Working with Communities in Disaster:

Review of the North Kensington Health Partners Programme

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By Professor Lucy Easthope

CONTENTS

FINDINGS

“Working with communities for just change means working in ways that create an environment and processes for fairness to be enacted. Fairness is not sameness. Fairness is about people being treated with respect, being able to exercise their rights and have opportunities in life. At a broader level, fairness is about generosity of culture and society, rather than meanness. It means when we think about society we think about the people at the margins as much as those at the centre. For individuals this can be experienced as a sense of belonging. In working towards this vision of community we need to be mindful of our language, how it shapes not only meaning but also practice. We need to be creative in exploiting opportunities as they arise, whether they are social inclusion policies or social entrepreneurship. In our work we need to the value local knowledge, local skills, local resources and local values. It is vital that we build coalitions of like-minded individuals and organisations”.

Working with Communities: Critical Perspectives
Rawsthorne and Howard, 2011: 144

Chair's Foreword

Local communities are in the front line of both the immediate impact of the disaster and the initial emergency response. It is therefore fitting that we focus on learning, listening and acting on what we hear from the communities.

The Health Partners Programme was a result of numerous conversations with communities to build common purpose around health and how people impacted by the Grenfell fire could be best supported.

The pandemic tested the Health Partners Programme early on in its inception. It is no surprise to any of us who get to see them work, that the partners rose to the challenge and supported some of the most vulnerable communities that were still struggling with Grenfell and now faced a second, life-changing event.

This review provides valuable feedback and a number of recommendations for us to discuss and take forward. A number of changes to the local health infra-structure will be taking place in 2022 and the Director of the Programme Mary Mullix will be examining how best the Health Partners Programme can link into this, whilst still maintaining its core focus on the Grenfell impact and helping to build resilience and contribute to health equity.

We look forward to working with our Partners, and thank them for their continued trust in us, time and engagement. Personally it continues to be an honour to work with, and learn from, them.

Krishna Sarda

Head of Engagement
North Kensington Recovery Team
NHS North West London Clinical Commissioning Group

Introduction to the Health Partners Programme

North Kensington in the Royal Borough of Kensington and Chelsea, is an area that is rich in diversity, has residents with a strong sense of place and a resilient community.

It is home to a number of pre-existing networks and well established community organisations.

In the immediate period following North Kensington's Grenfell Tower fire on 14 June 2017, the NHS (Central and North West London NHS Foundation Trust, Central London Community Healthcare NHS Trust, West London Mental Health Foundation Trust and West London Clinical Commissioning Group, WLCCG) started working in partnership with the local authority and the third sector to design and mobilise support services to meet the immediate mental health and wellbeing needs of the local community. The CCG is carrying forward this work through the North Kensington Recovery (NKR) programme. Following the initial emergency response period, the programme is now in a planned recovery stage running over five years.

In 2017 in the aftermath of the fire the priority was to get health services up and running urgently. These services were developed with clinical and community input in terms of what was needed. Late 2017, the West London CCG invited residents, community groups and other stakeholders to join a Working Group, chaired by a London CCG patient representative to ensure that health services for the impacted community were relevant. This was a formal structure, and the minutes of the Group were placed on our website and sent to the Governing Body .

In 2018, the development of an NHS 'Health & Wellbeing Strategy' was not only based on the understanding of the needs of the population but actively sought community and resident input into the types of services and delivery. A total of 1,300 comments were received. The culmination of this work and the need to create a partnership approach to health led to the formation of the Health Partners Programme. This would be a new structure for residents and communities to raise concerns but also for the NHS to build on its engagement model for North Kensington. [It is important to emphasise that community engagement is not confined to this group alone but also takes place with a range of other stakeholders and residents].

The health partners approach forms one strand of an asset-based approach to health care that seeks to build on the strengths of the local community.

The Covid-19 Pandemic brought its own challenges, however having a well set out partnership meant that that the programme was able to pick up insights, intelligence on health concerns and then respond rapidly. Health partners were well placed to undertake a lot of non-medical work in supporting communities, which was highly

valuable. Coming out of this phase, having lessons learnt and reflected on the fourth anniversary of the tragedy we now want to review and assess the health partners structure, making it further relevant and sustainable.

The health partners approach forms one strand of an asset-based approach to health care that seeks to build on the strengths of the local community to make change sustainable and embed new ways of thinking and working.

An example of this is an approach to health equity that actively seeks to address social determinants of health in partnership with communities.

The partnership was already made up of a number of more established local charitable organisations and residents associations and newer charities formed in the months after the fire.

Composition of the Health Partners' Programme

The Health Partners Programme is aimed primarily at organisations that are formally constituted and operate from within North Kensington to enable the health needs of Grenfell impacted communities to be met. There is also engagement with organisations not located in North Kensington who provide services within that locality. Other informal networks and groups in North Kensington are also engaged with but outside of the Health Partners network. Membership of the Health

Membership of the Health Partners is reviewed annually to ensure that there is diversity of representation and of the health issues being addressed.

Partners is reviewed annually to ensure that there is diversity of representation and of the health issues being addressed. The outcome of the review creates the opportunity to invite new members to apply as Health Partners.

Introduction to the review

One year after the programme began it was important to ascertain whether the approach was working and request potential improvements that could be made going forward.

The now North West London CCG (previously WLCCG) were keen to understand whether this approach was indeed contributing to increased resilience and wanted to take further learnings about how to build resilience in an urban disaster setting. They also wanted this to be conducted by researchers who were external to them. Professor Lucy Easthope who has worked with both agencies and the local communities since the fire agreed to conduct the surveys and write these up.

Questions at the heart of the review

The review brief sought to understand the following:

- *The engagement model has led to the development of Health Partners Programme – this in turn strengthens community led recovery through an asset-based approach. How effective has this approach been?*
- *What aspects of the approach to engagement has helped recovery and created confidence in communities that we are listening?*
- *Has the non-transactional nature of our engagement led to better relationships that survived the tests of Covid-19 lockdowns?*
- *The extent to which this community led participation has generated sharing of local knowledge, resources and to build genuine links/social capital and networks that sustain themselves. Has the approach helped to build trust between the community and the NHS? Are we trusted as a local institution that people can turn to?*
- *This engagement model leads to the development of Health Partners – this in turn strengthens community led recovery through an asset-based approach. How effective has this approach been?*

Methodology for the review

The Health Partners administrative lead made contact with the representatives and agreed consent for individual meetings and the circulation of an information sheet. Data was managed in accordance with the CCG data management policy. The reviewer used a semi-structured series of interviews guided by a script. These outline questions are included in the appendix. The conversations were not recorded and it was explained at the start of each call that only general themes or quotes, that did not identify the individual or the organisation, would be used.

All health partner organisations were contacted and 18 representatives of 16 organisations responded. There are currently 19 active partnership organisations so this was an excellent return rate. Phone or video calls were set up from the end of August to early October to suit the organisation, and conversations generally lasted between 45 minutes and 90 minutes. Quotations from notes of conversations are in italics within this report.

Findings

How effective has the approach been?

- *The partnership has made us feel valued"*
- *We have a strong sense [from the NHS team] that they know we are important and that we are an asset"*
- *Partnership working got so much better"*
- *We were able to get under the skin of so many more problems"*
- *It's been much more agile than other initiatives"*
- *I didn't know what was there until I was asked to be part of this"*
- *Each partner had a value – each partner brought something different"*
- *Without the partnership we would have missed funding opportunities"*
- *It was harder for new organisations but the partnership has really helped with that"*
- *We have a feeling that our work is being noted"*
- *This feels genuine"*
- *For once it felt like the NHS has stripped out the bureaucracy and just got on with something"*
- *They created a very safe place to talk"*
- *Everything I asked for at the start has been done"*
- *It has created a lot of hope and enthusiasm"*
- *This has been really good"*
- *This was not easy to do but they have done it"*
- *This was a much safer environment for challenge"*
- *It was great to see our information in NHS packs"*

The respondents were positive about many aspects of their experiences so far.

It was clear that there were a number of strengths to the programme and respondents commented as follows.

1. The programme had brought together a wide range of partner organisations, representing diverse interests, from across the local area.
2. The programme is extremely well administered. "Working with it has been really smooth".
3. The programme was well led with a leadership that was reflexive, highly knowledgeable and extremely good at listening. "It has been extremely well structured".
4. Partners had been well selected and the range of areas covered was diverse.
5. The circulation of information and particularly links to funding streams had been helpful.
6. The lead partners from the NHS had a strong grasp of local physical health challenges and also some of the housing issues such as digital exclusion and overcrowding.
7. The lead partners from the NHS had been able to problem solve through the pandemic particularly in relation to things like vaccine access.
8. Meetings were extremely well chaired and the Chair was praised for local knowledge and ability to troubleshoot.
9. This was described as one of the best initiatives locally for horizontal, equal partnering rather than top-down didactic ["NHS tells us what to do"] relationships.
10. The programme had grasped local health needs extremely well and physical care interventions such as the provision of workshops, and blood pressure checks had been particularly well received.
11. The talks and information briefings were highly relevant to general health, post Grenfell physical health and life in the pandemic.
12. The partner leaders were well informed and this meant that for the first time, some respondents felt that they were really getting into the detail of local health challenges.
13. A number of respondents felt that actually online meetings had made the partnerships even more successful. They had not required lengthy travel and expenses. They could also be conducted with minimal disruption to the working day – several busy organisations

gave the example of being able to listen to the meeting talks but also answer the door or hand over keys etc, so the core functions could still run.

14. Respondents explained how they felt that they had contacts they needed in an accessible form and a number of organisations gave examples of new organisation to organisation partnerships that had formed.

15. Meetings were measured and highly respectful and allowed problems to be talked through.

16. Strong praise for the support offered by primary care, the health checks, attendance at meetings etc.

17. A small number of organisations [generally the larger and longer established ones] had found each other through the partnership and were able to provide the reviewer with examples of successful grant applications that were as a result of the partnership.

18. "Its helped me understand so much more about how the NHS is run".

19. "It's a great way to clarify any confusions".

20. Feels like an "effective brand" – felt like there was kudos and recognition of being a partner.

Further issues to consider...

There was minimal criticism of the programme although the most common issue raised was a lack of clarity over whether there was funding attached to it – see below.

The point was also made that it would be unfair or was hard to judge during periods of lockdown so expectations were high for 2022.

1. A small number of respondents raised concerns about how well the partnership would cope with thornier issues and also acknowledged that there may be incompatible aims between partners e.g. around sexual health, sexual identity and support for young people who are LGBTQ. This may be problematic for some of the faith-based charities. They felt that operating online and, in a pandemic, may have acted as a buffer to some of these potentially polarised views. The mitigation for these concerns was that all respondents felt that this was a safe place to flag these issues to the chair and that there was an equal and egalitarian approach taken to listening and learning.

2. Linked to this was a concern raised that some partners may struggle with exploring much more controversial topics such as racism, domestic violence, Female Genital Mutilation and local culturally insensitive practice and issues such as the poor treatment of Black Women and maternity care.

3. Similarly issues such as residents without recourse to public funding were being overlooked.

4. Not enough focus on the health needs of the oldest residents.

5. Sometimes meetings were quite lengthy. There were concerns about demand on peoples' time.

6. Concerns were expressed that trust of the partners in the scheme might be lost if the scheme was wound down.

7. There was confusion with other schemes run by the council and other parts of the NHS that can look similar. An example was given that it can be hard to remember which group this is. [Other respondents disagreed and did say the partnership looks different from other schemes].

8. There was a fear that in 2022 that "bad" NHS practices would creep in of using venues that were not suitable or were hard to get to – "please don't do that".

9. Some respondents asked for much more clarity over whether funding is attached to the partnership that they could access.

10. It was said that other local health leaders are still not grasping the extent of the health inequalities and challenges. "We are talking our residents down from ledges… and that's all on us". "Our domestic violence levels are rising all the time". "This is the worst I have ever seen it for mental health".

11. Similarly, there was also a concern that health agencies have yet to recognise how much worse poverty, loneliness and domestic violence are because of the pandemic.

12. Access to the Grenfell Health and Wellbeing Service, Children's and Adolescent Mental Health Service and other Grenfell related services – respondents made the highly relevant point that while this is not what the programme is about, if they are having problems with other services, it has a detrimental effect on how they perceive the effectiveness of health partnerships locally.

13. Added to the above was a concern that mental health providers continue to view their provision through a Western lens with not enough understanding of the needs of specific cultures and faiths [the needs of East African residents and Muslim residents was mentioned specifically].

14. Two expressions of consultation fatigue - "NHS [and other public sector bodies] ask a lot of us and of individuals".

15. "We were never given a shared ethos or a "why" for the programme".

16. "The NHS does not always recognise the expertise on the ground within these charities, including clinicians and practitioners".

17. "The NHS as a whole is not recognising that the situation for families/ households still in the local area after Grenfell is getting worse not better and will be exacerbated by ongoing poor health".

18. "We have to get to grips locally with mental health".

19. "Respiratory health as a challenge has not gone away".

What would respondents like to see in 2022?

- *It has been humbling to learn from the other partners – I would like more of that in 2022"*
- *Looking forward to even more connectivity"*
- *It would be great to hear even more about other partners – through exhibitions, workshops and presentations"*
- *It is more important than ever that you [the partners programme] stay"*
- *The true test of the partnership will be, will they [the NHS] let us be free to get on with it – to lead our own community – funding is a big part of that"*
- *More partners"*

1. The programme to continue! Many of the respondents expressed a concern about the harm that would be done if this was whisked away. [What's next? Will it abandon us?].
2. More training opportunities for partners, run by each other, by the NHS or externally – there were general suggestions and also specific ones such as 'Successful Grant Writing'.
3. More discussion of specific issues concerning where the community is at with regard to the aftermath of the Grenfell disaster – Examples given included the effects of the tower and the legal process; respiratory health; young people's health and the mental health trajectory.
4. A look again at the enhanced respiratory offer and whether it was enough.
5. More partners and an audit of existing partners.
6. More partners representing children and young people [although it was noted that there are several already].
7. Access to the use of a Health Partners Venue for training and workshops that they could also invite other partners to use.
8. Clarify leasehold positions for some partners which would allow them to move away from depending on NHS or local council funding and give them access to national funding streams.

9. Mix of online and face to face timetabling.
10. Access to First Aid training.
11. More chances to get to know other partners and also 'partner' with them such as on grant applications (see below).
12. More opportunities for referral and social prescribing, particularly for young people.
13. More opportunities for young people brought about by the partnership.
14. Possible focus around Carnival for 2022.
15. Clarity on 'what next' for the partnership and aims going forward.
16. Clarity on whether the partnership has an end point. It would do great harm to withdraw it unexpectedly.
17. Mentoring between well-established local organisations and newer organisations.
18. Tackling the mental health "epidemic" and the opportunity to arrange events where CNWL could hear from them.
19. Continue the opportunities to address physical health opportunities.
20. Tackle health inequalities and issues of access.
21. Review/Audit the types of partners.
22. Expand to include more Residents' Associations.
23. The creation of a specific and very local trauma centre within Lancaster West.
24. Understand the expertise of the practitioners within the community, which includes clinicians, and harness that better.
25. The partners to consider the best ways to support the community of Afghan evacuees who have recently arrived and are currently being supported across the community.

The Impact of the Pandemic

- *The FAQs about vaccine worries made a real difference to take-up"*
- *During the pandemic this has been great"*
- *The partnership has definitely helped during the pandemic"*
- *People could explain their needs and any resistance"*
- *The pandemic has made existing problems even worse"*

The partnership was set up after the Grenfell fire in June 2017 and its focus remains on providing support after that. However, it was noted, that for obvious reasons, the majority of the examples that were given as positively impactful related to the pandemic. The partnership's initiation coincided with the start of the pandemic.

The partners listed initiatives that they felt had made a real difference during the pandemic. When they raised issues with the Chair, he was able to get them answers and solutions.

Examples that had worked extremely well included several online question and answer sessions about vaccines with the local General Practitioners and also the roll out of vaccine delivery in partner venues.

Respondents felt that through the partnership they had been able to tackle myths and also address fears; for example, residents from ethnic minority groups were very afraid about their risks at the start of the pandemic.

This had also led to an increased interest in physical health initiatives such as diabetes workshops, cooking workshops and blood pressure checks. Many of the respondents have an interest in increased physical exercise, including chair-based exercise provision so this led to discussions of more things that could be done.

The respondents overwhelmingly felt that the partnership had made a difference to both mental and physical health opportunities during the pandemic.

They also commented that it had served a purpose closer to home, playing a role in getting them personally through these times as well and providing an outlet to share worries and feel like they could tackle issues.

The fire had seen the initiation of the partnership programme but the pandemic has been a further test of it.

The programme's success in the pandemic is also important for those in other NHS management organisations looking for effective engagement models during this time.

Cultural Competency

- *Radhika and Krishna understand the challenges"*
- *We feel like we are helping the NHS to understand us and our community better"*

This is an area where local NHS agencies continue to struggle so it was heartening to see substantial praise of the chair and the programme leaders for understanding a lot more about local challenges. This appeared to have been particularly noted through initiatives during the pandemic, where the respondents felt that the partnership was highly reflective to local cultural needs.

Funding

- *Organisations locally need much greater certainty of funding"*
- *I liked that it was not all about money"*
- *Trust us – let us run projects with NHS money, that are best delivered at the local level"*
- *We expected grants for practical projects"*
- *Hopefully they can reassure us that they are looking at funding"*

Funding was a particular theme of all discussions with respondents, with some expressions of concern that the position over whether funding could be accessed was unclear.

Some respondents welcomed the "non-transactional" nature of the relationships and felt that this allowed it to not be about funding streams.

Through links sent to them some had been able to access funding streams. In one case, two partners had been successful in applying for a scheme available to a multi-partnered bid.

However overall, there was a request from the majority of respondents that funding would need to be clarified in 2022.

The most popular requests were small grant opportunities and partnership bids that allowed collaboration with other partners.

It was also suggested that it was important that any new funding schemes differentiated themselves as the local council and other agencies have also attempted grant schemes which have not always delivered.

Other key comments

There was a note of caution from several respondents that Grenfell was still an ongoing disaster and it was important to keep a focus on the effects of it. There was also a reminder that there were difficult times ahead for local partners particularly around the plans for the tower and the memorial.

A number of partners emphasised strongly that they felt both the local relationships and their own organisation were strong and resilient before the partnership, and wished for the review to recognise the pre-existing strengths and assets within the local community. This was not something that the NHS had initiated or "given to them" but instead harnessed existing strengths and existing "social capital" well. While some respondents felt that this programme had specifically built local capacity on the ground, others disputed this saying that had always been there. "It's still US [the community] doing it all although this has brought us all together".

There was strong emphasis that the communities that make up the partner organisations are what are getting local people through.

This flowed from discussions about whether there was an asset-based approach, which we defined broadly with the assets as the organisation and their people, their resources, their network and reach etc. People felt that the assets were at the heart of the partnership and were being utilised but again emphasised that this was not something "given" to them by the NHS but something that the partnership had helped clarify and bring out into the open. This is a common observation from disaster affected communities who conduct much of the work and bricolage of community networking (Easthope, 2018). The support and scaffolding provided by an endorsed scheme like this was welcome. It had harnessed something crucial in disaster recovery – the power of the network.

A general theme also among participants was that the pandemic meant that the partnership had been tested in some very specific ways and had risen to an incredible challenge – "Operating in the pandemic has made us stronger". However, this also meant that they could not fully judge whether it had met other challenges [e.g. because some aspects of referral and social prescribing had been paused]. Many respondents had high hopes for the partnership in 2022. They emphasised that the true test would come in 2022 when they would look to see whether it helped with other goals such as access to referrals; social prescribing; more events etc as outlined above.

Reviewer's observations

"Community members inherently possess a wide variety of skills to aid in the healing process. A diverse range of ages, occupations and talents provide a distinct opportunity for healing that would be difficult to find in any single mental health provider organisation".

Saul, 2013: 105

Overall, the partnership would appear to adhere to a number of key principles of the most enduring and successful community networks after disaster. It has strengthened existing relationships using an equal and respectful approach to communications. It has recognised the substantial social capital already in play in the local area.

Partners may have felt uncomfortable stating that anything was working well in relation to the aftermath of the Grenfell fire – where there is still so much anger and distress. Acknowledging the role of any agency may be difficult. There is also a lot of concern locally about other aspects of the NHS operations. However, respondents spoke much more freely on the role of the partnership in the pandemic, and the differences it had made.

Going forward, a fundamental question relates to access to funding.

The true test of recovery initiatives is whether the partnership is allowed to develop and grow – with high levels of trust (e.g. allowed to handle funding etc.). This review strongly recommends that this is addressed with urgency and with full engagement of partners. It is also important to note that in disaster "Small things matter" – several partners complimented the partnership on effective administration and the fact that minutes were thorough and regular. When working with disaster-affected communities these things are much more important than they may appear at face value. Meetings were timed well and notice was given. It was felt that those involved with the partnership from the NHS really cared about the outcomes and the effectiveness. This all matters in disaster networking. (Tironi et al, 2014; Easthope, 2018).

Partnership working has shone a light on what was there already and then allowed these organisations to 'Network' and that is a crucial point:

"Collective action and partnership working rely on and are enhanced largely unacknowledged networking. Much of this takes place informally through face-to-face conversation and mutual co-operation. Networking requires knowledge of local customs, organisational structures and cultural institutions, as well as a commitment to building trust and respect across community and sectoral boundaries relating to ethnicity, class and other dimensions of difference in society. Networking offers an effective tool for honouring diversity and promoting equality to achieve empowerment and cohesion".

Gilchrist, 20: 208

The partners have shown loyalty to the partnership and it is important to not abuse that.

Conclusions

Answering the questions posed:

Our engagement model has led to the development of the Health Partners Programme – this in turn strengthens community led recovery through an asset-based approach. How effective has this approach been?

Reviewer's perspective – this has been one of the most effective approaches taken locally. It has recognised the substantial pre-existing strengths in local networks.

A key principle of post-disaster recovery is to recognise the importance of volunteerism and the opportunities to volunteer within the local community. Communities with high participation levels often score highly on analyses of resilient social capital (Aldrich, D. 2012).All of the organisations responding reported an increase in the need for them during the pandemic. The partnership may have helped them to feel validated and purposeful.

What aspects of our approach to engagement has helped recovery and created confidence in communities that we are listening?

- The partnership appears to adhere to key principles on engagement and understanding. It has sought advice and then developed a model of engagement that encompassed an understanding of social justice and worked hard to break down any sense of 'them and us'.
- Model to allow moving away from transactional engagement to having an ongoing dialogue about the health of the population.
- Horizontal communications – respondents praised the fact that this was finally an approach that allowed equality of communications and not a top-down approach.
- The approach to the administration of the scheme has added integrity.

The extent to which this community led participation has generated sharing of local knowledge, resources and to build genuine links/social capital and networks that sustain themselves. Has the approach helped to build trust between the community and the NHS? Are we trusted as a local institution that people can turn to?

- Individuals are trusted and there is support of the ethos. There is a strong view that the programme has been delivered with good intentions.
- Ironically, virtual engagement also may have improved things.
- The programme has built trust but this is fragile – the chair and leadership of the programme are subject to high expectations in 2022.

Our engagement model leads to development of Health Partners – this in turn strengthens community led recovery through an asset-based approach. How effective has this approach been?

- It is hard to judge yet but signs are very positive.
- It has been developed with energy, imagination and enthusiasm.
- The high praise seen for the partnership during the pandemic would suggest that the engagement model is working.
- High praise for the role of primary care in this model.

Has the non-transactional nature of our engagement led to better relationships that survived the tests of Covid-19 lockdowns?

Possibly – although some caveats here:

Keep the flexibility and agility -

"For as long as they exist, communities are constantly changing. The challenge is to address the problems we can identify while not precluding continuing adaptation to subsequent changes, problems and opportunities. As is the case with individuals, communities do well that develop the capacity to adapt to changing conditions in addition to sustaining their core competences".

Alesch, Arendt, Holly. 2009: 186.

Recommendations

1. Health inequalities and poverty to be a key driver of the Grenfell Recovery work and the Health Partners ethos. All agencies should work to this ethos.
2. Feed in the concerns raised about mental health provision as a theme within the review to CNWL and arrange a briefing for them on the findings of this report.
3. Health Partners may benefit from the workshops that other local agencies have utilised.
4. Funding schemes and joint grant initiatives – also explore the outcome measurements for this.
5. Training programme – provided by partners for each other.
6. A request for First Aid training to be made available to all Health Partner organisations.
7. Mentoring programme – pairing established organisations with newer, smaller ones.
8. Ethos, administration, schedule for 2022, provide assurance for the future.
9. Exhibition and workshops on what other partners do.
10. Permission should now be sought for some brief case studies to be able to capture in detail some of this work.
11. Audit of membership to see if any new members can be added.
12. Venue or room made available to partners for events and training.
13. Consideration of Trauma Centre within the Lancaster West area.
14. Feed in to RBKC with regard to tenancy queries that may make access to national funding streams easier.

Appendix I:

Outline Questioning

1. Introducing researcher
2. Re-iterating information sheet
3. Introduction about the Organisation
4. Information about the strengths/ assets that organisation brings to the programme
5. Discussion of joining the partnership
6. What is working well with the programme?
   - A few further prompts within this about differences it has made/ more detail on networks
7. What is not working well with the programme?
   [If funding is raised by respondent explore this in more depth]
8. On a scale of 1 -5 how would you score the effectiveness of the programme?
9. On a scale of 1-5 how would you score the difference made to local relationships?
10. What effect has the pandemic had?
11. What would you like to see change?
12. What have you got from this personally and as an organisation?
13. Can you tell me a bit more about how you would measure the impacts of the programme?
14. If we were writing a review article for NHSE what would you say about this as a model?
15. Tell me more about role of primary care/ social prescribing?
16. What would you like to see happen next? Recommendations?
17. Case study - examples of impact and what worked

Appendix II:

Reviewer's Biography

Professor Lucy Easthope LLB MSc PhD FHEA FRAI FEPS was appointed to carry out the review. Lucy Easthope is a leading authority on recovering from disaster. She is a passionate and thought-provoking voice in planning for pandemics, conflict, and disaster, and has been a tactical advisor to UK disaster responders since 2001.

Her research and practice portfolio includes mass fatalities planning, legal aspects of emergencies, identifying lessons post incident, the effectiveness of public inquiries, interoperability, and community resilience in practice. She is a member of the Cabinet Office National Risk Assessment Behavioural Science Expert Group and a co-founder of the After Disaster Network at the University of Durham.

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END NOTE

The use of the term disaster and quotations/ research used here that makes reference to disaster management research has been discussed and agreed specifically with local health partners. It is a contentious and debated term but we are using it in the context of a major event that has had long lasting, complex and devastating effects on local communities.

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