Bloom Evaluation Report:

Review and Analysis of the Bloom Project Pilot Business Cases and Documentation 2014 – 2016, and the Development of Bloom to date

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ONE VISION
Cornwall & the Isles of Scilly Children's Education, Health and Social Care Plan

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Contents

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We would like to thank The National Lottery Community Fund for their vision and financial support through HeadStart Kernow, enabling us all to make a real difference to children and young people in Cornwall who are experiencing emotional, social and mental health difficulties.

We are also grateful to those who provided information about the Bloom pilot in Penwith, including Dr Laura Ashton and Lesley Leadbeater.

Executive Summary

This report is one of a suite, each report noting the findings from one strand of the evaluation of the Bloom model and process. An Executive Report of the full evaluation is also available. This report considers the findings of an analysis of the original Bloom Penwith pilot business cases, and as a corollary to this activity, also provides information about the development of Bloom from its inception to its current delivery as a virtual model due to the advent of the Covid-19 pandemic.

Bloom has evolved from its inception '*as a pioneering project under the Living Well initiative in Penwith backed by Health Education England and Specialist CAMHS*'[1] within one locality to an established model with an overarching governance architecture, functioning in each of the six localities in Cornwall. The pilot's primary purpose, to provide a rapid and responsive service to children with emotional, behavioural and mental health problems which did not meet the threshold for Children and Young People Specialist Mental Health (CAMHS) support, continues to resonate through the Underpinning Principles which now govern Bloom, and through the processes and procedures which now facilitate the day-to-day working of the model.

The original Bloom Pilot ran from November 2014 to April 2015 in the Penwith locality, with a second phase following on, again solely within Penwith. A project to roll out Bloom across Cornwall took shape from mid-2018 and was completed by 2019. Alignment with strategic programmes was suggested in the extant documentation of the first two phases; direct reference to such programmes is made in the documentation underpinning the governance architecture of the Bloom roll-out.

Each of the first two phases of the pilot evidences the ambition to ensure that young people are not left without some consideration of their presentation because they do not meet an organisational threshold, and each of the phases within the pilot considers approaches to evaluating the effectiveness of the Bloom pilot. However, it is apparent that the aspirations within the Outline Proposal for the setting up of the Bloom pilot, of initial consultations with one or two members of the Bloom team, and follow-up discussions, did not prove scaleable for the second phase of the pilot. The description of how the model would work in the pilot's second phase was also ambitious, and again it is clear that the model needed to evolve so that it could operate within the resources available to it; the model as envisaged in the pilot documentation could not be realised as Bloom became established within all localities in Cornwall. Nonetheless, across all phases, and continuing within the existing county-wide model, the principles established in the Bloom pilot remain central to Bloom's

[1] Quote from Dr Laura Ashton (email)

ethos: the young person's needs come first, there is no referral 'bounce', and rich holistic multi-organisational discussions take place to understand a young person's situation and to enable appropriate suggestions to help support them.

Echoes of the initial conception of Bloom as articulated in the extant documentation of the Bloom Pilot Project can also be seen in the continuing critical and integral presence within each Bloom Professionals Consultation meeting of a CAMHS Clinical Psychologist and Primary Mental Health Worker; the multi-organisational nature of the Bloom Cornwall-wide and Locality-based Steering Groups; the use of RiO[2] for case management; and the agreement of a Point of Contact within each meeting who will discuss the Consultation Plan and suggestions for support with the young person and their parent / carer (the pilot's 'link worker' function).

There is little evidence that the range of evaluation methods proposed and documented for phases one and two of the Bloom Pilot Project were established[3], nor that data was routinely collected and analysed. It is difficult therefore to 'read across' between the phases of the Bloom pilot and roll-out project, to see whether the model is more or less effective or efficient across phase. As part of the project to roll-out Bloom across Cornwall however, data collection and analysis and regular reporting has been built into the management and governance structures, such that the efficiency and effectiveness of the model can now be regularly monitored and reviewed by the Bloom Cornwall-wide Steering Group.

With the advent of the Covid-19 pandemic, Bloom's pragmatic test-and-learn approach, which has been evident from its inception, has enabled flexibility and agility in continuing to ensure that children and young people who do not meet the threshold for CAMHS support receive a rapid and responsive service. Through re-engineering the Bloom model, during 2020 and notwithstanding the pandemic, Bloom was able to assist 263 young people to receive appropriate and timely support, an increase over the number in 2019 (257). It is evident that the ambition of the initial pilot phases has continued to be realised throughout the project to roll-out Bloom across Cornwall, and during the period of the Covid-19 pandemic.

This report notes the ambition and vision that helped to create Bloom, and which have continued to inspire those who work within the model; taken together with the other reports within this comprehensive evaluation of Bloom, it will help to inform the future development of the model.

[2] The NHS case management system

[3] The only evaluation documentation extant from the Penwith pilot is held in a PowerPoint presentation delivered by Dr Ashton, looking at the first phase of the pilot from November 2014 – April 2015 (Appendix 2).

Conclusions

The analysis of the existing documentation supporting the establishment of the Bloom Project Pilot (phases 1 and 2) allows the following conclusions to be drawn:

The importance of vision and networks

An understanding that some young people were falling through gaps in provision, combined with a network of professionals and services who were energised and enthused to find a way to ameliorate this, led directly to the Bloom pilot being set up in Penwith. Bloom was (and is) not a commissioned service, so a joint commitment from each service and organisation to enable the resourcing of the model was important in facilitating the establishment of the pilot.

HeadStart Kernow was latterly able to resource the administration of Bloom and to manage the roll-out of the model across the county. As this resource is time-limited, the ambition and resolution which started Bloom as a pilot will again be required, to ensure that Bloom continues as consistently and effectively post-HeadStart.

Alignment with strategic programmes

The extant Bloom pilot documentation does not explicitly state the model's alignment with strategic programmes, but the governance documentation underpinning the later roll-out across Cornwall references Bloom's alignment with them.

With continuing reviews of strategic imperatives, existing policy documents, and the reprioritisation and realignments of organisational priorities, the current Bloom model will need to retain clarity about how it continues to align with partner organisations' imperatives. It will need to regularly review its governance documents to ensure their alignment with strategic programmes, in order that it can continue to demonstrate its strategic fit.

Multi-agency approach and community-based support

The multi-agency Bloom Cornwall-wide and locality-based Steering Groups established as part of the project to roll-out Bloom across Cornwall continue to speak to the original concept of Bloom as bringing together professionals from a number of organisations and services including the Voluntary, Community and Social Enterprise (VCSE) so that a referral for a young person could be discussed holistically.

Community-based support was always seen as part of the potential supporting infrastructure surrounding a young person which could be used to address their presenting difficulties as appropriate. This has continued to be case as Bloom

was rolled out across Cornwall, as attendees at Bloom Professionals Consultation meetings include HeadStart Community Facilitators and colleagues from the VCSE who are able to point to community-based support appropriate for the young person being discussed. Potential links to current initiatives within Cornwall to establish social prescribing for young people present opportunities for further embedding this approach.

Professional consultation model

The Bloom Professionals Consultation meetings have evolved from the initial vision as articulated in the documentation from the first two phases of the Pilot Project. They remain clearly influenced however by the initial vision and practice as they evolved through the pilot phases, specifically through the key participation in each meeting of a CAMHS Clinical Psychologist and a Primary Mental Health worker, and by the attendance of other professionals (HeadStart Locality Coordinators (chairs), Early Help Locality managers, HeadStart Community Facilitators and other professionals, as well as the parent / carer's nominated professional).

As with the pilot phase, parents / carers and young people do not attend the meetings. This allows a safe space for professionals to talk together holistically about the young person's presentation and needs, which may include family and other dynamics, leading to rich discussion and suggestions of appropriate support for the young person.

Professional networking, informal supervision, and a deeper understanding of psychological presentations and formulation are other benefits of the Bloom approach.

Continuing evaluation

Whilst both of the phases within the Bloom Pilot Project noted the importance of evaluation, it is not clear what data was collected nor how robust the conclusions of any analysis undertaken might have been. However, in order to ascertain the effectiveness of any programme or approach, robust data collection and comparator analysis year-on-year are important. As Bloom was rolled out across Cornwall, data collection was integrated into the model's processes such that routine evaluation and data analysis are now in place, such that regular reporting is available to the Bloom Cornwall-wide and Locality Steering Groups. Post-HeadStart, such data analysis and reporting will need continuing resourcing if the Bloom model is to be able to demonstrate its ongoing efficacy and efficiency.

Recommendations

Recommendation 1: That Bloom reviews its current governance documentation regularly to ensure alignment to relevant local, regional and national imperatives

Recommendation 2: That consideration is given to developing a process for Bloom to review referrals previously discussed within Bloom

Recommendation 3: That data collection, analysis, monitoring, reviewing and evaluation of Bloom continue to permit year-on-year reflection, and to facilitate and inform future development, efficiencies and effectiveness

Introduction

The Bloom Cornwall-wide Steering Group (CWSG) agreed in September 2020 that a comprehensive evaluation of the Bloom model and process should be undertaken. A sub-group of the CWSG, the Evaluation Working Group (EWG), was established and met regularly to provide advice, support, sense-check, and ensure that evaluation timescales remained on track.

Strands within the overarching Bloom evaluation included consideration of:

- An analysis of the original Bloom Penwith pilot business cases
- Cost Benefit Analysis of Bloom
- Senior Stakeholders
- Core Bloom Professionals Consultation meeting attendees
- Bloom Professionals Consultation meeting - other attendees
- Bloom 'service providers' (organisations suggested at a Bloom Professionals Consultation meeting which might provide appropriate support for the young person being discussed)
- Parents / Carers
- Children and Young People
- Bloom Leadership Group
- Bloom Steering Group members
- Bloom Data and Analysis Comparison Report 2019 and 2020

This report is therefore one of a suite, each report noting the findings from one strand of the evaluation of the Bloom model and process. An Executive Report of the full evaluation is also available.

This report considers the findings of an analysis of the original Bloom Penwith pilot business cases, and as a corollary to this activity, also provides information about the development of Bloom from its inception to its current delivery as a virtual model due to the advent of the Covid-19 pandemic.

Methodology

It was agreed by the EWG that a consideration of the original business case for the Bloom pilot in Penwith should form part of the comprehensive evaluation of Bloom conducted during 2020/21. The focus of this strand of the Bloom evaluation was to determine whether the original aims of the pilot were achieved, and to examine the roll-out of the Bloom model across Cornwall in the light of the aspirations for the pilot.

The business case for the Penwith pilot of Bloom was requested from Dr Laura Ashton (GP), Mark Rundle and Liz Cahill (NHS Kernow CCG), and Lesley Leadbeater (CAMHS). Dr Ashton and Ms Leadbeater had been closely involved with the instigation of the original Bloom pilot. The original documentation concerning the Penwith pilot of Bloom did not include a formal business case but rather gave an outline proposal for a multi-disciplinary children's mental health referral service.

The information available for analysis for this evaluation strand about the Penwith pilot of Bloom was therefore as follows (Appendices 1 - 4):

- BLOOM ¦ Children's Emotional Well Being and Mental Health Pilot: Part of the "Living Well" – Pioneer Initiative: Outline Proposal for a Multi-Disciplinary Children's Mental Health Referral Service [Appendix 1]
- a PowerPoint presentation created and delivered by Dr Ashton covering the period of November 2014 – April 2015 [Appendix 2]
- Penwith Pioneer Living Well Project 2015 Mental Health and Wellbeing in Children and Young People in Cornwall: Bloom: Integrated Multidisciplinary Team Service Description v05 dated 15 Jan 2016 [Appendix 3]
- a written testimony from Dr Ashton [Appendix 4]
- emails from Dr Ashton, Ms Leadbeater, Mr Rundle and Ms Cahill

The initial aims of the Penwith Bloom pilot were collated from the documents listed as Appendices 1 - 3; and an analysis of the original model and its outcomes was undertaken. The roll-out of Bloom across Cornwall from the pilot is also considered against those original aims; the outcomes of that roll-out can be determined from this and other reports within the suite of evaluation reports, including the Data and Analysis Report of the 2019 and 2020 Bloom Closed Cases.

Analysis

Overview of the development of Bloom

The original Bloom pilot ran from November 2014 to April 2015 in the Penwith locality within Cornwall, supported by Penwith Pioneer Living Well Project with the intention of a full evaluation in August 2015[4]. The second phase of the project ran from June 2015 initially for a further period of twelve months[5], underpinned by an Integrated Multidisciplinary Team Service Description (Appendix 3). A later project, initiated in mid-2018, began the roll-out of Bloom across the rest of Cornwall. This roll-out was completed in 2019, with the Bloom model established in each of the six localities within Cornwall, supported by a formal governance architecture and administrative and management functions. For the purposes of this report, the term 'Bloom Pilot Project' refers to the setting up of Bloom and its second phase as it became more established within Penwith.

The Bloom Pilot Project was not a commissioned service and the Service Description notes that there was 'no money available to specifically spend on [this] project'[6]. It was a successful bid to the Big Lottery Fund allowing the HeadStart Kernow programme to be established in Cornwall that provided the resourcing to roll out the Bloom model from Penwith across Cornwall from 2018 onwards. Bloom meetings had continued regularly in Penwith from the inception of the pilot to the roll-out and beyond; the roll-out was locality-based and was completed in 2019.

This report considers the impact of the first two phases of the Bloom Pilot when the model was based in Penwith, through an analysis of the original stated aims and objectives for Bloom from its inception in 2015, and the measures it put in place to understand its effectiveness. It also provides a commentary and comparison with the now-established current operational Bloom model and process as rolled-out across Cornwall.

Bloom Pilot Project: Strategic Fit

Neither the outline proposal to set up Bloom[7] (referred to as a multi-disciplinary children's mental health referral service) (Appendix 1), nor the PowerPoint presentation given by Dr Ashton relating the successes of the pilot (Appendix 2) mention any synergy or alignment with strategic imperatives or drivers. However, Dr Ashton's testimony written in October 2020 and which speaks to

[4] Penwith Pioneer Living Well Project 2015 Mental Health and Wellbeing in Children and Young People in Cornwall: Bloom: Integrated Multidisciplinary Team Service Description v05 dated 15 Jan 2016 [Appendix 3]
[5] Ibid
[6] Ibid
[7] BLOOM ¦ CHILDREN'S EMOTIONAL WELL BEING AND MENTAL HEALTH PILOT ¦ PART OF THE "LIVING WELL" – PIONEER INITIATIVE ¦ Outline Proposal for a Multi Disciplinary Children's Mental Health Referral Service [Appendix 1]

the setting up of the initial Bloom pilot (Appendix 4), does note that '*Over the last five years Cornwall has been on a journey to transform Children's mental health under the Turning the Tide Transformation Plan … Cornwall adopted the Thrive framework for the Transformation Plan.… Thrive aimed to break down barriers between services and look at the needs of the child as a priority breaking down barriers between services. A clear message from Thrive is that help can be provided by a number of sources and isn't always best provided by specialist mental health services. Even when specialist services are needed these can work best alongside other forms of support in the community and particularly the Voluntary Sector. Bloom has captured many of these Thrive principles and encapsulates the drive for transforming the whole system of mental health support for children and young people in Cornwall.'*

Dr Ashton has been clear that the initial Bloom pilot '*project was supported by CAMHS, local GPs in Penwith and Living Well in Penwith. Bloom aligned with the national agenda to improve Children's Mental Health outlined in Norman Lamb's report Future in Mind (2015)*[8]*. Key aims identified in Future in Mind were to:*

- *improve access to effective support for children and young people - a system without tiers.*
- *promote resilience, prevention and early intervention.*

The Bloom pilot came before formal adoption of i-Thrive as a framework for transforming the system of Children's Mental Health in Cornwall and before the One Vision Partnership was up and running but it was a front runner on the ground of many of the ideals and aspirations of both these "strategic programmes".'[9]

The Service Description (Appendix 3) notes that the Bloom pilot aligned with strategic programmes through '*good quality consistent and multi-disciplinary practice in the help and protection*' provided to children and young people, and by delivering family-centred and outcome-focused early help services which were responsive to need and achieved value for money through effective partnership working. Alignment with strategic programmes was also noted through the Bloom pilot's focus on promotion and prevention, and early intervention and identification.

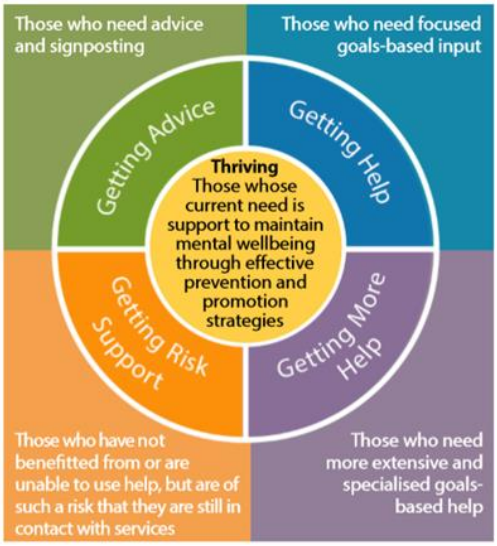
The later roll-out of Bloom across Cornwall was supported by a comprehensive governance architecture. The Cornwall-wide Steering Group's Terms of Reference specifically note that '*Bloom is integral to the realisation of One Vision, the multi-agency partnership plan for transforming services to children, young people and their families living in Cornwall and the Isles of Scilly through*

[8] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

[9] Quote from Dr Ashton (email)

the establishment of a shared vision, ambition and principles for integrating children's education, health and social care services; the Education Strategy (www.cornwall.gov.uk/educationstrategy), particularly the Strategy's determination to 'promote, protect and improve our children and young people's mental and physical health and wellbeing in educational settings and recognise that this underpins the ability for us to achieve all other priorities (Education Strategy Priority 4); and the CAMHS Transformation Strategy ('Turning the Tide' reflects the views of young people and parents in Cornwall and aims to ensure that those who experience emotional wellbeing and mental health problems get the right help at the right time).'

Further, the Bloom model is underpinned by an explicit understanding between all partners (Cornwall Partnership NHS Foundation Trust, Cornwall Council, HeadStart Kernow and other services and organisations) that it works within the Tavistock i-THRIVE model, as noted within many of its supporting documents.



One respondent to another of the evaluation strands has noted *'Bloom is an example of how the strategic plan for children and young people's mental health 'Turning the Tide' has brought together NHS, Local Authority, School and VCSE professionals. Mental health is everybody's business and is a cross-cutting* [sic] *to One Vision and NHS Kernow's priorities'.* The continuing national and local aspiration of a greater integration of services, the periodic reviews of existing policy documents, and the reprioritisation and realignments of organisational priorities may impact on the current Bloom model: by stating clearly its alignment with partner organisations' imperatives, and by regularly reviewing its governance documents to ensure their alignment with strategic documents, the current Bloom model is well-placed to continue to demonstrate its strategic fit.

Recommendation 1: that Bloom reviews its current governance documentation regularly to ensure alignment to relevant local, regional and national imperatives

Bloom Pilot Project: Aims and Expected Outcomes

Dr Laura Ashton notes in her testimony (Appendix 4) that the idea for Bloom arose from her experience as a GP in Cornwall and grew more specifically from working alongside the Together for Families[10] team in St Austell. Her '*time involved in the Penwith Bloom pilot was supported entirely by Health Education England following the award of an RCGP National Specialist Trainee award for my work with Together for Families in St Austell.'* [11] Dr Ashton '*saw a gap in provision for these children that were clearly struggling with emotional difficulties and early mental health struggles and needed help but [who were] not meeting the threshold for help from specialist CAMHS.*'[12]

According to the Outline Proposal to set up Bloom, the pilot was to provide a rapid and responsive service to children with emotional, behavioural and mental health problems who did not meet the threshold for Tier 3 specialist CAMHS support. It would thereby assist in reducing the number of referrals to specialist Tier 3 CAMHS services, and forge better communication between primary care and specialist CAMHS. It would also help to ensure that '*appropriate CAMHS referrals*' could be made, where '*problems are more persistent, ongoing or include significant mental health concerns*', '*supported by a comprehensive assessment of the child and family background*'.

Additionally, the Bloom pilot aimed to:

- offer face-to-face consultations and assessment for children and families
- forge strong links between health, education and parents using the Thrive model for an assessment and action plan which would be periodically reviewed
- consider the needs of the family in addition to the child

Importantly, the outline proposal noted that the pilot would aim to '*work alongside existing voluntary sector provision, sharing expertise and utilising their resources to support families and young people*.'

These aims for the initial phase of the pilot were distilled when the evaluation of this phase was reported in a presentation[13] given by Dr Ashton (Appendix 2). The presentation noted that 40% of all GP referrals in Cornwall to specialist CAMHS were being rejected at that time, and reiterated that the Bloom pilot had been established to:

[10] The Together for Families (now Supporting Families) initiative within Cornwall is part of the national Troubled Families programme
[11] Quote from Dr Ashton (email April 2021)
[12] Dr Ashton Testimony (Appendix 4)
[13] Children's Mental Health Pilot ¦ Supported by Penwith Pioneer/Living Well ¦ November 2014 – April 2015¦ presentation by Dr Laura Ashton

- help fill a gap in provision for children and young people with emotional, behavioral and mental health problems who did not meet the threshold for specialist CAMHS
- reduce the pressure on specialist CAMHS
- build stronger links between professionals in different services
- ensure that the needs of the whole family as well as the child were considered

The Bloom pilot in Penwith continued beyond April 2015, with its aims refined in the Penwith Pioneer Living Well Project 2015 Mental Health and Wellbeing in Children and Young People in Cornwall: Bloom: Integrated Multidisciplinary Team Service Description v05 dated 15 Jan 2016 (Appendix 3).

This Service Description noted that the second phase of the pilot should also '*provide a rapid and responsive service to children with emotional and behavioural problems*', and '*assist in reducing the number of referrals to specialist Tier 3 CAMHS service*.' Another echo of the aims given in Dr Ashton's presentation of the first phase of the pilot is that of forging '*stronger links between Primary Care, CAMHS, education, social care and the voluntary sector*'. The Service Description additionally notes that this phase of the pilot would '*support Primary Care training and continuing professional development in children's mental health*', and '*provide a regular resource forum in the Locality around up-to-date resources and services available*.'

Elsewhere a section in the Service Description gives the key aims of the pilot in greater detail, but these focus primarily upon how the pilot would operate (for example noting that an '*up to date working knowledge of the voluntary sector Services available including access information regarding all Penwith voluntary child and family directory*' was to be maintained).

There are a number of common themes which can be discerned between phases 1 and 2 of the pilot and these are demonstrated within the following table.

Table 1: Comparison of Bloom Pilot Aims and Objectives Phases 1 and 2

Phase	Phase 1 Nov 2014 – April 2015		Phase 2
Source	Initial Proposal * (Undated)	PowerPoint Presentation ** (Undated)	Service Description *** 15.01.2016
Theme 1 Theme 2	Rapid and responsive service Focus on those who do not meet threshold for specialist CAMHS support		
	To provide a **rapid and responsive service** to children with emotional, behavioural and mental health problems that **do not meet the threshold for Tier 3 specialist CAMHS support**	To help fill a gap in provision for children and young people with emotional, behavioural and mental health problems **who did not meet the threshold for specialist CAMHS**.	Provide a **rapid and responsive service** to children with emotional and behavioural problems. **Appropriate and timely responses** to children presenting with emotional and behavioural issues whose **needs are best met through community-based services**. Identify a key agency to take the lead in supporting a child who has been referred to CAMHS for emotional wellbeing support but **doesn't meet the CAMHS specialist criteria**.
Theme 3	Encourage closer communication and links between different services and organisations including the VCSE; primary care; and CAMHS		
	Forge better communication between primary care and specialist CAMHS. To **forge strong links between health, education and parents** using the Thrive model for an assessment and action plan that is periodically reviewed. To **work alongside existing voluntary sector provision, sharing expertise and utilising their resources to support families and young people**.	Address the 40% of all GP referrals to CAMHS that were rejected. **Build stronger links between professionals in different services**	**Forge stronger links between Primary Care, CAMHS, education, social care and the voluntary sector**. **Integrated whole system approach** to identify appropriate resources to support young people **Bring together the best mix of skills, knowledge and experience** needed by each individual Service User is out there. To build and maintain good working relationships with them and through working together deliver a service to an individual Service User which is better than that from any individual provider
Theme 4	To be family- as well as child-centred		
	To **consider the needs of the family in addition to the child** with the support of Together for Families team. To **offer face-to-face consultations and assessment for children and families** rather than a letter signposting other services.	Look at the **needs of the whole family as well as the child**	The **Child and Family come first** To deliver **family centred and outcome focused early help services** that are responsive to need and achieve value for money through effective partnership working

Theme 5	Reduce the number of referrals to specialist CAMHS		
	To assist in **reducing the number of referrals to specialist Tier 3 CAMHS services**	**Reduce the pressure on specialist CAMHS**	Assist in **reducing the number of referrals to specialist Tier 3 CAMHS service** **Reduced pressure on specialist services**

**Outline proposal for a Multi Disciplinary Children's Mental Health Referral Service ¦ Bloom - Children's Emotional Well Being and Mental Health Pilot ¦ Part of the 'Living Well'-Pioneer initiative (Undated)*

***Children's Mental Health Pilot supported by Penwith Pioneer/Living Well Nov 2014-April 2015 (Undated)*

****Penwith Pioneer Living Well Project 2015 ¦ Mental Health & Wellbeing in Children and Young People in Cornwall ¦ Bloom ¦ Integrated Multidisciplinary Team ¦ Service Description v05 15 Jan 2016*

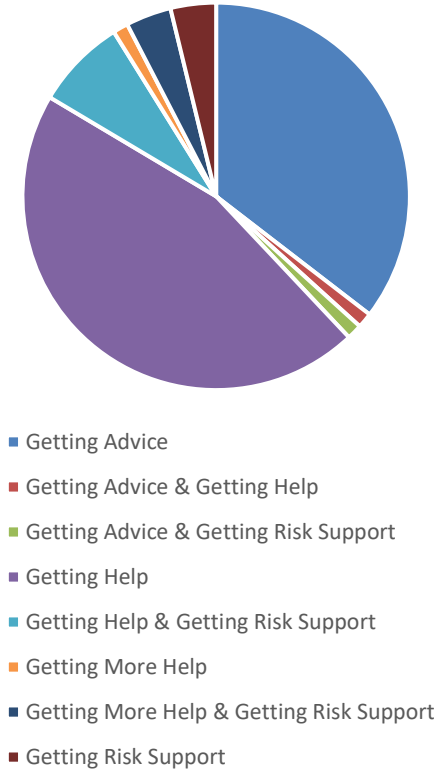
The later project to roll-out Bloom across Cornwall shared all of these themes although they were not all explicitly referenced within the governance documentation (for example, there is no explicit mention of an aim to reduce the number of referrals to specialist CAMHS, although it was expected that Bloom will contribute to such a reduction). The importance of working alongside the VCSE has been retained and potential links to social prescribing for young people which are currently being explored and established within Cornwall presents opportunities for further embedding this approach within Bloom.

Interestingly, of the documents describing phases 1 and 2 of the Pilot Project, only the Service Description (as part of the discussion of its alignment with strategic programmes) links Bloom to early intervention, promotion and prevention, although Bloom has been, and continues to be, persistently described as an early intervention model.

During the latter half of 2020, following the conclusion of a Bloom Professionals Consultation meeting, core Bloom meeting attendees (the Clinical Psychologist, Primary Mental Health Worker and the HeadStart Locality Coordinator) agreed which quadrant(s) of the i-THRIVE framework the referral aligned to. Analysis of those 79 closed Bloom cases in 2020 demonstrates that in fact the majority of referrals discussed in Bloom fall wholly or partially beyond the Getting Advice quadrant.

The table following shows that 14% (11 referrals) fell within more than one i-THRIVE quadrant, suggesting complexity. One other key point to note is that 10 referrals (13%) fell wholly or partially within the Getting Risk Support quadrant.

Table 2: i-THRIVE quadrants for 79 cases closed in 2020



i-THRIVE QUADRANT	
Getting Advice	28
Getting Advice & Getting Help	1
Getting Advice & Getting Risk Support	1
Getting Help	36
Getting Help & Getting Risk Support	6
Getting More Help	1
Getting More Help & Getting Risk Support	3
Getting Risk Support	3
Totals	79

Bloom Modus Operandi: Bloom Pilot Project

In the original conception of the Bloom Project Pilot in 2014, it was noted that Bloom should be a single point of access for all children's mental health referrals. These would be directed to a weekly Bloom panel which included:

- GP with Thrive training
- Primary Mental Health Care Worker (CAMHS representative)
- Together for Families Advocate (Cornwall Council)
- representatives from the Voluntary Sector

All referrals were to be discussed as a team, but an initial consultation, with two members of the team, was to be carried out either in the child's home or in a clinic/community setting. It was anticipated that in some cases, the outcome could be a 'one session change' where support and advice at the initial consultation would be sufficient. It was expected that other strategies might be generated and offered to the child and family as a way forward. This would include a 'Thrive' assessment and Action Plan to be shared with the parents and school and updated on a regular six weekly basis; and/or the use of 'Thrive' as a positive shared language and a useful and constructive tool at Team Around the Child or Child in Need meetings. Additionally, it was anticipated that referrals to additional services could be organised directly from Bloom, and that Bloom would also offer families the opportunity for follow up after any of these interventions to assess progress or further need.

In the initial phase meetings were held weekly in the CAMHS building (Bolitho House) in Penzance and an emblem / logo was created to establish Bloom's identity, and which continues to be used. Clinical Psychologists (from CAMHS and NHS Kernow) and Consultant Psychiatrists attended with reportedly regular attendance from a range of statutory and voluntary organisations.

By the second phase of the pilot, this model had evolved, and the Service Description (2016) laid out some 'Golden Rules':

- *The Child and Family come first: what does the does the child and family need and who is best placed to provide it?*
- *No 'referral bounce': a referral, no matter who from, should be treated as a call for the collective mental health service providers to help and should not be "bounced back". Providers must agree a way forward and the service user must be offered an assessment by the most suitable organisation at the earliest opportunity. The result of these decisions should be passed back to the referrer along with any appropriate advice for future referrals.*
- *Clear and concise communication: the child and family must receive timely, clear and concise information.*
- *A 'Lead Professional' for every Child: a 'Lead Professional' from the most appropriate organisation for the individual Service User should be agreed*.

The Service Description describes a virtual integrated team (the Bloom Joint Action Group (JAG)) and notes that '*each virtual team is based around a locality. The core Integrated team is focussed on Primary Cares* (sic)*, Cornwall Council, Cornwall Partnership Foundation Trust (CFT). However, the aim is for the team to be a broad and inclusive team which encompasses a wide set of services and providers*.' A 'Link Worker' role was identified as providing information in particular from third sector organisations. To support the Link Worker and other members of the virtual team, an interactive directory of services (noted as being under development) would provide a means of keeping up to date with potential services that could be used to support young people.

Within the Service Description, the management of meetings is described, noting that the Bloom project is to be led within CAMHS and that it would follow the leadership, governance and data systems used within CAMHS: '*RIO is the only clinical recording system in use for BLOOM. There are no minutes taken*.'

The Primary Mental Health Worker would bring referrals to the Bloom JAG meeting and would also chair and facilitate the referrals discussed. Referrals were to be screened by a CAMHS Clinician through the Early Help Hub and were to be allocated to a Bloom caseload on the CAMHS RiO data base. The referrer

and parent were notified by letter that '*their referral will be discussed at the next Bloom meeting and ... they will be notified of the outcome as follows:*

- *Referrals that are passed to another agency to take the lead are closed from the Bloom caseload. This agency notifies the parent or young person directly.*
- *Referrals where the PMH worker agrees to co-work are allocated to his/her caseload. The family are contacted and notified of the care plan.*
- *Referrals discussed and considered more appropriate for a specialist service will be taken back to the CAMHS team by the PMH worker for a 2nd opinion on the screening decision. The family will be contacted once this discussion has taken place and notified of the agreed action*.'

The Service Description states that the Primary Mental Health Worker was to write the Bloom Action plan, and record the agencies attending the meeting directly in the young person's clinical record in RiO. They would also add the lead agency and worker '*who will then contact the parent via phone to discuss 'next steps'. This action plan is also copied into a response letter back to the referrer and copied to the family... Follow up discussions are recorded and documented in the same way… End of care through the Bloom project for each child is also reviewed and documentation is sent out in line with the original plan*.'

It was expected that the lead agency would work in partnership with the child / young person and any 'service provider' supporting them. They were responsible for reporting '*any change in risk of the child or young person's mental health*', and for ensuring that the young person received '*the most appropriate support in the setting most appropriate for that person*' by enabling '*the best possible community plan for individual service users based on their need and the available services from all Mental Health service providers, in particular from the 3rd Sector, whilst minimising the resource requirement on specialist statutory services.'* Additional responsibilities were to ensure that '*the needs of the carer(s) are addressed*', and to give feedback to Bloom JAG.

As will have been noted, the Service Description gives in some detail an understanding of how the model would work during phase 2 of the pilot, and seems to have been aspirational rather than accurately describing Bloom's operational practice during this phase of the pilot. For example, the Service Description describes a Standing Agenda for a Bloom meeting as follows:

- *First Hour - New Referrals involving case discussion and identification of lead agency*
- *Second Hour - Case Discussion with on-going cases*
- *Monthly - Key changes to services.*
- *Termly - Agency resource Meetings and 'shared training'*

It implies that the Bloom meetings are weekly, with additional agenda items added at monthly and termly intervals. However, during the intervening period between the writing of the Service Description (2015 -16) and the start of the project planning of the roll-out (2018), any planning/strategy meetings between key partners (CAMHS, Cornwall Council, Primary Care) were taking place separately, outwith the Standing Agenda described above. Bloom meetings themselves had become wholly focussed on new referrals, and there was no longer any ability due to major resource constraints to discuss 'ongoing cases'. Indeed, the model had evolved such that Bloom no longer held onto cases beyond the meeting and allied administration (for example, sending out Consultation Plans; closing the referral on RiO). Similar resource constraints and the necessity to ensure consistency across the county during the roll-out, together with the learning from the pilot and its habitual custom and practice, led the project to roll-out Bloom across Cornwall to continue with this more focussed model.

Bloom Modus Operandi: Bloom roll-out

With additional resource provided by HeadStart Kernow the Bloom model was rolled out across Cornwall from 2018, and, pre-Covid19, Bloom was established in each locality in Cornwall. It remains an early intervention consultation model for professionals offering an holistic approach, across services, to support children's emotional, social and mental wellbeing, and its core purpose is to support young people to thrive.

A governance architecture has been established: Bloom is overseen by a Cornwall-wide Steering Group as a county-wide multi-organisational initiative, and by six Locality Steering Groups which monitor and support each locality Bloom model. Each Locality Steering Group determines the frequency, time and location of the Bloom Professionals Consultation (Bloom Profs) meetings held within their locality.

Bloom now overtly mirrors HeadStart Kernow's test-and-learn approach so that the Bloom model and process remain agile, always subject to the Bloom Underpinning Principles which have been agreed by the Bloom Cornwall-wide Steering Group. These Underpinning Principles echo the 'Golden Rules' as described in the Service Description, and are as follows:

1. The needs of the child/young person and family comes first.
    - Bloom Professionals Consultation meetings always focus on the needs of the child/young person and family, and who/which organisation is best placed to provide support.
    - Safeguarding and CSE considerations are integral to Bloom: protecting children and young people from abuse or neglect is a key responsibility.

- Confidentiality, information and data-sharing are strictly managed in accordance with participating organisations' policies.

2. Working together to meet the needs of the child/young person.
    - Referrals ('requests for help') received by Bloom will be treated as a call for a Bloom Professionals Consultation meeting to consider that particular case. It will not be 'bounced back'.

3. Timely, clear and concise communications written in plain English.

4. A 'point of contact' for every child.
    - A 'point of contact' is agreed at the Bloom Professionals Consultation meeting. They take responsibility for discussing the plan with the parent/carer (who receive a copy of the plan), taking forward any actions and suggestions for support that the parent/carer and young person wish to pursue, and ensuring that the child/young person and their parent/carer are kept informed

5. Bloom is multi-organisational and every voice is valued.
    - Bloom Professionals Consultation meetings bring together the best mix of skills, knowledge and experience from a variety of organisations (including the VCSE) to discuss and work together professionally to deliver an appropriate targeted holistic and community-based support service to a child/young person.

Unlike the pilot, any individual or organisation (eg GP, school / college, family worker, school nursing team, parent / carer, or the young person themselves) can refer a young person aged 0-18 years to Bloom by sending a CAMHS referral form to the Early Help Hub. The young person may be in any of the four i-THRIVE quadrants; the CAMHS Access Team within the Early Help Hub determine which referrals are allocated to Bloom.

Since the Bloom model is one of professional consultation, no family member nor the young person referred attends a Bloom Profs meeting. Therefore, once allocated to Bloom, parents / carers are asked to nominate a professional who knows the young person referred in a professional capacity to attend the meeting. The Nominated Professional is given some meeting dates and times from which they will agree one to attend. Meeting invitations are then sent out to a core membership of a CAMHS Clinical Psychologist, a Primary Mental Health Worker, and a HeadStart Locality Coordinator (who chairs the meeting). Other usual attendees will be a HeadStart Community Facilitator and a member from the relevant Early Help Locality team.

The Nominated Professional will also attend the Bloom Profs meeting, and other professionals such as teachers, social workers, family workers, representatives

from a variety of other organisations and agencies including the voluntary and community sector, and community workers might also be present.

The collaborative, multi-agency Bloom Profs meetings consider with the Nominated Professional carefully and as holistically as possible each young person's referral, their presentation and needs; and discuss how they might best be supported. The meeting will agree a psychological formulation for the young person, and a plan of suggested positive next steps and actions to help them thrive including, where appropriate and possible, agreed community-based support. A 'Point of Contact' is agreed in the meeting as the meeting participant best placed to talk through the Consultation Plan (the only record of the meeting) with the young person and their parent / carer, and take forward any onward referral with their consent. This is usually, but not always, the Nominated Professional, but will be a professional who has an ongoing professional relationship with the young person and / or the parent / carer.

Pre-Covid (that is prior to March 2020), each locality (bar Penwith[14]) had an established Locality Steering Group and the frequency, timings and locations of Bloom Profs meetings within each locality had been agreed:

Table 3: Bloom roll-out: frequency, timings and locations of Bloom Profs meetings

Locality	Penwith	Kerrier	Carrick	Restormel	North Cornwall	Caradon
Frequency	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday
Timings	Thursday 1400-1600	Wednesday 1400-1600	Thursday 1000-1200	Wednesday 1400-1600	Tuesday 1000-1200	Thursday 1400-1600
Location	Penzance	Camborne	Truro	Rotation: Newquay; St Austell; the Clays	Rotation: Bodmin; Launceston	Liskeard

Each Bloom Profs meeting could discuss up to four referrals allowing up to 24 to be discussed weekly.

With the advent of the pandemic, it was necessary to amend the Bloom model due to the inability to hold face-to-face meetings, and the necessary focusing of

[14] As Penwith had been the location for the Bloom pilot, the Bloom model was well-established with Bloom Profs meetings taking place on a weekly basis. The inaugural Penwith Bloom Locality Steering Group was held in December 2020.

CAMHS upon those children and young people most at risk, adversely impacting on their ability to support the existing model. It remained an imperative that existing referrals to Bloom should be considered in a timely manner; it was also critical that a switch be made to hold Bloom Profs meetings online via Microsoft Teams. During 2020 there were four different 'cohorts' as noted below:

1. January – 23 March 2020: Bloom Profs held as usual in each locality

2. 23 March – 27 April 2020: Referrals allocated to Bloom but with no Bloom Profs meeting arranged were triaged by a central team: Dr Lisa Gilmour (CAMHS Clinical Psychologist; Bloom Clinical Lead); Henry Lewis (core Bloom Primary Mental Health worker); Deborah Clarke (HeadStart Locality Coordinator; Bloom Operational Lead)

3. April – November 2020: Centralised Covid-19 (C-19) model: online Bloom Profs meetings held with the central team (Bloom Clinical Lead; core Bloom Primary Mental Health Worker; Bloom Operational Lead), the Nominated Professional and other professionals

4. November 2020 onwards: Decentralised C-19 East Mid West (C-19EMW) model: online Bloom Profs meetings held with area-specific core attendees (CAMHS Clinical Psychologist; Primary Mental Health Worker; HeadStart Locality Coordinator), the Nominated Professional and other professionals

Learning from the central team's management of cohorts 2 and 3, in the revised decentralised C-19EMW model (which is area-specific, ie East, Mid and West Cornwall), each referral is discussed in an hour-long meeting with breaks scheduled between them. The weekly timetable is noted below:

Table 4: Bloom roll-out: Covid-19 EMW model Bloom Profs schedule

Area	East	Mid	West
Day	Thursday afternoon	Thursday morning	Wednesday afternoon
Meeting slot	13.00 - 14.00	09.15 – 10.15	13.00 - 14.00
Meeting slot	14.30 – 15.30	10.30 – 11.30	14.30 – 15.30
Meeting slot	16.00 – 17.00	11.45 – 12.45	16.00 – 17.00

It will be noted that the C-19EMW model limits the number of referrals which are able to be discussed weekly to nine.

There is no mechanism or resource in the current model for reviewing referrals previously discussed within Bloom, although this inability to 'close the loop' has been noted as a possible future development issue.
The aspirations within the Outline Proposal for the setting up of the Bloom pilot, of initial consultations with one or two members of the Bloom team, and follow-up discussions, did not prove scaleable for phase 2 of the pilot, and could not be

realised as Bloom became established within all localities in Cornwall. Nonetheless, across all phases, and continuing within the existing county-wide model, the young person's needs come first, there is no referral 'bounce' and rich holistic multi-organisational discussions take place to understand a young person's situation and to make appropriate suggestions to help support them.

Recommendation 2: That consideration is given to developing a process for Bloom to review referrals previously discussed within Bloom

Evaluation Measures

The Outline Proposal for Bloom included approaches to evaluating the success of the pilot, and noted that '*We would be looking for support to evaluate this pilot and will be approaching the Torbay Horizon Project for advice*.' The proposal anticipated that the evaluation tools to be used would include child and family feedback through before and after questionnaires; CAMHS feedback on referrals made to them from Bloom; '*statement testing*'; telephone interviews and a statistical comparison of CAMHS referrals in comparable population areas during the pilot period.

The Service Description for the second phase notes that the key measures would be:

- Number of referrals into CAMHS
- Number of referrals which are received by CAMHS but do not meet the threshold for the service
- Number of referrals BLOOM facilitate onto Specialist CAMHS

Further, the Service Description states that to evaluate Bloom pilot, the '*Bloom project is presently using the CAMHS Improving Access to Psychological Therapies routine outcome measures to assess and evaluate progress for the young people coming through BLOOM*.' This included the following (clinical) measures:

- Strengths and Difficulties Questionnaires
- Revised Child and Anxiety Depression (RCAD) Questionnaires
- Experience of Service Questionnaires (CHI-ESQ) form

Importantly the Service Description went on to note that '*The capture of more qualitative outcomes has yet to be determined but it is hoped the project can utilise online systems for seeking young people, parents and professionals (sic) views of their experience. The use of tablets for this process is considered essential*.'

Table 5: Comparison of Bloom Pilot Evaluation Strategies across phase

Phase		**Phase 2**	**Phase 3 Bloom Roll Out**
Source	**Initial Proposal * (Undated)**	**Service Description ** 15.01.2016**	**CWSG papers / Data Reports / Evaluation Working Group**
Externality			
	Approaching Torbay Horizon Project		NCB CORC Anna Freud Centre
Feedback			
Child and Parent	Before and After questionnaires '*statement testing*' telephone interviews	Clinical measures: Strengths and Difficulties and RCADS questionnaires CHI-ESQ form	Evaluation Strand - questionnaires
CAMHS	CAMHS feedback on referrals made to them from Bloom		Various evaluation strands / membership of CWSG
Data			
	statistical comparison of CAMHS referrals in comparable population areas during pilot period	Number of referrals into CAMHS Number of referrals which are received by CAMHS but do not meet the threshold for the service Number of referrals BLOOM facilitate onto Specialist CAMHS	Data Reports / CWSG papers

* *Outline proposal for a Multi Disciplinary Children's Mental Health Referral Service ¦ Bloom - Children's Emotional Well Being and Mental Health Pilot ¦ Part of the 'Living Well'-Pioneer initiative (Undated)*

** *Penwith Pioneer Living Well Project 2015 ¦ Mental Health & Wellbeing in Children and Young People in Cornwall ¦ Bloom ¦ Integrated Multidisciplinary Team ¦ Service Description v05 15 Jan 2016*

Evaluating the Bloom Pilot Project and the Bloom roll-out

The evaluation evidence of the impact of the Bloom Pilot Project primarily rests with a PowerPoint presentation delivered by Dr Ashton which considered the initial phase of the project from November 2014 – April 2015 (see Appendix 2). The qualitative and quantitative data covering the six months from November 2014 – April 2015 given within the presentation indicates the reach of the pilot, and demonstrates that the pilot was perceived as being successful. There is little indication that the range of evaluation methods proposed had all been used however; it is difficult to 'read across' to the other phases of the Bloom pilot and

roll-out project, to see whether the model is less or more effective or efficient across phase.

This difficulty is compounded by the lack of evaluation evidence from the second phase of the pilot. It has not been possible to locate any formal analysis or consideration of data of the second phase, and it must remain moot whether any such analysis or systematic collection of data was undertaken before the decision was taken in 2018 to roll out Bloom across Cornwall.

As part of the project to roll-out Bloom across Cornwall however, data analysis and regular reporting has been built into the management and governance structures, such that the efficiency and effectiveness of the model can now be regularly monitored and reviewed by the Bloom Cornwall-wide Steering Group. As the model has matured, so its self-reflection with its test-and-learn approach has become more embedded within its processes and routine data collection and analysis. It is therefore possible to see the echoes of the themes previously identified within the Pilot Project in Bloom's current operational, analytical and managerial practice and process.

Table 6: Evaluation outcomes against initial pilot themes

Theme	**Pilot Project – evaluation data**	**Roll-out**
Theme 1 Rapid and responsive service	PowerPoint Presentation ** (Undated) gives 2 anecdotal examples [slides 28 and 29]	**Data collection and analysis** Existing routine data collection enables analysis for example of the average time from receipt of referral in Bloom to closure Rapidity of service has not been routinely analysed but could be so, to establish a benchmark from 2021 Responsiveness to the presentation of each individual young person is captured within existing routine data capture and analysis (through eg consideration of the diversity of support suggested across cohorts) **Process** Process established to support consistency of approach within Bloom Profs meetings and ensure responsiveness: eg Bloom meeting chair's notes; regular weekly meetings between Bloom Operational Lead and Bloom Senior Administrator to talk through current situation regarding Bloom referrals and meetings

Theme 2 Focus on those who do not meet threshold for specialist CAMHS support		**Data collection and analysis** Routine data collection and analysis evidences the numbers of young people who are allocated to Bloom, and who do or do not proceed directly from a Bloom Professionals Consultation meeting into CAMHS / PMH **Process** All referrals allocated to Bloom are via the CAMHS Access Team within Early Help Hub. All referrals to Bloom therefore have been screened by clinical practitioners.
Theme 3 Encourage closer communication and links between different services and organisations including the VCSE; primary care; and CAMHS	PowerPoint Presentation ** (Undated) notes attendees at Bloom meetings [slide 4]; gives details of referrers [slide 6]; and notes numbers of interventions delivered by the VCSE and others [slide 8]. Multi-disciplinary working is noted on slides 32 and 35	**Data collection and analysis** Routine data analysis of Bloom meeting data includes feedback forms from attending professionals from different organisations Every Bloom Professionals Consultation Meeting has an attendance list which forms part of routine data and analysis of types / breadth of attendance Feedback gathered from various strands of this evaluation process **Process** Establishment of multi-agency Steering Groups (Cornwall-wide and Locality-based)
Theme 4 To be family- as well as child-centred	PowerPoint Presentation ** (Undated) notes the holistic family-centred approach of Bloom on slides 28, 29, 32 and 33	**Process** Bloom Underpinning Principles Process ensures nominated professional chosen by parent / carer attends the Bloom Professionals Consultation meeting as an advocate for the young person and family Within the Bloom Professional Consultation meetings, there is usually access to RiO and Mosaic to enable an holistic discussion of the young person and their presenting difficulties

Theme 5 Reduce the number of referrals to specialist CAMHS		**Data collection and analysis** Routine data collection and analysis evidences the numbers of young people who are allocated to Bloom, and who do or do not proceed directly from a Bloom Professionals Consultation meeting into CAMHS / PMH

The comprehensive Bloom evaluation, of which this report is one part, also includes a Data and Analysis Comparison Report covering referrals closed in 2019 and 2020. More broadly, this comprehensive evaluation and the Bloom Cornwall-wide Steering Group papers and reports provide comprehensive, iterative and incremental means of understanding the current model and its effectiveness.

Recommendation 3: that data collection, analysis, monitoring, reviewing and evaluation of Bloom continue to permit year-on-year reflection, and to facilitate and inform future development, efficiencies and effectiveness

Next Steps

This is one of a suite of reports, reviewing all aspects of the Bloom model and process, operability, efficacy and resilience. Taken together, they will inform decision-making about the sustainability of Bloom post-HeadStart and any future development and enhancement of the model.

Glossary

Bloom	Bloom is an innovative partnership approach with CAMHS and Cornwall Council, HeadStart Kernow and other services and organisations, and is an early intervention consultation model for professionals working with young people experiencing difficulties with their emotional, social or mental wellbeing
Bloom Covid-19 (C-19) Centralised Model	Online Bloom Profs meetings held with the central team (Dr Lisa Gilmour: CAMHS Clinical Psychologist; Bloom Clinical Lead; Henry Lewis: core Bloom Primary Mental Health worker; Deborah Clarke: HeadStart Locality Coordinator; Bloom Operational Lead) during the Covid-19 pandemic in 2020
Bloom Covid 19 East Mid West (C-19EMW) Model	Bloom Profs meetings held with area-specific core attendees (CAMHS Clinical Psychologist; Primary Mental Health Worker; HeadStart Locality Coordinator) during the Covid-19 pandemic in 2020 and 2021
Bloom JAG	The Bloom Joint Action Group (JAG) is described in the Service Description v05 dated 15.01.2016 as operating 'as a 'virtual team'. The term 'virtual team' is used to describe a team whose members are from different organisations but work together as if they are from the same "virtual" organisation.'
Bloom Pilot Project	The Bloom Pilot Project incorporates the first two phases of Bloom: the first phase initiating Bloom from November 2014 in Penwith, and the second phase running from June 2015 as the model became more established within Penwith

Bloom Professionals Consultation meeting (Bloom Profs)	A Bloom Professionals Consultation meeting can be requested for any child/young person struggling with emotional, social or mental wellbeing difficulties, as long as they are aged 0-18 years and they live or are educated in Cornwall. Referrals are made via the Early Help Hub on a CAMHS referral form and are screened and allocated to Bloom by the CAMHS Access Team
CAMHS	Children and Young People Specialist Mental Health Services sits within Cornwall Partnership NHS Foundation Trust and provides assessment, advice and treatment for children and young people with severe and complex mental health problems. CAMHS also provides support and advice to their families or carers
CFT	Cornwall NHS Partnership Foundation Trust
CHI-ESQ Experience of Service	Routine outcome measure used by CAMHS
CSE	Child sexual exploitation
CWSG	Bloom Cornwall-wide Steering Group
Early Help Hub	Professional triage and processing hub for all service requests for Children's Early Help Services led by Cornwall Council and the Cornwall NHS Partnership Foundation Trust (CFT)
EWG	Evaluation Working Group – a sub-group of the Bloom CWSG established to advise, support, sense-check, and ensure progress on the evaluation suite
HeadStart Kernow	HeadStart is a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. HeadStart aims to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing. HeadStart Kernow is led by Cornwall Council
HeadStart Kernow Community Facilitator Contract	The HeadStart Community Facilitator contract delivers services to support young people aged between 10 -16 years old, supporting them with their emotional health and wellbeing and preventing the onset of mental ill health, through the delivery of one-to-one and group support for young people, low level support for parents and families, and support for community groups. Interventions are delivered by six locality-based Youth Facilitators (who mainly deliver one-to-one and group work), and three Community Facilitators (who broadly deliver work with parents, families and community-based groups). The contract is managed by the Learning Partnership for Cornwall and the Isles of Scilly
Living Well	A Penwith Pioneer approach to health and care in Penwith
NHS Kernow CCG	NHS Kernow Clinical Commissioning Group
Nominated Professional	Once a referral is allocated to Bloom, parents / carers are asked to nominate a professional - who knows the child / young person referred in a professional capacity - to attend the Bloom Profs meeting to bring their voice and that of the family to the discussion
PCNs	Primary Care Networks
Penwith Pioneer	A collaborative health and social care project
Point of Contact	A 'Point of Contact' is agreed at the Bloom Professionals Consultation meeting. They take responsibility for discussing the Consultation Plan with the parent / carer and young person, taking forward any actions and suggestions for support that the parent / carer and young person wish to pursue
Revised Child and Anxiety	Routine outcome measure used by CAMHS

Depression (RCAD) Questionnaires	
Strengths and Difficulties Questionnaires	Routine outcome measure used by CAMHS
TIS	HeadStart Kernow has commissioned trauma-informed training for professionals which is delivered by Trauma Informed Schools (TIS UK)
VCSE	Voluntary, Community and Social Enterprise

Appendix 1: Outline Proposal

BLOOM

CHILDREN'S EMOTIONAL WELL BEING AND MENTAL HEALTH PILOT

PART OF THE "LIVING WELL" – PIONEER INITIATIVE.

Outline Proposal for a Multi Disciplinary Children's Mental Health Referral Service.

Aims

- To provide a rapid and responsive service to children with emotional, behavioural and mental health problems that do not meet the threshold for Tier 3 specialist CAMHS support.
- To offer face-to-face consultations and assessment for children and families rather than a letter signposting other services.
- To forge strong links between health, education and parents using the Thrive model for an assessment and action plan that is periodically reviewed.
- To consider the needs of the family in addition to the child with the support of Together for Families team.
- To work alongside existing voluntary sector provision, sharing expertise and utilising their resources to support families and young people.
- To assist in reducing the number of referrals to specialist Tier 3 CAMHS services and forge better communication between primary care and specialist CAMHS.
- Where problems are more persistent, ongoing or include significant mental health concerns appropriate CAMHS referrals can be made, supported by a comprehensive assessment of the child and family background.

Plan

Single point of access for all Children's Mental Health referrals to be directed to a weekly BLOOM panel that includes:-

- GP with Thrive training
- Primary Mental Health Care Worker (CAMHS representative)
- Together for Families Advocate (council)
- Representatives from the Voluntary Sector.

All referrals will be discussed as a team.

An initial consultation, with two members of the team, would be carried out either in the child's home or in a clinic/community setting. This joint working promotes reflection and shared ideas regarding ways forward.

In some cases, the outcome could be "one session change" where support and advice at the initial consultation is enough. Other strategies generated and offered to the child and family as a way forward could include:-

A “Thrive” assessment and Action Plan to be shared with the parents and school and updated on a regular six weekly basis.

Use “Thrive” as a positive shared language and a useful and constructive tool at Team Around the Child or Child in Need meetings.

Referrals to additional services organised directly from BLOOM, including:

- Counselling support /CBT/peer support groups

- Clinical Psychology for more demanding complex psychological concerns and attachment issues
- Family Support Services via the Together for Family advocate
- Parenting Programmes/groups
- Liaison with school regarding Educational Psychology input
- Positive psychology workshops run by BLOOM for older children and parents.
- Individual coaching/positive psychology.

We would also offer families the opportunity for follow up after any of these interventions to assess progress or further need.

Assessment

We would be looking for support to evaluate this pilot and will be approaching the Torbay Horizon Project for advice. Evaluation tools we anticipate would include

- Child and Family feedback through before and after questionnaires
- CAMHS feedback on referrals made to them from this service.
- Statement testing
- Telephone Interviews
- Statistical comparison of CAMHS referrals in comparable population areas during the pilot period

Appendix 2: Bloom first phase Nov 14 – Apr 15 PowerPoint presentation Dr L Ashton

Bloom

Children's Mental Health Pilot
Supported by Penwith Pioneer/Living Well
November 2014 – April 2015
Dr Laura Ashton

Aims

- To help fill a gap in provision for children and young people with emotional, behavioral and mental health problems who do not meet the threshold for specialist CAMHS.
- Presently 40% of all GP referrals in Cornwall to specialist CAMHS are rejected.
- To build stronger links between professionals in different services.
- To look at the needs of the whole family as well as the child.
- To reduce the pressure on specialist CAMHS

Method

- All referrals to CAMHS in Penwith (locality one) who did not meet the threshold for specialist CAMHS directed to Bloom.
- Weekly MDT meetings to discuss cases where a lead professional for each case was chosen.
- Regular reviews of cases at Bloom meetings.

Multi-Disciplinary Bloom Teams

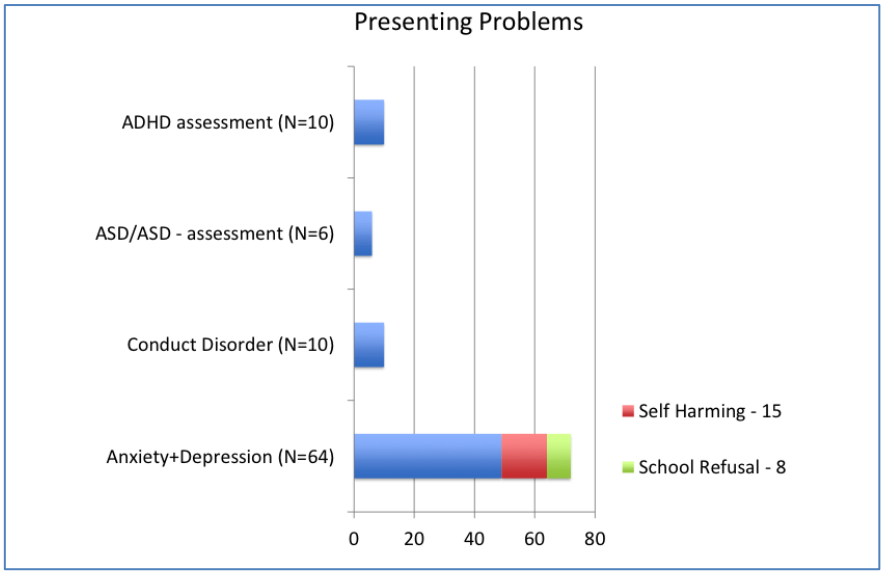
- Core members – GP, Primary Mental Health Worker, Family Support, Headstart Team.
- Others attending included, Together for Families Advocate, Educational Welfare Officers, School Nurses, Behavioral Support Advisors, Social Workers, Youth Workers, Voluntary Sector Agencies, Safeguarding Officer and School Pastoral Support Officer.
- Supervision/Professional Advice from Dr Lynette Rentoul, Clinical Psychologist and Dr Lynne Jones, Consultant Psychiatrist.

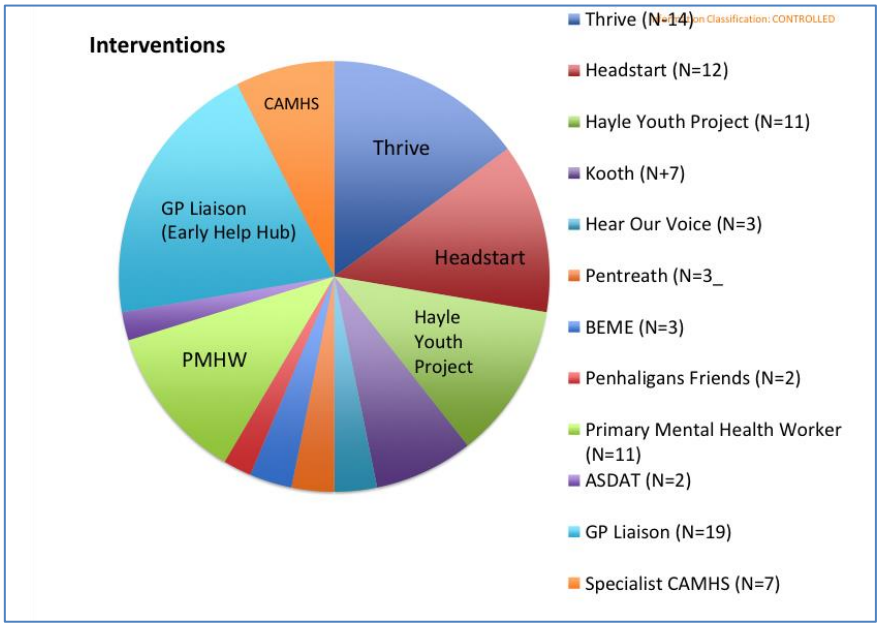
Breakdown of Ages/Gender for Referrals

Referrers

GP (N=64)
Schools (N=14)
Parents (N= 4)
Others (N=9)

(School Nurse – 2
Youth Workers – 2
Ed Welfare Officer – 1
Occupational Therapist -1
Community Paeds – 1)





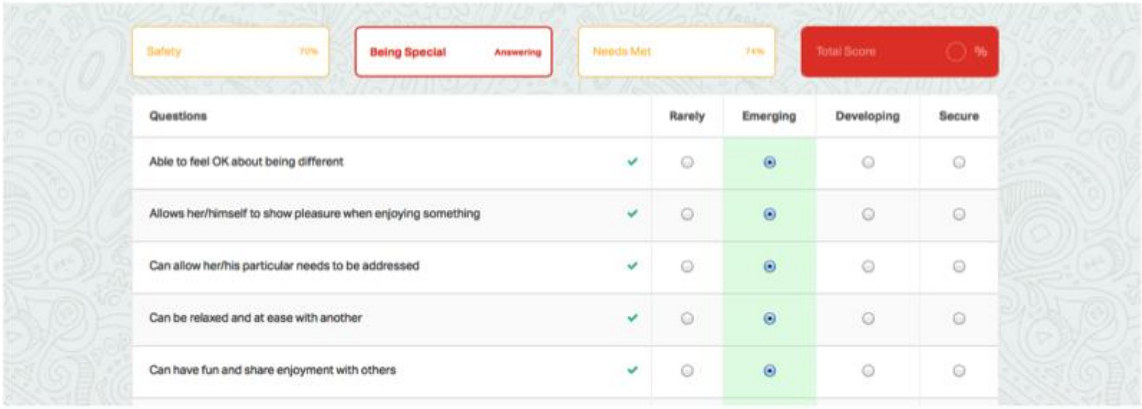
J – aged 7

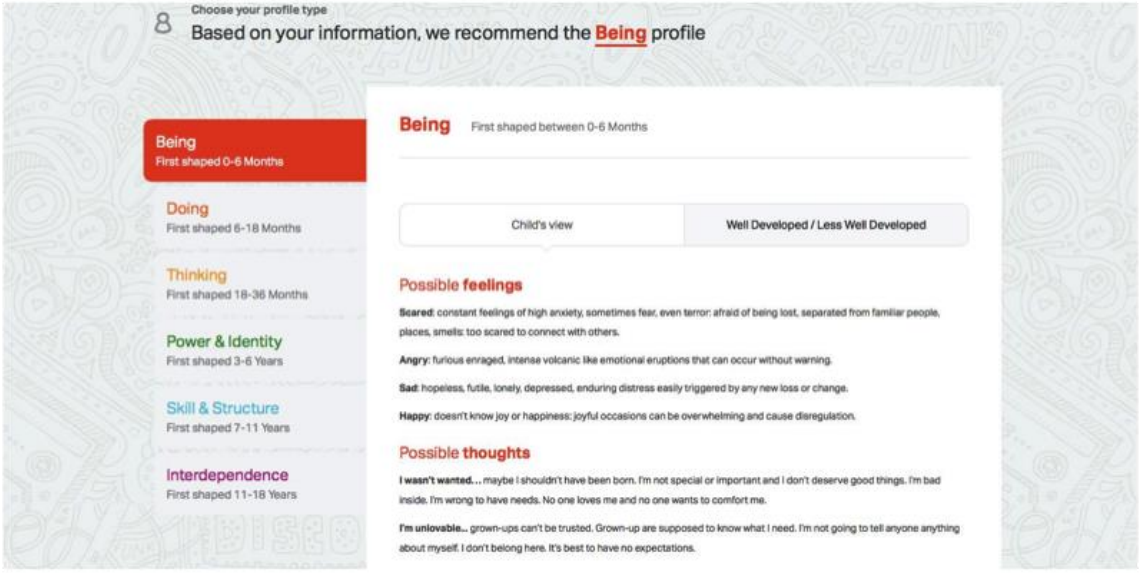
- GP advised school to make CAMHS referral.
- "We are very concerned about J 's insecure, impulsive and aggressive behaviour and need to control other people, particularly his mother".
- Prolonged history of Domestic Abuse in the family.
- At school J talks about having to protect his mother from her ex partner.

Intervention

- Referred for Family Support Worker
- Thrive Action plan
- Mum referred to Susie Project

Thrive Assessment





Let's help every child thrive

Information Classification: CONTROLLED

Action Plan #235265

Child Name:
Profile ID: **#100166**
Date completed: **18/09/15**
Profile Type: **Baseline Skills at Being**

Their key task is **To have a positive experience of being dependent and then being able to move on to make new relationships.**
The needed developmental experience is **Safety - Being Special - Needs Met**

Action Plan Setting: **Educational, Home**
Action Plan Focus: **Other Support, General - always tick for individual planning**

Chosen learning targets to work on:

1. **Can tell others something good about themself... (Being Special)**
2. **Can tell or show you a way they are special (Being Special)**
3. **Can relax (Being Special)**

Please note that Thrive-Online relates only to the child's emotional and social developmental needs and is NOT an assessment of any other person or influence.

Strategies	Files
Introduce child or young person to someone new by saying something lovely about her / him e.g "You'll enjoy being with X. S/he has a lovely way of listening."	0
Appreciate who and how they are; slip in specific descriptive positive comments about how they are NOT WHAT THEY DO	0

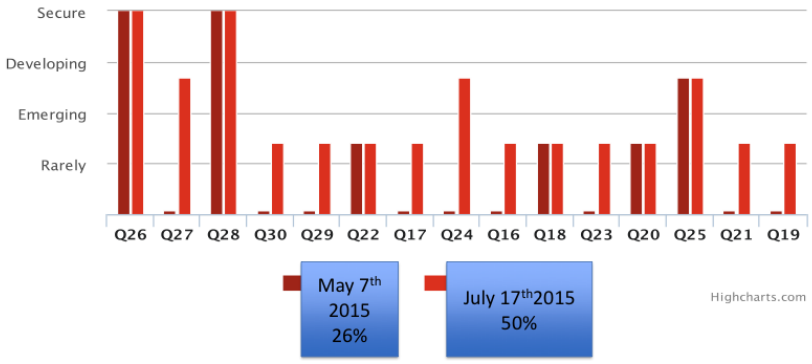
Thrive Assessment at "Being" for J aged 7

May 7th 2015
Overall 47%

July 17th 2015
Overall 64%

Being Special

Level per Skill (hover over each bar to reveal the Skills Question)



P –aged 13

- GP referral
- "Low mood, few friends, morose, doesn't socialise".
- Xbox and Netflix +++
- School Refusal 65% attendance. Known to Educational Welfare Officer.
- Mum tearful in consultation. "Mum's mental health being tested here too".
- No motivation or future plans.

Intervention

- Headstart
- Headstart Advocate met P for coffee – went through "All about P" A series of serious to lighthearted questions that P could rate 0 – 10 (1 – I don't like)
- Being in the spotlight (0)
- When I look in the mirror (4)
- Friends (5)
- Worked on a "Self–esteem Wall" – looking for 24 positive things about her life. eg People who care about her. What she likes about her appearance. The character traits she likes. Things she is good at

Outcomes

- Headstart advocate helped P volunteer at a local charity event, ran with here in a charity run and helped her plan to apply for a part time job.
- Headstart Advocate worked with School following another dip in P's attendance. School made P a lead helper for Year 7 – good motivation to get into school and mix with other children.
- P also encouraged to lead school research project on Gaming included study and employment opportunities supported by the curriculum – maths, English IT.

  Feedback from School.

  "P seemed very keen for this and was even willing to work with some boys from the year above who have been on the College Taster Day…..very positive!"

T aged 13

- Referred by School
  "T is very low. Not going out. Staying in his room"
- Friendship issues – low self esteem, lack of confidence. Feels unpopular. Isolated. Lost
- Struggles at school – dyslexic
- Poor attendance. EWO has been involved.

Interventions

- Penhaligans Friends.
- School Meeting with father, T + Pastoral Support Officer.
- Referral to Hayle Youth Project (funded by School) and also Kernow Young Carers.
- Letter to GP about home situation – no care help for grand mother with dementia. T up at night when alarm goes off and grandmother wandering.

Outcome

- T scored the Evaluation of Service Questionnaire –Top Score - Certainly True for all questions.

- I feel that the people who saw me listened to me.
- It was easy to talk to the people who saw me.
- My views and worries were taken seriously.
- I feel the people who have seen me are working together to help me.
- Overall the help I have received here is good

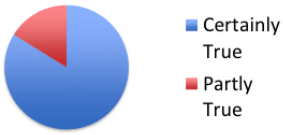
"***Penhaligans friends are there for me if I need them but Hayle Youth Project gave me something to look forward to"***

Dad's Testimony

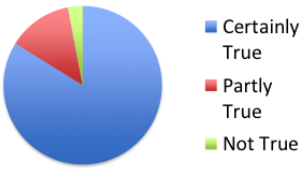
- "Hayle Youth Project were superb. They brought him out of his shell. He went on a four day sailing trip and got a RYA certificate and now wants to join the Marine School in Falmouth. His school attendance has gone up. He is getting up early and started his own after club - War Hammer 4000 - and has six members signed up"

CHI – Commission for Health Improvement Evaluation of Service Questionnaire

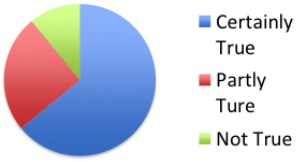
I feel that the people who saw me listened to me



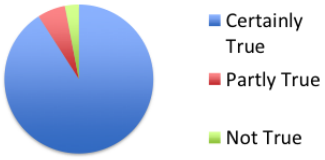
Overall the help I received is good



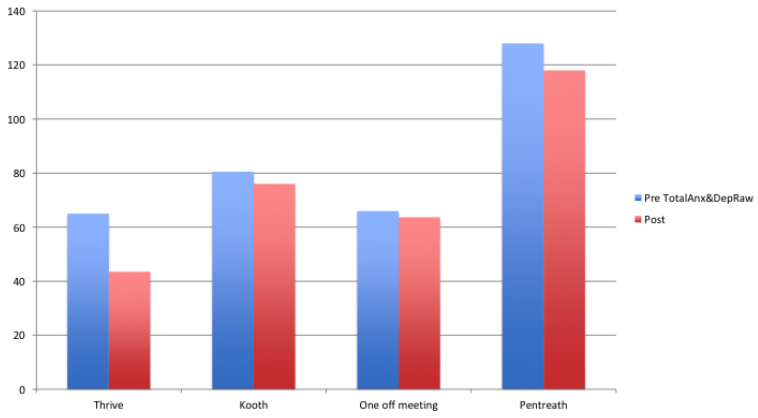
My views and concerns were taken seriously

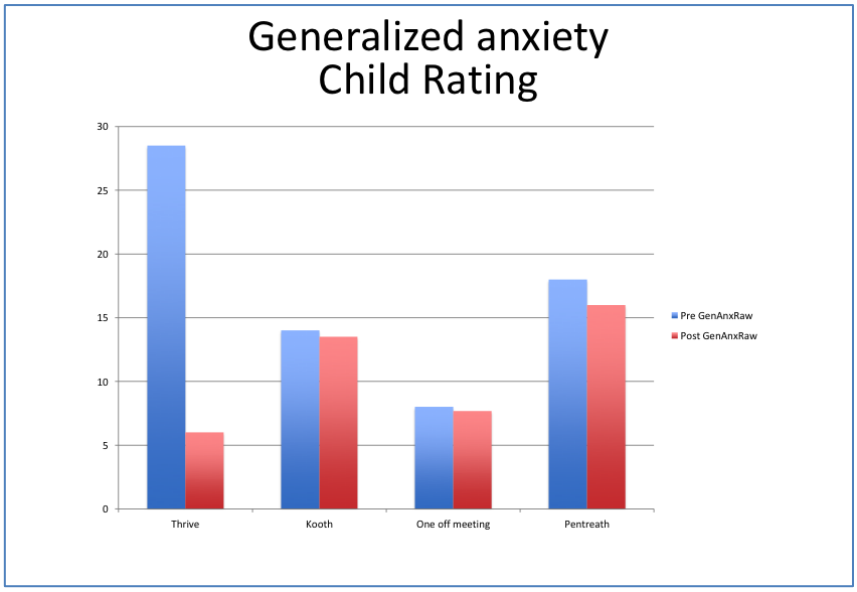


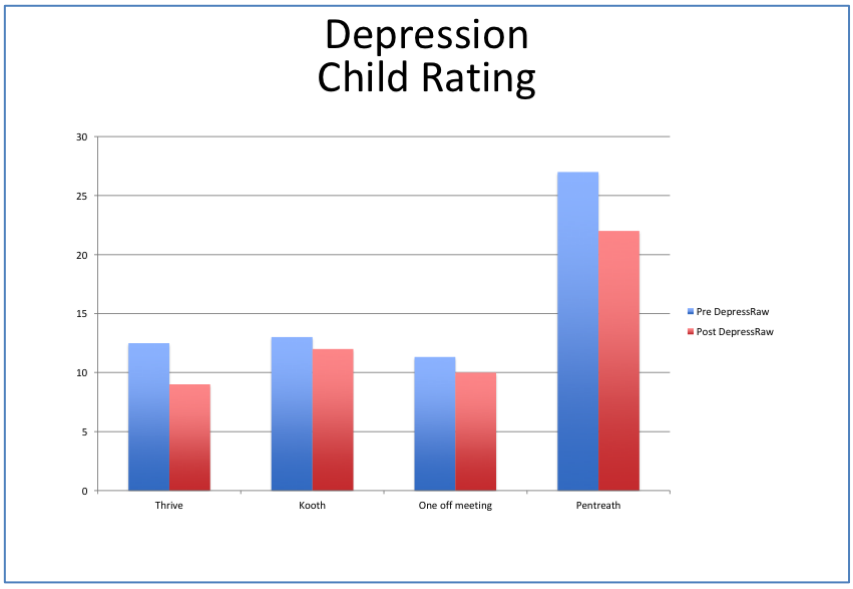
I feel the people who are working together to help me.

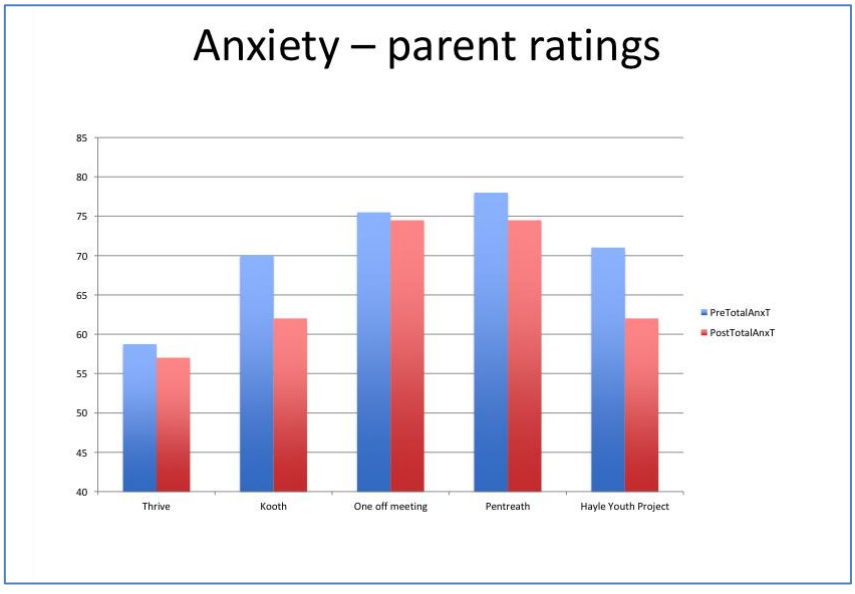


RCAD – Revised Child Anxiety and Depression Scoring Child Rating – Anxiety and Completion




Generalized anxiety
Child Rating
30
25
20
15
10
5
0
Thrive
Kooth
One off meeting
Pentreath
Pre GenAnxRaw
Post GenAnxRaw


Depression
Child Rating
30
25
20
15
10
5
0
Thrive
Kooth
One off meeting
Pentreath
Pre DepressRaw
Post DepressRaw


Anxiety – parent ratings
85
80
75
70
65
60
55
50
45
40
Thrive
Kooth
One off meeting
Pentreath
Hayle Youth Project
PreTotalAnxT
PostTotalAnxT

Bloom Testimonies
Mother of 10 year old referred by GP wondering about ADHD/ASD

- *Where do I start? The whole process has been fantastic and taken myself and A on a journey where we understand each other better. I feel everyone involved went above and beyond my expectations with helpfulness and caring.*
- *The speed of response, kindness shown and the direction we have been sent in through this service has been spot on.*
- *After my first anxious appointment at the doctors and with the doctor herself not sure what the response I would get due to the fact A was home schooled I have been pleasantly surprised by the level of service I have received through Bloom. Thank you.*

- **Mother of 11 year old girl** - offered one off meeting to discuss Thrive strategies to support her daughter.
- *The service was very quick and the treatment was very welcoming. People seemed interested in my thoughts and had lots of ideas of how to help.*
- *People were very friendly and easy to get hold of and kept in touch with me throughout the process.*
- *The Thrive tips and advice were really good. For B to know some coping strategies has really started to help her.*
- *This sort of anxiety creates anxieties for the whole family, especially when you are seeing it in a young child so Bloom is extremely valuable.*

15 year old girl / Hayle Youth Project

- *My care was really good because I was listened to and my problems were taken seriously. Hayle Youth Project also helped me because it boosted my self-esteem and confidence.*

14 year old girl /Kooth

- *I discussed the problems I have and stuff to overcome my fears. I wanted support to help calm down panic attacks and distract me from thinking about those thoughts 24/7 and the Kooth counsellor is helping me with these problems*

Mother of 7 year /Troubled Families/Family support and Thrive.

- *My GP made several referrals for B before which didn't come to anything. This was the first time we were offered help.*

Professional Testimonies

•The Bloom project came as a great relief and filled the gap perfectly between CAMHS and agencies like HYP. As youth workers we have been feeling ill equipped to deal with some of the issues being presented by our clients. The weekly meetings meant that we could share concerns, seek professional support and find solutions giving our workers confidence to support the young people appropriately. (***Hayle Youth Project Manager***)

•I can't tell you how reassuring it was as a member of the pastoral team to know Bloom was behind us – signposting, advising and supporting. Picking up those students who do not meet the criteria for CAMHS and yet needed more professional support than I could offer. The weekly meetings were a valuable source of information. ***(School Pastoral Support Officer)***

- The Bloom MDT meetings have enabled us to work alongside professionals from a wide range of fields where we have had the opportunity to pool resources, knowledge and experience to work towards the best outcomes for children. This is particularly useful when looking at the background and historical aspects and issues that a family may face. Workers around the table often include those with many years experience in the locality and are able to contribute a more complete view of the child's circumstance and family background due to a long term involvement with the family.

- A balanced view has been reached by having a multi-agency meeting, those looking at the case from a professional clinical view combine with those looking at it from a school and community background.

(Headstart Advocate)

- From our point of view it has been fantastic to have a named contact to liaise with and highlights the difficulties with the service as it stood where the barriers come up and children are "signposted" here there and everywhere. (***Penwith GP)***

- We as family workers often know the families who have been referred to CAMHS. We don't want to keep all doing the same things. Bloom is a useful forum for information to have clarity and know what each of us can and is doing. (***Family Worker)***

- Families are getting a co-coordinated inter agency approach to emotional and mental health issues. Together for Families children are often at higher risk of emotional problems. Early intervention and support for the whole family is likely to provide the best outcomes. Preventing mental health problems escalating improves their education, life chances and whole future. (***Together for Families Advocate***)

Benefits of Bloom

Appreciated by professionals and families.

Engagement by professionals and families

Promising early signs that this type of engagement may be effective for children and young people.

Multi Disciplinary Team Working

Statutory Services working alongside Voluntary Sector
Better communication between services particularly schools

Information Sharing

Networking

Supervision/Mentoring/Teaching

Future Wish List

- Roll out of Bloom in all 6 localities with monthly supervision from Consultant Psychologist and Psychiatrist.
- GP Bloom/Child Mental Health liaison in each locality. Improved GP training around Children's Mental Health.
- Increase Voluntary Sector capacity with Transformation funding. (HYP, HOV, Pentreath, Kooth, Clear etc)
- Train up volunteer mentors through Living Well.

Future in Mind

"We need a whole child and family approach where we are promoting good mental health from the earliest ages. We need to make better use of the voluntary and digital services. We need a simpler system focusing on prevention of mental ill health, early intervention and recovery".

Appendix 3: Bloom Service Description Jan 2016

Penwith Pioneer Living Well Project

2015

Mental Health & Wellbeing in Children and Young People in Cornwall

BLOOM

Integrated Multidisciplinary Team

Service Description

Contents

Introduction

This document intends to provide guidance to the members of the Bloom multidisciplinary team meeting. It provides a description of the principles on which the Bloom meetings are based and provides the "golden Rules" by which it operates and details the process and referral criteria. These

principles, golden rules, processes and criteria have been agreed by the Penwith Pioneer Bloom Steering group project sponsoring organisations and should not be amended without their agreement.

In addition to the generic Bloom Integrated JAG team approach, this document provides the details for how an individual Locality based Bloom team could operate. This includes identifying the team members and their roles along with such things as data transfer agreements and ways of working specific to this locality. Therefore, this document is owned by this locality based Bloom Integrated team.

Background and Context

This project has been designed to provide a rapid and responsive service for children up to the age of 18 with emotional, behavioural and mental health needs who do not meet the threshold for specialist CAMHS support. Referrals will be screened by a CAMHS clinician and deemed appropriate for a targeted response for a community based support system. They are allocated to the Primary Mental Health Worker in the relevant area who is part of the CAMH Service.

This project fits with the following strategic programmes

- To provide good quality consistent and multi-disciplinary practice in the help and protection we provide to children and young people.

- To deliver family centred and outcome focused early help services that are responsive to need and achieve value for money through effective partnership working.

- Promotion and Prevention: Promote emotional wellbeing and positive mental health through effective engagement of the wider community; to raise awareness; tackle stigma; advocate early help seeking; and involve children, young people and their families and carers in the development and review of services.

- Early intervention and Identification: Work in partnership to deliver a range of integrated, preventative, and early intervening services that are flexible and accessible in supporting and meeting the needs of all children and young people.

Golden Rules

The Child and Family come first.

What does the does the child and family need and who is best placed to provide it?

No "referral bounce".

A referral, no matter who from, should be treated as a call for the collective mental health service providers to help and should not be "bounced back". Providers must agree a way forward and the service user must be offered an assessment by the most suitable organisation at the earliest opportunity. The result of these decisions should be passed back to the referrer along with any appropriate advice for future referrals.

- **Clear and concise communication.**

The child and family must receive timely, clear and concise information.

- **A "Lead Professional" for every Child.**

A "Lead Professional" from the most appropriate organisation for the individual Service User should be agreed.

Key aims of the BLOOM project:

- Identify a key agency to take the lead in supporting a child who has been referred to CAMHS for emotional wellbeing support but doesn't meet the CAMHS specialist criteria.

- Bring together the best mix of skills, knowledge and experience needed by each individual Service User is out there. To build and maintain good working relationships with them and through working together deliver a service to an individual Service User which is better than that from any individual provider.

- Maintain an up to date working knowledge of the voluntary sector Services available including access information regarding all Penwith voluntary child and family directory (Still under development).

- Offer advice as requested by the "Lead Professional" (Care plan coordinator, Key Mental Health Worker) for individual community plans to suggest options (additions/alternatives) for service delivery.

- Monitor and work with Bloom administrator to ensure the directory is being maintained with up to date information specific to the locality (advise local providers on how to be included in the directory (NB still under development).

- Liaise with all members of the Locality virtual team to develop an understanding of the general needs of Service Users and Carers within the caseload and advice on the capabilities of services available in the locality.

- Establish a data capture system to evaluate and produce evaluation data

Description of the Bloom Joint Action Group (JAG)

The Bloom Integrated JAG operates as a "virtual team". The term "virtual team" is used to describe a team whose members are from different organisations but work together as if they are from the same "virtual" organisation.

Each virtual team is based around a locality. The core Integrated team is focussed on Primary Cares, Cornwall Council, Cornwall Partnership Foundation Trust (CFT). However, the aim is for the team to be a broad and inclusive team which encompasses a wide set of services and providers which will more readily support the full aims of the "children's and young person's plan" and both "no health without mental health" and "closing the gap" 'a vision for Mental Health and Well Being, including that of early prevention. This broad definition of the team can include organisations which are not normally considered to be health related. These organisations and others can help resolve the core problems being faced by children and young people.

The Bloom project will be led within the CAMH Service and follow the leadership, governance and data systems used within CAMHS. The Primary Mental Health Worker will chair and facilitate the referrals discussed within the JAG meetings.

In the Penwith locality we have a range of providers with highly trained people, each with their own specialist skills and experience. The Lead Professional aims to deliver a better service for all involved. Our core Mental Health Virtual Team is made up of Primary Cares, Cornwall Partnership Foundation Trust and Cornwall council staff but other organizations also form part of the larger team to deliver service which supports "wellbeing" and "prevention". The breadth and volume of potential services out there means that a role of "Link Worker" has been identified as providing a key source of information for what is possible, in particular from the 3rd Sector organisations. To support the Link Worker and the other members of the team, an interactive directory of services (under development) will provide a mechanism for keeping up to date with the large and ever changing volume of potential services which could be used to most effectively and efficiently support individual Service Users.

BLOOM Governance Processes

Referrals are brought to the Bloom JAG meeting by the Primary Mental Health Worker. These referrals were screened by a CAMHS Clinician through the Early Help Hub where any risk of mental health disturbance requiring a more specialist assessment has been ruled out. These referrals are considered appropriate for a targeted response for psychological support. They are allocated to a Bloom caseload on the CAMHS RIO data base. The referrer and parent are notified by letter that their referral will be discussed at the next Bloom meeting and that they will be notified of the outcome as follows:

- Referrals that are passed to another agency to take the lead are closed from the Bloom caseload. This agency notifies the parent or young person directly.
- Referrals where the PMH worker agrees to co-work are allocated to his/her caseload. The family are contacted and notified of the care plan.
- Referrals discussed and considered more appropriate for a specialist service will be taken back to the CAMHS team by the PMH worker for a 2nd opinion on the screening decision. The family will be contacted once this discussion has taken place and notified of the agreed action.

These processes meet the 'golden rules' principle of clear and concise information being provided wherever possible.

All referrals coming to CAMHS are processed through the Early Help Hub that ensures full consent to share information with our partner statutory services is sought from the referrer prior to acceptance. In addition to this the family receives another letter welcoming them to the Bloom project and allowing a 2nd process whereby the family can phone in and opt-out of the sharing information system. A reasonable time-frame of approx. 10 days is therefore allowed before the referral is discussed at the weekly meeting.

Both professionals and families are given a generic BLOOM email address to make contact with the PMH workers. This can only be accessed by the dedicated BLOOM administrator and the PMH workers. Any request to send out personalised information from this address is sent with the CFT trust encryption in place.

Recording of Information

RIO is the only clinical recording system in use for BLOOM. There are no minutes taken.

The PMH worker writes directly into the RIO database child's clinical record the decision made at the BLOOM meeting with a note added about what agencies were in attendance in the meeting.

The BLOOM Action plan is part of this record with the lead agency and worker identified who will then contact the parent via phone to discuss 'next steps'. This action plan is also copied into a response letter back to the referrer and copied to the family to ensure clarity using BLOOM headed notepaper.

Follow up discussions are recorded and documented in the same way, however this might not result in any follow up correspondence as it is assumed the key worker will communicate directly back to the family any 'changes to the plan'. They would use their own agency governance and paperwork to respond, if thought to be appropriate.

End of care through the Bloom project for each child is also reviewed and documentation is sent out in line with the original plan. All agencies and parents involved are copied in with our evaluation paperwork enclosed.

The Bloom project strictly follows safeguarding policy and procedures.

Evaluation

The Bloom project is presently using the CAMHS Improving Access to Psychological Therapies routine outcome measures to assess and evaluate progress for the young people coming through BLOOM. This includes:

- Strengths and Difficulties Questionnaires
- Revised Child and Anxiety Depression Questionnaires
- Experience of Service Questionnaires

The capture of more qualitative outcomes has yet to be determined but it is hoped the project can utilise online systems for seeking young people, parents and professionals views of their experience. The use of tablets for this process is considered essential.

Responsibilities of Lead Agency.

- Work in partnership with the Service User and those service providers supporting him/her.
- Being responsible for reporting any change in risk of the child or young person's mental health.
- Ensure the Service User receives the most appropriate support in the setting most appropriate for that person.
- Ensure the needs of the carer(s) are addressed.
- Give feedback to Bloom JAG
- To enable the best possible community plan for individual service users based on their need and the available services from all Mental Health service providers, in particular from the 3rd Sector, whilst minimising the resource requirement on specialist statutory services

Standing Agenda of BLOOM Meetings:

- First Hour - New Referrals involving case discussion and identification of lead agency
- Second Hour - Case Discussion with on-going cases
- Monthly - Key changes to services.
- Termly - Agency resource Meetings and 'shared training'

Appendix

Project Steering Group

General terms of reference for Bloom steering group

The purpose of this document is to provide the terms of reference for the Bloom project working group. This group will take on the leadership and action function on behalf of the Penwith Pioneer living well board and report back on their activity

Purpose

The function of this group will be to act as an action based forum to deliver on the actions within the Bloom project plan. It will monitor the projects activities against the project plan. It will also evaluate the projects outcomes.

Group Composition

- Senior Pioneer representative
- Project lead
- Senior clinician CFT
- CFT Manager/consultant
- Representative from the third sector organisations
- Social services representative
- Representative from the Schools
- Any other relevant party can be invited to attend.

Frequency of Meetings Monthly

Reporting

The steering group chair will be responsible for a written report to the Penwith Pioneer living well board. The report will outline all activity and updates on all actions contained within the Project plan.

Responsibility of the Steering Group

- To provide a forum for discussion of the Bloom project related items and its operation
- Keeping the Project plan on track
- Troubleshooting bureaucracy
- Helping the project identify more effective ways of getting things done.
- Providing a forum for discussing evaluation
- Approving the strategies and Programmes proposed by the project.

- Providing a channel of communication between the Bloom project and its stakeholders
- Assisting the Bloom project to achieve a high profile with the Penwith Locality and wider community.

Standing Agenda

1. Welcome, introductions and Apologies
2. Recap
3. Risks and Issues
4. Pathway Update
5. Bloom Output Accreditation
6. Data Capture and Outcomes
7. Timelines
8. A.O.B.

PROJECT OBJECTIVES

- To provide a rapid and responsive service to children with emotional and behavioural problems.
- To assist in reducing the number of referrals to specialist Tier 3 CAMHS service.
- To forge stronger links between Primary Care's, CAMHS, education, social care and the voluntary sector
- To support Primary Care training and continuing professional development in children's mental health.
- To provide a regular resource forum in the Locality around up-to-date resources and services available

PROJECT OUTCOMES

- Improved access to children with emotional health and behavioural issues
- Integrated whole system approach to identify appropriate resources to support young people
- Reduced pressure on specialist services
- Early intervention and prevention
- Appropriate and timely responses to children presenting with emotional and behavioural issues whose needs are best met through community based services.

PROJECT SCOPE

In Scope

- Referral for children with mild emotional and behavioural problems up to the age of 18 years.

Out of Scope

- Children over the age of 18
- Children who have complex emotional, behavioural and mental health needs

KEY MEASURES

- Number of referrals into CAMHS
- Number of referrals which are received by CAMHS but do not meet the threshold for the service
- Number of referrals BLOOM facilitate onto Specialist CAMHS

TIMESCALES

Initial part of project has run from November 2014 to April 2015 awaiting full evaluation due in August 2015.

Second Phase of project Initiated June to run for a period of twelve months

CONSTRAINTS

- No money available to specifically spend on project.
- Project reliant on Headstart Big lottery Bid, this may not be forthcoming and unsure of time limits regarding any funding

PROJECT GOVERNANCE & REPORTING ARRANGEMENTS

- Project lead/governance Cornwall foundation trust
- Ensuring Yearly Governance checks on all participating Agencies in respect to Criminal Record Bureau (CRB) safeguarding procedures.
- Project Team /Steering group
- Reporting arrangements: Penwith Living well Pioneer Board
- Sign off arrangements: Penwith Living well Pioneer Board

WORKSTREAMS

- Penwith Pioneer Project
- Cornwall foundation trust Governance support and referral management
- Cornwall council Early Help Hub
- Bloom steering group
- Headstart Board

DEPENDENCIES

- Emotional health and wellbeing board.
- Headstart Emotional health and resilience model

Organisations involved

- PENWITH LIVING WELL PIONEER PROJECT
- Cornwall Foundation Trust CAMHS team
- Third sector organisation
- Cornwall Council
- Schools

COMMUNICATIONS

- CFT Senior management team Children's service line
- Penwith Pioneer living well Project Board
- Headstart Board
- Emotional health and wellbeing Board Cornwall Council

Distribution

The master version of this document is held by the chair of the locality based team.

This document will be accessible to locality based staff at URL and will be distributed to non-locality based staff via e-mail as listed below.

Appendix 4: Bloom GP Testimony Dr L Ashton

BLOOM

GP TESTIMONY – Dr Laura Ashton, St Austell Health Care

NHS Kernow CCG Children's Clinical Lead

The idea for Bloom came out of my experience training and working as a GP in Cornwall and a year of extended GP training working alongside the Together for Families team in St Austell.

I had been awarded a GP Leadership and Excellence Training Extension to look at health needs of families supported by the Together for Families initiative. Together for Families was part of the national Troubled Families initiative launched in 2011 with the aim of turning around the lives of families with a range of difficulties, aiming for a coordinated approach between different agencies. Eligibility included families with a history of domestic violence, drug and alcohol misuse, safeguarding concerns, housing difficulties and children who were out of school.

I had a meeting at the Home Office in London with Dame Louise Casey who started the Troubled Families programme and was asked to research ten detailed case studies of the health issues of all members of families supported by the Together for Families initiative in Cornwall.

The case studies from Cornwall were included in the National Together for Families data which found 33% of children in families with complex needs were suffering with a mental health problem, 20% had children diagnosed with ADHD and 15% of young people in families with a range of challenges had substance misuse problems.

Looking through the health records of all of the ten families I had researched I found eight out of the ten families had brought a child or children into the surgery below the age of ten concerned they had an undiagnosed mental health problem which was often thought to be ADHD or ASD leading to behavioral difficulties and emotional problems. Six children had been referred to specialist CAMHS but were not accepted for specialist treatment as these difficulties were thought to be social and behavioral difficulties and not enduring mental health problems. Years later as teenagers or young adults the health records showed that five of these young patients returned to the surgery

presenting with depression and anxiety needing medication, four were out of school or training and two had developed drug problems themselves.

The high number of rejected CAMHS referrals resonated with GP experience in Cornwall at the time when 40% of all GP referrals to Specialist CAMHS were rejected. Rejected referrals were not just coming from families with complex difficulties.

I saw a gap in provision for these children that were clearly struggling with emotional difficulties and early mental health struggles and needed help but not meeting the threshold for help from specialist CAMHS.

The aim for the Bloom pilot was to try and provide early support and intervention for these children with emotional difficulties before they developed into serious mental health problems. Much of our work in General Practice is around prevention and early recognition of physical problems. We have less training and resources to try and identify and manage early signs of mental health difficulties particularly in children and young people. Bloom tries to address this gap in primary prevention.

The idea for Primary Care to become part of a multi-disciplinary team working with statutory services and the voluntary sector resonated with the Penwith Pioneer Project that had successfully linked services to support older vulnerable patients. I approached Dr Mathew Boulter, a GP in Penzance who had helped set up the Pioneer Project and he was able to provide valuable local knowledge encouraging support across different services and the voluntary sector.

Meetings started on a weekly basis in the CAMHS building Bolitho House facing the promenade at Penzance. A friend and artist John D Edwards used this setting for to create a painting for Bloom that has been used as an emblem for the project. A bright flower is blooming but also waving a little in winds against the sea.

From the start there was enormous good will in Penzance for professionals working with children to get together and consider the emotional and mental health needs of individual children. Headstart Kernow and have been a critical partner from the start. Specialist help with making formulations of the young patients presentations came from Clinical Psychologists from both CAMHS and NHS Kernow's CAMHS lead, Dr Lynette Rentoul. We had Consultant Psychiatrists attend and regular attendance from teachers, Educational Welfare Officers, social workers, Family Workers and representatives from the voluntary sector organisations working in Cornwall. Young People Cornwall have been a key play providing groups to support young people as well as mentoring and 1:1 support. Pentreath who support training and job skills, the Wave Project who take young people surfing, local youth groups and Young People Cornwall who run groups for young people and one to one mentoring.

In the first 6 months over 100 young patients were discussed at the Bloom. meetings. At this point we tried to find each young person direct support. Only seven were referred into Specialist CAMHS but with a fully worked up assessment and so transition was smooth and there were no delays with re-referrals.

I returned to work full time in General Practice after this pilot year but have continued to support Bloom in my role as Children's Clinical Lead for NHS Kernow Clinical Commissioning Group. Over the last five years Cornwall has been on a journey to transform Children's mental health under the Turning the Tide Transformation Plan that following the Future in Mind government paper and national funding. Cornwall adopted the Thrive framework for the Transformation Plan developed by a team from the Anna Freud centre and Tavistock NHS Foundation Trust. Thrive aimed to break down barriers between services and look at the needs of the child as a priority breaking down barriers between services. A clear message from Thrive is that help can be provided by a number of sources and isn't always best provided by specialist mental health services. Even when specialist services are needed these can work best alongside other forms of support in the community and particularly the Voluntary Sector. Bloom has captured many of these Thrive principles and encapsulates the drive for transforming the whole system of mental health support for children and young people in Cornwall.

Supported by the dynamic and innovative Headstart Kernow team working closely with Cornwall Specialist CAMHS Bloom has continued to thrive and meetings are now rolled out across Cornwall. Headstart Kernow commissioned Trauma Informed Schools training for teachers in Cornwall informed by understanding of the importance of early identification of Adverse Childhood Experiences. This resonated completely with my Together for Families Research identifying children with the greatest risks and trying to target early support.

Bloom has evolved into a consultation model where a nominated professional can attend a meeting and discuss the needs of the child, gain an expert formulation of the child's difficulties from a Clinical Psychologist, be supported with a plan and have a range of options identified which are then fed back to the family.

Bloom provides professional support and helps build up trusted networks across different organisations. It also builds up much clearer understanding of the needs of children and their families from a number of different perspectives.

More mental health support from CAMHS is going directly into schools with a training programme supported by Exeter university for Clinical Associate Psychologists trained up to provide support for every secondary school in Cornwall. Mental health teams are also rolling out in primary schools,

Bloom continues to link up all these new resources and coordinate plans agreed between health, education, social care and the voluntary sector.

GP work has also transformed with the introduction of Primary Care Networks bringing together a range of health professionals to support communities close to home. An exciting new development has been the increasing recognition of Social Prescribing. The South West Academic Health Network is piloting Social Prescribing for young people in Cornwall through my own Primary Care Network in St Austell and the ambition is for this to link closely with Bloom. Presently there is funding from Children in Need for GPs to prescribe surfing through the wave project. The ambition is for more projects to become available for Social Prescribing and for this to be an integral part of the Bloom offer.

GP Feedback from the Bloom pilot continues to be positive.

From our point of view it has been fantastic to have a named contact to liaise with and highlights the difficulties with the service as it stood where it seems the barriers come up and children are "signposted" here there and everywhere, even to services that no longer exist. (***Penwith GP)***

Covid restrictions around face to face meetings offers an opportunity to involve more GPs at meetings using virtual meetings so GPs can join a discussion while staying in the surgery. GPs completing their training in Cornwall have a training day on Children's Mental Health and local resources. Bloom features prominently in this training.

Feedback from the national Thrive team has also been extremely positive recognizing Bloom fully embraces the Thrive principles of shared decision making ensuring the needs of the child the child's voice central in planning support. We have also had very positive feedback from the Thrive team of the holistic approach and opportunities offered to children and young people in the voluntary sector through the Bloom network.

My involvement in Bloom has taken me out of the surgery and made me feel better connected and linked into wider communities of support for children in Cornwall. I am more aware of local resources and fantastic local projects in the voluntary sector. I have a much better understanding of challenges faced by teachers in particular and the challenges faced support children's emotional needs in schools while trying to provide an education. Bloom is a very different type of medicine but one that has been extremely rewarding. On a personal level I have learnt a great deal from attending these meetings and feel more confidant talking to young people and families about mental health. I am grateful to have the option of Bloom is available when I am not sure which way to turn and need more advice. I am making less referrals to Specialist CAMHS but the referrals I am making are accepted as I explored early help options first.

NHS Kernow was commissioned in 2020 by the South West Academic Health Science Network to make GP training films on Children's mental health. Bloom has features in one of these films which will be accessible to GPs and GPs in training November 2020. The films will be highlighted in Primary Care Network meetings and bulletins and hopefully encourage more GP involvement in the Bloom consultation meetings in the future.

October 16th 2020