes.

6.4 To be accountable and transparent

6.4.1 Co-Commissioning of Children's Services in Rotherham

A Joint Commissioning Strategy has been developed which sets out the agreed joint and integrated approach for the commissioning of services for children and young people between RCCG and RMBC. It is intended to inform children, young people, families, partners, stakeholder's and communities about children's commissioning and to set out the intentions for 2015-17 based on demographics, the Joint Strategic Needs Assessment and what the parties have learnt from all stakeholders.

The Strategy describes the way RCCG and RMBC will work with all key partners to co-produce joint commissioning as a means of delivering the strategic vision of the Children and Young People's Partnership in Rotherham. This will include, for example, potentially pooling budgets, aligning service specifications and combining performance frameworks.

The two organisations work very closely already on the current commissioning of CAMHS services and RMBC is an associate to the mental health contract between RCCG and RDaSH and contributes £140k.

6.4.2 Collaborative Working with NHS England

Both NHS England Specialised Commissioning Team and NHS England 'Health & Justice' have contributed to the development of the Local Transformation Plan as detailed below.

6.4.3 NHS England Specialised Commissioning Team

The Yorkshire and Humber (Y&H) Mental Health Specialised Commissioning Team works closely with identified lead commissioners in each of the 23 CCG areas across Y&H to ensure that specialised services feature in their local planning. This work is done collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders. There are a number of forums across Y&H where collaboration take place, these include for example, the Y&H CAMHS Steering Group, Specialist Mental Health Interface Group and also through individual meetings between NHS England and local commissioners. This way of working ensures that the whole pathway is considered when considering the development of services for children and adolescents.

The National CAMHS Tier 4 Review identified Y&H as one of the two areas nationally that was experiencing the most significant capacity issues. These issues are regularly discussed and reviewed locally and regionally. The national pre-procurement project reported in July, recommendations in relation to procurement of Tier 4 services are due to be announced imminently.

As at April 2015, there are a 90 beds in Y&H (53 general adolescent and 37 other) – some of this capacity provides for population of East Midlands. These are specifically in the following locations:-

- Leeds & York NHS Partnership FT (York) - 16 gen adolescent beds, deaf outpatient services
- Leeds Community NHS Healthcare Trust (Leeds) - 8 gen adolescent beds
- Riverdale Grange (Sheffield) – 9 CAMHS Eating Disorder beds

- Alpha Hospitals (now part of Cygnet Hospitals) (Sheffield) – 15 gen adolescent beds, 12 PICU beds
- Sheffield Children's Hospital NHS FT(Sheffield) – 14 beds 14-18yrs, 9 beds 10-14yrs, 7 beds LD none secure 8-18yrs, day-care 5-10yrs.

Across Y&H, NHS England has considered in some detail what provision is required. Modelling work is ongoing regarding bed numbers and includes consideration of the natural patient pathways for young people from the East Midlands, but below is a summary position:-

- Adequate capacity regarding general adolescent beds in appropriate geographical locations - current lack of provision in West, North and East of Yorkshire – over provision in the South
- Access assessment arrangements that reflect location of general adolescent services.
- Eating Disorders – North and South of the hub area
- PICU – North and South of the hub area, co-located with general adolescent service
- Children – Y&H central geographical location
- Low secure -mixed gender – Y&H central geographical location
- Low Secure and none secure learning disability/ASD – Y&H central geographical location
- Other services will continue to be provided on a regional basis, e.g. Medium secure or national basis, e.g., in patient deaf services

Since November 2014 access assessments arrangements have been formalised across Y&H to enable equity of access for all geographical areas and specialist provision required by ensuring that all access assessments are undertaken by tier 4 clinicians. These arrangements are underpinned by the National Referral and Access Assessment Process for Children & Young People into Inpatient Services (Specialised Mental Health Services Operating Handbook Protocol). In addition Care and Treatment Reviews (CTRs) were developed as part of NHS E commitment to improving the care of people with learning disabilities (LD) and/or autism (ASD). The aim is to reduce unnecessary admissions and lengthy stays in hospitals. Children and young people with a diagnosis of LD and/or ASD from Y&H have had access to CTRs whilst in hospital and often prior to referral to inpatient services.

In Summary, NHS England and local commissioners work collaboratively in Y&H to ensure that they understand and address local issues that influence admissions to, and length of stay within, CAMHs inpatient services. The variation of CAMHs service provision across Y&H is monitored through local and hub wide data to help identify trends/themes. Y&H MH Specialised Commissioning team have positive relationships with local commissioners and this is a significant determinant to ensure that local pathways work effectively to provide a whole system approach. The work undertaken with local commissioners as part of the transformation plans has aimed to ensure that the right services are in the right place, accessed at the right time and based on local population need. Through the transformation plans all opportunities for collaborative commissioning have been explored. Good examples of these opportunities are in CAMHs Eating Disorder and Intensive Community Provision.

NHS England Specialised Commissioning is represented at monthly meetings to discuss Rotherham Children and Young People currently in Tier 4 beds and other complex children & young people.

Inpatient activity for Rotherham patients since 2012/13 is detailed below:-

| Year | 2012/13 | 2013/14 | 2014/15 | 2015/16 (to date) |
|-------------------|---------|---------|---------|-------------------|
| Total Inpatients | 45 | 23 | 22 | 12 |
| Admissions | 42 | 20 | 18 | 6 |
| Occupied Bed Days | 2,768 | 2,113 | 2,015 | 953 |

Rotherham is a relatively high user of inpatient beds compared to other similar sized areas. This may be due to a lack of Tier 3+ services.

Regarding the admission gateway processes for Children & Young People with learning difficulties and/or challenging behaviour, RCCG will work with NHS England to ensure that this process is working. This relates to the use of a care & treatment review (CTR).

6.4.4 NHS England 'Health & Justice'

High numbers of children who offend have health, education and social care needs, which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour, with significant long term costs to the taxpayer and to the victims of these crimes. In recent years the national policy on sentencing for children who offend has changed, with around 97% now subject to community supervision as opposed to custodial sentencing. All children who come into contact with youth justice services are vulnerable by virtue of their young age and developmental immaturity. Many are doubly vulnerable in that they are disadvantaged socially, educationally, and also because they experience a range of impairments and emotional difficulties. It is well established that children who offend have more complex health and support needs than other children of their age.

Evidence suggests that between a third and a half of children in custody have a diagnosable mental health disorder and 43% of children on community orders have emotional and mental health needs. Research studies consistently show high numbers of children in the youth justice system have a learning disability, while more than three-quarters have serious difficulties with literacy and over half of children and young people who offend have themselves been victims of crime.

Children who are, or who have been, in care are over-represented among the offender population. Research shows that 42% of children on custodial sentences had been 'held in care', while 17% were on the child protection register. Given what we know about the very high levels of complex needs among young people in secure settings, there is an urgent requirement to see young people in custody as children in need and for CAMHS to ensure access to the service is a priority. The case is particularly strong for those identified with early behavioural problems and ADHD (both of which are known to have strong associations with offending behaviour, substance misuse and later mental health problems), those who have suffered previous maltreatment, young females (who have high levels of mental health and other needs), young people from BME communities (who remain over-represented in custody settings), and those with mild to moderate learning disabilities and communication difficulties, who currently fail to access community services. Children who offend don't always get early help with health needs – yet early intervention will lead to better outcomes. NICE guidance (2013) supports clearer evidence of what works to support children's and community outcomes – working with families and systems around young person.

Future in Mind recognised that commissioners across the whole system need to work together to ensure integrated care pathways to enable young offenders with mental health problems at all stages of the criminal justice pathway can get the most appropriate care at the right time by the right person.

The success of the Youth Offending Team (YOT) model has been widely acknowledged as an effective way of providing children who offend with the right mix of care, supervision and rehabilitation. The importance of integrated service provision within the Youth Offending Service (YOS) with clear care pathways is vital in the youth justice system where mental health problems in children who offend may be identified for the first time, but with a limited window of opportunity to assess need, plan for and deliver an appropriate intervention.

Challenges include;

- Threshold for acceptance into CAMHS is high and can exclude children with lower level, multiple and often complex mental health needs. Children under the supervision of youth justice services and those identified as being at risk of offending must not be marginalised and they should have equal access to comprehensive CAMH services.
- Specialist YOT CAMHS workers, or clear pathways into CAMHS, are needed to support children with a community sentence and should be available for those on release from secure accommodation.

Children referred to Forensic CAMHS (FCAMHS) may be involved with the youth justice system or be at high risk of being so in the future. They are likely to present with behavioural problems like violence and aggression towards others, harming themselves, fire setting or engaging in sexually inappropriate behaviour. FCAMH services work collaboratively with other agencies working in the youth justice system, there should be a dual emphasis on promoting and enabling individual recovery and independence, while also ensuring the protection of the public. Challenges in service delivery include;

- The time of highest risk for children is during the transition between different parts of the pathway – it is essential this transition is managed safely and effectively. This is particularly the case for the transition from secure accommodation to increased independence and responsibility in the community. There is a need for children on release from the secure estate to be referred to a community forensic CAMHS if they have been assessed within the estate as needing a service, but the sentence has been too short to start or complete an intervention.
- The principle of ‘equivalence of care’ established that people (including children) in prison should have the same standard of care that is available to the wider (non-imprisoned) population. The 3 secure establishments for children in Yorkshire and the Humber; HMYOI Wetherby, Aldine House and Adel Beck Secure Children’s Homes all have access to FCAMHS but there is often no community service to provide treatment or follow up available.

Liaison and Diversion (L&D) services operate by referring offenders who are identified with having mental health, learning disabilities, substance misuse or other vulnerabilities to an appropriate treatment or support service. At the point of arrest, there is an opportunity to identify these needs early on, to link young people and their families with the support they need and to reduce the chance of people going in and out of the youth justice system. Most adults with poor mental health first present with symptoms during their teenage years so early intervention is critical to promote children’s life chances and reduce multi-sector costs. An independent evaluation found that young people involved in L&D services took longer to reoffend and showed significant improvements in depression and self-harming.

Challenges in service delivery include;

- Following assessment by the L&D practitioner the child is referred to the most appropriate mainstream, YOS, and voluntary health and social care services to meet their mental health needs. Clear care pathways need to be established into comprehensive CAMHS for children they are on the fringes of early criminal activity right up until their resettlement after custody.
- Pathways from L&D services will need to include services for those with mental health and behavioural difficulties as well as care pathways for those comorbid mental health and learning disabilities.

In conclusion the youth justice system differs from the adult criminal justice system to reflect the fact that children have a different level of mental capacity, experience, maturity and different developmental needs. If evidence based mental health interventions are provided as soon as possible on entering the system or upon resettlement after custody, there is the greatest chance of avoiding the range of negative outcomes for these children.

As at July 2015, there were 3 Rotherham Children/Young People in Secure Children's Homes (SCH) and 1 Child/Young Person in a Young Offenders Institute (YOI).

6.5 Developing the workforce

6.5.1 Specific investment in Workforce Development and Development of Skills for Parents/Carers and Young People.

Whilst it is not proposed that extra funding be allocated to this area on a recurrent basis, some work will be undertaken in 2015/16 using non-recurrent funding around the following areas:-

- Workforce Development Strategy – to include work with parents/carers and young people. Develop a strategy with different levels of skills development dependent on role and responsibilities i.e. Bronze to Platinum approach.
- Develop a Screening Tool for use by Parents/Carers and Young People and Practitioners – to agree on a screening tool which can be used universally across the system to help identify young people who may be experiencing poor mental health.

It is also recognised that there is a national issue with recruiting to CAMHS services and RCGG and other commissioners will ensure that providers have robust workforce plans which are designed to address these issue. This may include the development of 'trainee roles' to help develop skills in-house.

Expected outcomes of the scheme:-

- Improved ability for young people and families to identify young people at risk of poor mental health (Screening Tool)
- Staff feel more confident to be able to help children and young people to manage their emotional wellbeing and mental health in order to allow them to learn, develop and fulfil their potential (Workforce Development Strategy)
- A more sustainable 'pool' of CAMHS practitioners within Rotherham (Workforce Development Strategy)

The Main KPIs associated with the work will be:-

- Development of a Workforce Strategy.
- Development of a screening tool to identify children who may be experiencing poor mental health.

6.5.2 Evidence based practice and Children and Young People's Improving Access to Psychological Therapies (CYP IAPT).

The CAMHS service specification which Rotherham CCG has in place with RDaSH emphasises the importance of evidence based practice and the CCG invested £80k recurrently in the CAMHS service from 2015/16 to expand the general CAMHS provision and also specifically therapy provision.

Rotherham has participated in the CYP IAPT initiative since October 2012. This has specifically included RDaSH and 'Rotherham & Barnsley MIND' as providers.

Below is a summary of the training opportunities which the Rotherham partnership has accessed;

| Training | Year | Organisation | Numbers |
|---|---------|--------------|---------------------------------------|
| Cognitive Behavioural Therapy | 2012/13 | RDaSH | 1 |
| | | MIND | 1 |
| Service Lead training | 2014/15 | CAMHS | 2 |
| Supervisor training | 2014/15 | | Several parenting and CBT supervisors |
| Systemic Family Practice | 2013/14 | RDaSH | 2 |
| Interpersonal Psychotherapy for Adolescents (IPT-A) | 2014/15 | | 0 |
| Enhanced Evidence Based Practice | 2014/15 | RDaSH | 1 |

RDaSH and Rotherham Barnsley Mind teams received funding to support the following:

- Trainees (£30,000 per post graduate trainee)
- Supervisors (£5,000 per supervisor)
- Service development (£35, 000)
- Participation (£10,000)
- Information Technology (£40,000)

New curricula currently being considered post-wave 5 cycle includes; Learning Disability, Counselling, Tier 4, Combined Treatments including Prescribing.

Rotherham CAMHS undertook a review of progress against CYP-IAPT/ CAMHS accreditation in April 2015. To be repeated in October 2015. Much progress has been made over the period of the CYP-IAPT project in respect of outcome measures and a 2015/16 CQUIN is in place.

It is understood that there is an opportunity from 2016/17 for providers who work with children under 5 years of age may be able to access CYP IAPT training. This has been highlighted to the Children's Development Centre (CDC) in Rotherham.

Section 7 - Governance and next steps.

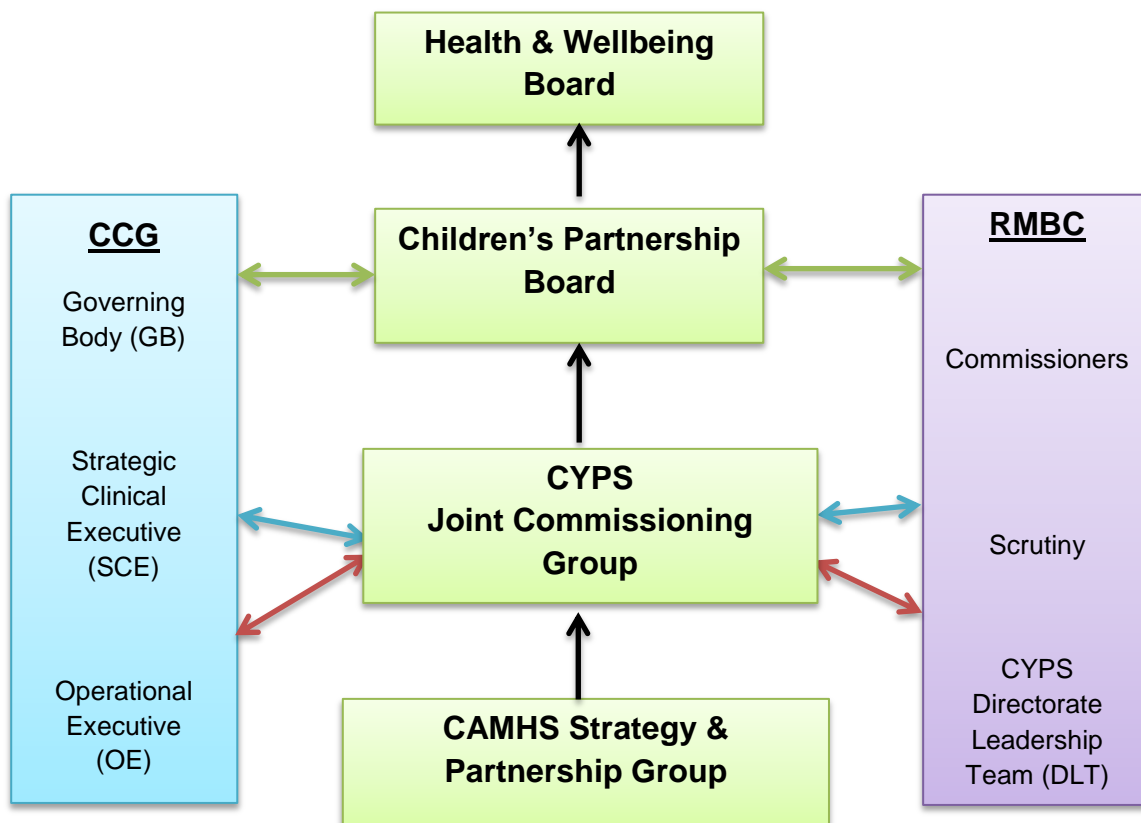
7.1 Local sign-off of the Transformation Plan

The Rotherham Local Transformation Plan has been signed off by the Chair and Deputy Chair of the Rotherham Health & Wellbeing Board, who are respectively:-

David Roche - Chair of the Rotherham Health & Wellbeing Board and RMBC Councillor

Julie Kitlowski - Vice chair of the Rotherham Health & Wellbeing Board and Chair of Rotherham CCG.

The following shows the governance arrangements:-



An action plan has been prepared to take forward the implementation of the plan and this will be monitored by the CAMHS Strategy & Partnership Group.

A new body was established in September, 2015 – The Rotherham Partnership – which the Health & Wellbeing Board now reports to.

7.2 Equality & Diversity

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must give due regard in the course of their duties to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance 'Equality of Opportunity'
- Foster good relations with the public

This Transformation Plan specifically meets these requirements through work in the areas of 'Hard to Reach Groups' (Section 6.3.2), Family Support Service (Section 6.2.3), Looked After Children (Section 6.3.1) and Child Sexual Exploitation (Section 6.3.3). In addition, work to engage with Children & Young People and their families and improve access to services through the SPA and Crisis response will ensure equality of access and good relations.

Going forward, Equality Impact Assessments (EIA) will be undertaken for all the development areas.

7.3 Ongoing monitoring of the Transformation Plan

Following the development of the Rotherham Emotional Wellbeing and Mental Health Strategy in 2014, progress against the resulting Action Plan has been monitored by a small group of colleagues from RCCG and RMBC and formally discussed at the CAMHS Strategy & Partnership Group, which meets quarterly and has representation from all key stakeholders, including Rotherham Parents Forum and Rotherham Youth Cabinet. Monitoring of the Local Transformation Plan will be using the same process.

A local CAMHS Transformation Plan 'Action Plan' has been prepared which will enable monitoring of progress against the specific areas of extra investment outlined in section 4 above as well as other areas of development which relate to the themes outlined in the Future in Mind report and also existing initiatives resulting from the Emotional Wellbeing and Mental Health Strategy, for example. Appendix 2 contains a list of the key areas of the 'Action Plan'.

7.3.1 – Risks around delivery of the Transformation Plan

There will clearly be some risks around the implementation of the plans, particularly where recruitment is involved and with reference to the workforce issues outlined in 6.5.1 above. There is also an awareness that neighbouring CCGs may be looking to make similar investments and this may mean that there is a lot of competition for few available workers.

Reference to section 4.2 above, highlights that a number of non-recurrent investments are planned for the remainder of 2015/16 in an effort to make the best use of these resources. Contingencies will be developed as alternatives in the event that any of these investments are not possible. Such decisions will be made as part of the ongoing monitoring as outlined above.

As outlined in section 7.3, the Transformation Plan will be monitored through the 'Action Plan' which will be RAG rated and highlight ongoing risks around delivery of the elements of the plan.

7.4 Publishing of the Plans and declaration

Once the Plan has been assured, it will be published on the websites of key stakeholders including:-

- RCCG
- RMBC
- RDaSH
- The Rotherham Foundation Trust (TRFT)
- Healthwatch

Communication leads from the key stakeholders will work together to ensure a consistent message is given in publicising the Local Transformation Plan and where it can be accessed.

Section 8 - Summary and Conclusion

In summary, in preparing this Transformation Plan, Rotherham CCG has worked with stakeholders to build on the existing Rotherham Emotional Wellbeing and Mental Health Strategy, which included a local needs assessment, and

produced a robust plan for taking forward the further development of local Children and Young Peoples Mental Health services.

In preparing the plan, full consideration has been given to the recommendations of the 'Future in Mind' report and Rotherham CCG is confident that this represents an excellent start on the 5 year journey to achieve the Government's aspirations for 2020, namely:-

- Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled.
- In every part of the country, children and young people having timely access to clinically effective mental health support when they need it.
- A step change in how care is delivered moving away from a system defined in terms of the services organisations provide (the 'tiered' model) towards one built around the needs of children, young people and their families.
- Increased use of evidence-based treatments with services rigorously focused on outcomes.
- Making mental health support more visible and easily accessible for children and young people.
- Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.
- Improving access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour.
- A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it.
- Improved transparency and accountability across the whole system, to drive further improvements in outcomes.
- Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.
-

What is very clear is that this only the start and it is important that this Transformation Plan remains a 'live' document, which will flex, adapt and grow as more is understood and learnt about how best to develop services for the benefit of the Children and Young People in Rotherham.

David Roche,
Chair of the Rotherham Health & Wellbeing Board

Signed..... Date.....

Dr Julie Kitlowski,
Vice Chair of the Rotherham Health & Wellbeing Board and Chair of the NHS Rotherham CCG Governing Body.

Signed..... Date.....

See below embedded document with scan of the above signatures.



Scan of signatures -
page 25.pdf

Appendix 1

Summary information relating to activity, funding and staffing of Emotional Wellbeing and Mental Health Services in Rotherham as at 2014/15.

| Rotherham Activity Data | | | | | | |
|--|--|--|---|---|--|---|
| | Number of referrals into service between April 14 and march 15 | Number of CYP accepted into service during 14/15 | Average waiting time to assessment/ first contact | Average waiting time between assessment and intervention - (if appropriate) | Number of active cases as at March 31 st 2015 | Total number of face to face appointments offered during 2014/15 |
| School based/ education cluster based services | | | | | | |
| | 323 + referrals pending(approx. . 35) + 40 LAC cases (Virtual School) | 323 + 40 LAC cases (Virtual School) | | Average of 5 school weeks | 140 approx. + LAC (Virtual School) | 3,055 + LAC (Virtual School) |
| | | | | | | |
| Locally authority based services | | | | | | |
| Looked after children CAMH service | 361 | 361 = 287 Individuals | Approx. average 4 weeks (aim is 2 weeks) | Approx. 3 months. | Approx. 150 | Approx. 1,000 (but not all with patient, can be with worker or carer) |
| Early intervention emotional health service | 632 | 632 | 7.8 calendar days | 49 calendar days | 213 | Approx. 6,000 |
| MST services | | | | | | |
| <i>Other LA services - use as many rows as necessary</i> | | | | | | |
| | | | | | | |
| NHS based services | | | | Column E has been calculated as average wait assessment to treatment | | Include DNA, cancel by patient, and face 2 face as 'offered' |
| NHS Provider CAMHS service | 1243 | 1086 | 38.04 days | 26.19 | 1288 | 9711 |
| Eating Disorder element of the above CAMHS service. | 20 | 20 | 36.2 days | 15.1 days | 15 | 414 |
| Community (T2/3) team (Core pathway) | 990 | 865 | 35.75 days | 21.83 | 751 | 6846 |
| Tier 2 CAMH Team | N/A | | | | | |
| LD pathway | 54 | 51 | 43.59 days | 68.1 | 101 | 1241 |
| Forensic | N/A | | | | | |
| Looked after children CAMH service | N/A | | | | | |
| Self-harm / crisis intervention | N/A | | | | | |
| Intensive home intervention service / T3.5 | N/A | | | | | |

| | | | | | | |
|---|-----|-----|------------|-------|-----|------|
| <i>Other NHS based services - use as many rows as necessary</i> | | | | | | |
| ASD diagnostic | 114 | 98 | 44.36 days | 31.15 | 138 | 521 |
| ADHD pathway | 85 | 72 | 53 days | 42.22 | 298 | 1103 |
| Third sector provided services (use as many rows as necessary for individual third sector agencies (Include name of agency in 1 st column) | | | | | | |
| Rotherham and Barnsley Mind | 101 | 101 | 3 Weeks | N/A | 68 | 1566 |

| Rotherham Workforce Data | | | | |
|---|---|---|---|--|
| | Total number (WTE) of practitioner/clinical staff on the establishment as at June 15 | Total number (WTE) of practitioner/clinical staff in post as at June 15 | Total number (WTE) of non-practitioner/clinical staff supporting clinical staff on establishment as at June 15 (include admin staff and managers etc.) | Use this column to provide more detail or to signpost to other documents that provide more detail |
| School based/ education cluster based services | | | | |
| | 4.44 wte – 1:1 counselling(including strategic lead) 1.89 – LAC work (Virtual School) 1.57 – family practitioners = 7.9 wte in total | 1 x admin – 0.16 wte 1 x strategic lead – 0.41 wte (excluding clinical time) | 2 | |
| | | | | |
| Locally authority based services | | | | |
| Looked after children CAMH service | 4 wte plus part time student placements (5wte Inc. Manager) | 4 wte plus part time student placements (5wte Inc. Manager) | 1 wte manager/supervisor, 0.6wte admin., 2 x 0.4 students. | Annual Report |
| Early intervention emotional health service | 7.6 | 7.1 | 1 | |
| MST services | | | | |
| Other LA services - use as many rows as necessary | | | | |
| | | | | |
| Health based services | | | | |
| NHS Provider CAMHS service | Total WTE 29.85 | 29.85 | 11.5 of which 4.6 are clinical staff who support the care coordinator | Column D consists of clinical staff who support care coordinators these are Peer Support Workers and Assistant Psychologists. Also managers, clinical leads (with a caseload below 40%) and admin. |

| | | | | |
|--|---|-------|--------------------------------|---|
| Other health based services(use as many rows as necessary) | | | | |
| Core CAMHS | 21.91 of which 4.9 is medical | 21.91 | 2.6 PSW and Asst. psychologist | Medical staff / admin and managers / clinical lead work across the range of pathways. There was an elevated level of sickness / absence and some recruitment delays during 2014 and a configuration commenced in April 2015 however agency staffs are used to maintain staffing levels. |
| Eating Disorder element of the above 'Core CAMHS' | Psychiatrist - 0.3 wte Band 6 practitioner 0.5 wte Band 6 systemic practitioner 0.2 wte Band 7 Family therapy 0.1wte Band 7 CBT 0.3 | | Admin Band 3 0.1 | |
| LD | 3.2 | 3.2 | 1 Asst. psychologist | |
| ADHD | 2.14 | 2.14 | | |
| ASD | 2.6 | 2.6 | 1 Asst. psychologist | |
| Third sector provided services (use as many rows as necessary for individual vol. orgs. | | | | |
| Rotherham and Barnsley Mind (Schools service) | Schools Service | 1.8 | 1.1 | Copy of quarterly (end of year) report available on request. |

| Rotherham Investment Data | | | | | | |
|---|-----------------------------|--|---------------------------------------|--|---|-------------------------|
| Expenditure type | LA funding spend 'in house' | LA funding allocated to third sector or private agencies | CCG funding allocated to NHS agencies | CCG funding allocated to other providers | Funding provided by other agencies (e.g. by school clusters, by Grant giving Trusts, by Central Government etc.) Please indicate amount and source of funding - | |
| | | | | | Amount | Source |
| Services directly at individual children/ families | | | | | | |
| Early intervention emotional health services (non-school based) - working with individual children /families -(used to be referred to as Tier 2 services) | | £128,000 | | | | |
| Emotional health/ CAMH Services based in school settings - | | £60,000 | | | £248,280 including family work and Virtual School (LAC) | Schools/Local Authority |
| Services targeted at Looked after children | | £229,000 | | | | |
| Services targeted at other vulnerable children (e.g. in SILCs, YOS etc.) | | | | | | |

| | | | | | | |
|--|--|----------|------------|--|--|------------|
| Emotional health Services targeted towards LD children | | | | | | |
| Youth counselling services | | | | | | |
| 'Crisis response' services | | | | | | |
| MST (Multi Systemic Therapy) services | | | | | | |
| | | | | | | |
| NHS provided specialist CAMHS service - area based (used to be referred to as 'Tier 3' services) If there is a merged Tier 2/3 service - include it within this row) | | £139,000 | £2,345,000 | | | |
| Eating Disorder service included in the above overall figure. | | | | | | |
| NHS provided intensive home treatment/crisis response service | | | | | | |
| NHS England funded Tier 4 activity in area (Further Guidance to be produced on how to calculate this figure) Use final column for this amount. | | | | | | £1,868,414 |
| Spot purchased 'mental Health' out of area placements funded by the local area | | | | | | |
| | | | | | | |
| Any other areas of services directed at individual children/families- not included above | | | | | | |
| | | | | | | |
| Services directed at whole populations/ vulnerable groups | | | | | | |
| Health promotion activities focused on emotional resilience/ emotional health provided by public health function (e.g. DPH activity) | | | | | | |
| Emotional resilience activities provided in school settings (e.g. Healthy Schools) | | | | | | |
| | | | | | | |
| Any 'one-off' expenditure during 14/15 on emotional health activities/services/ materials | | | | | | |

Summary of key Rotherham CAMHS development initiatives from the Local Transformation Plan 'Action Plan'.

| General Area | Specific initiative | Timescale |
|--|---|------------------|
| Promoting Resilience, prevention & early intervention | | |
| Perinatal Mental Health Pathway | Perinatal Task and Finish Group established (partnership group) | 15/16 |
| | Review current pathway | 15/16 |
| | Revise pathway following guidance | 16/17 |
| Family Support Service | Implement Service | 15/16 |
| | Evaluate/refine service | 16/17 |
| Whole school approach | Roll out SEMH initiative | 15/16 |
| | Enhanced mental health support to schools | 16/17 |
| CAMHS Website | Further development | Ongoing |
| Self-help | Youth Cabinet 'Self-help' conference | 15/16 |
| | Develop self-help techniques | 16/17 |
| Improving access to effective support | | |
| New CAMHS model, e.g. 'Thrive' | Scope out new model | 15/16 |
| | Develop & roll out new model | 16/17, 17/18 |
| Single Point of Access | Develop RDaSH SPA | 15/16 |
| One Stop Shop | Scope out one stop shops | 16/17 |
| Improving Communications & referrals | Implement Locality worker model | 15/16 |
| | Family & patient based post diagnostic ASD support | 15/16 |
| | Named mental health leads in schools | 15/16 |
| | Scope out links between CAMHS & LD | 16/17 |
| | Appraise SEND roll-out | 15/16 |
| | Extend current peer support schemes | 16/17 |
| Crisis Care Concordat | Implement 'All Ages' Crisis Service | 15/16 |
| Enhanced Community Care | Develop Enhanced Community Care service | 15/16 |
| | Evaluate new service against inpatient activity | 16/17 |
| | Investigate 'place of safety' options. | 16/17 |
| Transition | Scoping exercise around transition | 15/16 |
| | Implement CAMHS Transition specification for both mental health and Learning Disabilities | 16/17 |
| | Evaluate 'Ageless' service | 16/17 |
| Access & waiting time standards | Implement 18 weeks RTT reporting based on treatment | 15/16 |
| Caring for the most vulnerable | | |
| Discharges from services | Audit the current DNA policy | Ongoing |
| Services for those sexually abused or exploited | Enhance CSE support | 15/16 |
| Co-ordination of services | Assess lead professional approach | 15/16 |
| Looked after and adopted children | Looked After and Adopted team in place | Ongoing |
| Children excluded from Society | Mental Health Locality workers embedded in the Early Help and other local teams. | 15/16 |
| To be accountable and transparent | | |
| Lead commissioner arrangements | Continue co-commissioning discussions between RCCG and RMBC | 15/16 |
| Health & Wellbeing Board & | Ensure up to date information & into the future | Ongoing |

| | | |
|--|--|---------|
| JSNA assessments | | |
| Mental Health Minimum Data Set | Ensure RDaSH implement in line with guidance. | 15/16 |
| Access/Waiting Times/Outcomes | Implement waiting times standard for Early Intervention in Psychosis | 16/17 |
| Developing the workforce | | |
| Training needs | Formulate Workforce development strategy | 15/16 |
| Children & Young Peoples IAP | Continue local involvement | Ongoing |
| Engagement of Children, Young People & families in service development | Scope out engagement | 15/16 |
| | Implement & assess the new engagement strategy | 16/17 |

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

The lead accountable commissioning body is NHS Rotherham CCG.

Partners involved in preparing this plan are:-

- Rotherham Metropolitan Borough Council
- Rotherham & Barnsley MIND
- Rotherham Multi Agency Support Team
- Rotherham Doncaster & South Humber NHS FT
- The Rotherham Foundation Trust
- The Rotherham Parents Forum
- Healthwatch Rotherham
- NHS England Specialised
- NHS England Health & Justice

Contact for queries relating to the plan:-

Nigel Parkes, Senior Manager, Contracts & Service Improvement

Tel. 01709 302072

Email; nigel.parkes@rotherhamccg.nhs.uk

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

The main objectives of the plan are:-

- To build capacity within evidence based, outcome focussed Child and Adolescent Mental Health Services in Rotherham by 2020, in line with the recommendations of Future in Mind.

- To ensure that services are accessible in all situations and can be easily navigated by children & young people and their families.
- To ensure that the most vulnerable groups are accounted for.
- To ensure that services are continually developed in an 'evidence based' way and with input from children & young people and their families.

The principal changes will be as follows:-

- Improved support for children & young people before, during and following crisis.
- Good progress towards an 'age-less' mental health service which therefore ensures smooth transition to services as an adult.
- Enhanced support for children & young people diagnosed with ASD to enable them to live well with their condition.
- Development of family focussed support which works with the family as much as the patient to reduce the stigma of mental health and promote resilience which helps to avoid more intensive mental health problems.
- Development of a support structure to deal effectively with issues resulting from cases of child sexual exploitation, whether as a child or young person, or further down the line as an adult.

Children & Young people in Rotherham will be less stigmatised by mental health issues, they will be better able to navigate the right services and learn self-help techniques to make a real difference to how they live with their condition.

Staff will feel more able to deliver the right services as they will be well trained in evidence based techniques and the capacity will be available in the system to provide appropriate services, at the right time and in the right place.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

Build capacity within evidence based, outcome focussed CAMHS

RCCG has invested an extra £200k recurrently in RDaSH CAMHS services from 2015/16. This has increased capacity of therapy and general CAMHS services. RDaSH has also used outside management consultants to develop a more efficient model of working which has increased capacity.

A local CQUIN is enabling the roll-out of outcome measures within the CAMHS service.

Ensure services are accessible in all situations and can be easily navigated by children & young people and their families.

RCCG and RMBC worked together to develop a CAMHS Website for Children & Young People, their parents and practitioners. This will be further developed with training and tools, including associated Apps.

Good working relationships have been developed with the Youth Cabinet and Youth Parliament and Rotherham Parents Forum, in order to develop a better understanding of the needs of Children & Young People and their families.

Ensure that the most vulnerable groups are accounted for.

RCCG has a robust system in place for working with the RMBC Looked After and Adopted Children's team to ensure that local CAMHS support is available for children placed out of area.

A regular monthly meeting is co-ordinated by the CCG to discuss Children & Young People in CAMHS Tier 4 facilities and other complex patients to ensure that services 'wrap-around' the patient and that step-up and step-down is better facilitated.

Ensure that services are continually developed in an 'evidence based' way and with input from children & young people and their families.

RDASH has been part of the CYP IAPT initiative since October 2012 and staff have been trained in Systemic Family Practice, CBT and Enhanced Evidence Based Practice. They also employ a Family Support Worker to interface with families and feed their views into service development processes.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

Build capacity within evidence based, outcome focussed CAMHS

New recurrent funding will enhance the 'Crisis' response for CAMHS both in and out of hours and the CAMHS service is restructuring to provide clear therapy, LD and developmental disorder pathways.

The use of outcome measures within the CAMHS service will be well embedded.

Ensure services are accessible in all situations and can be easily navigated by children & young people and their families.

The implementation of a Single Point of Access with good links to other 'Early Help' services will ensure that patients access the right services, whether that is CAMHS, Youthstart, School Nurses or other primary care.

The 'Family Support Service' will ensure that families are more confident when Children & Young People are about to enter, or have entered services and that issues aren't made worse by confusion and fear of the unknown. A robust advocacy service will ensure that the voices of Children & Young people can be heard.

Ensure that the most vulnerable groups are accounted for.

Improved 'Crisis' and enhanced community support services will ensure that Children & Young People with the greatest need will be able to access services that will be able to help them quickly. For those who are on the ASD diagnosis pathway or have been diagnosed, specific support will be given to families to enable them to understand more about the issues they will face and access suitable support.

Ensure that services are continually developed in an 'evidence based' way and with input from children & young people and their families.

A robust process will be developed which will enable services to constantly 'listen' to Children & Young People and provide services which meet their changing needs.

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

In preparing the Local Transformation Plan, Rotherham commissioners have benefitted from excellent support from the Yorks & Humber SCN in terms of organising events to share experiences with colleagues, providing examples of best practice and giving telephone and email support. It would be beneficial if this support was to continue and further events organised.

It is also helpful, with anything new like the CAMHS Transformation Plans that as much guidance as possible is provided, perhaps with examples of what a Transformation Plan could look like.

Also, anything that would encourage and facilitate working across the different areas – Health, Education, and Social Care – would also help with such transformation work.

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (eg, for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

Annex 2: Self assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

| Theme | Y/N | Evidence by reference to relevant paragraph(s) in Local Transformation Plans |
|---|-----|---|
| Engagement and partnership | | |
| Please confirm that your plans are based on developing clear coordinated whole system pathways and that they: | | |
| 1. Have been designed with, and are built around the needs of, CYP and their families | Y | Section 3.1 – page 5 |
| 2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector | Y | Section 1 – page 3 |
| 3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams, | Y | Section 6.4.3 – page 17 and 6.4.4 – page 18 |
| 4. promote collaborative commissioning approaches within and between sectors | Y | Section 4.3.2 – page 8 & 6.4.1 – page 16 |
| Are you part of an existing CYP IAPT collaborative? | Y | Section 6.5.2 – page 21 Note – the funding mechanism is changing in year, but the MOU and values are unknown as yet, so not included in the Tracker. |
| If not, are you intending to join an existing CYP IAPT collaborative in 2015/16? | N/A | |
| Transparency | | |
| Please confirm that your Local Transformation Plan includes: | | |
| 1. The mental health needs of children and young people within your local population | Y | Section 2 – Page 3 |
| 2. The level of investment by all local partners commissioning children and young people's mental health services | Y | Section 4.1 – page 7 |
| 3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners | Y | Section 7.4 – page 23 |
| Level of ambition | | |
| Please confirm that your plans are: | | |
| 1. based on delivering evidence based practice | Y | Tracker |
| 2. focused on demonstrating improved outcomes | Y | Tracker |

| | | |
|---|---|-----------------------|
| Equality and Health Inequalities | | |
| Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities | Y | Section 7.1 – page 22 |
| Governance | | |
| Please confirm that you have arrangements in place to hold multi-agency boards for delivery | Y | Section 7.1 – page 22 |
| Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks | Y | Section 7.1 – page 22 |
| Measuring Outcomes (progress) | | |
| Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process | Y | Tracker |
| Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers | Y | Tracker |
| Finance | | |
| Please confirm that: | | |
| 1. Your plans have been costed | Y | Tracker |
| 2. that they are aligned to the funding allocation that you will receive | Y | Tracker |
| 3. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem) | Y | Tracker |

Name, signature and position of person who has signed off Plan on behalf of local partners:-

David Roche, Signature.....

Chair of the Rotherham Health & Wellbeing Board

See below embedded document with scan of the above signature.



Scan of signature -
page 38.pdf

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

Name Signature.....

'Local decision by NHS Specialised Commissioning (Y&H hub) for LTPs to be >signed off at the Assurance Panel'