

North Kensington Recovery Programme

1. Introduction

1.1. Development of the North Kensington Recovery Programme

On the night of Wednesday 14 June 2017, a fire occurred in Grenfell Tower where 72 people lost their lives, many were injured and a whole community was significantly affected.

Initially, a collaborative multi-agency response consisting of primary, community, secondary, third and voluntary care sectors, rapidly mobilised services to support those affected. Service offers were amended on an ad-hoc basis dependent on feedback from residents to meet evolving needs. It was acknowledged that a more formal, proactive approach was required to support the community in recovery.

NHS England delegated responsibility for the health response to the then West London Clinical Commissioning Group (WL CCG) shortly after the fire.

On the 19th September 2018, Dr Fiona Wilcox, HM Senior Coroner – Inner West London, published a Regulation 28¹ (report to prevent future deaths) regarding the Grenfell Tower fire. The Coroner noted eight (8) concerns within the report requiring action to prevent future deaths. In response, the NHS Chief Executive announced that NHS England would be investing £50m to fund long term health screening and health support for those affected by the Grenfell Tower fire over the course of five (5) years.

In December 2018, WL CCG submitted a five-year business case to NHS England to address the health needs of the survivors, bereaved and wider North Kensington community, as outlined in the Regulation 28 report, in the aftermath of the fire. The business case was approved in January 2019.

The business case is underpinned by this report and the Health and Wellbeing Strategy² (HWBS), a document shaped by the North Kensington community on how the NHS will contribute to improving the health and wellbeing of the local community and building its resilience so it can be more self-reliant moving forward. It acknowledges the requirement to be flexible so that the needs of the community as they emerge and change over time can be addressed.

1.2. Overview of the North Kensington Recovery Programme

¹ See Annex 1 – Grenfell Tower Regulation 28 Report for full report

² See Annex 2 – A Health and Wellbeing Strategy for North Kensington to March 2024 for full strategy

The North Kensington Recovery Programme has commissioned a number of bespoke health services to address the health needs of a diverse population across North Kensington.

The population has the following discrete groupings:

1. Survivors

- Adults and children who lived at Grenfell Tower as their main home at the time of the fire, including children born since.
- People who were visiting Grenfell Tower on the night of the fire.

2. Bereaved

- Adults and children who are related to the deceased in one of the following ways: spouse or partner; sibling; parent; grandparent; and/or child.
- This includes the household of the bereaved – the service will support the whole household in which a bereaved person lives.

3. Residents of Grenfell Walk

- Adults and children who lived at Grenfell Walk as their main home at the time of the fire, including children born since.

4. Wider North Kensington community

- Wider North Kensington community who are not survivors, bereaved or residents of Grenfell Walk but were affected by the Grenfell Tower fire

1.3. Grenfell Health & Wellbeing Strategy

The Grenfell Health & Wellbeing Strategy (HWBS) was published in September 2020. The Strategy is a culmination of over 1,300 individual responses from the North Kensington Community over 2018 and 2019. Considerable engagement and consultation took place in 2020 – albeit timelines and mechanisms to do so were impacted by COVID-19.

The strategy is focussed on how the NHS will contribute to improving the health and wellbeing of the local community and building its resilience so it can be more self-reliant moving forward. It recognises that it is part of a wider effort

with community, faith and charity groups at its heart alongside other partners from the NHS, local government and wider public sector.

In Autumn 2022, NHS NWL engaged with the community on the review of the HWBS to identify any changing health needs or service gaps. A total of 680 either individual or group conversations took place. The review is being utilised in the evolution of current services and to inform future commissioning.

The review document can be found in annex 3 - Review of Health and Wellbeing Strategy for North Kensington.

2. Services

2.1. Commissioned Services

In addition to the HWBS, services have been influenced by ongoing survivor, bereaved and wider community engagement and collaboration.

North Kensington Recovery health services are delivered across the following work streams:

- Children and Young People
- Dedicated Service
- Mental Health (including emotional health and wellbeing)
- Primary Care
- Specialist Services
- Self-Care

Given the differing health needs of groups, services have defined eligibility criteria to ensure appropriate provision is delivered.

The NKR programme has worked with the Community to develop clinical and non-clinical services i.e. yoga, mindfulness, crafting, etc.. An overview of current services with eligibility criteria can be found in annex 4 - NHS North Ken Recovery Services.

2.2. Commissioned Service Activity

2.2.1. Specialist Service Activity

Specialist services have been commissioned for the survivor and bereaved population. These services are:

- NHS Dedicated Service
- NKR Adult Respiratory Long-Term Monitoring Service
- NKR Paediatric Long-Term Monitoring Service
- NKR Paediatric Respiratory Long-Term Monitoring Service

Activity data is available to ascertain the number of eligible patients who have been contacted, offered services, referred and attended appointments.

2.2.1.1. NHS Dedicated Service

The NHS Dedicated Service is available to the survivor and bereaved population.

Central and North West London NHS Foundation Trust (CNWL), the provider of the service, have reported 770 open cases within the service. CNWL classifies cases as either “active” or “inactive” with those that are “inactive” able to seek support without re-referral and being contacted annually to re-offer the service.

158 of 450 (35%) survivor cases are “open”. 135 of 320 (42%) bereaved cases are “open”.

2.2.1.2. NKR Adult Respiratory Long-Term Monitoring Service

The NKR Adult Respiratory Long-Term Monitoring Service is available to survivors in the Tower on the night of the fire.

Of the 180 known survivors from the Tower, 141 (78%) have been referred into the service with 109 (61%) receiving a lung function test (LFT) and respiratory consultation.

Patients who have been referred that have not received a LFT either: did not attend appointment, saw a respiratory consultant but did not attend/declined a LFT, declined the service following referral, are out of area and not wanting to attend clinic or not contactable. Where contact details are available, patients are contacted annually to re-offer the service.

Known survivors from the Tower who were not offered the service are either out of the country and/or not contactable.

2.2.1.3. NKR Paediatric Long-Term Monitoring Service

The NKR Paediatric Long-Term Monitoring Service is available to survivors and bereaved children (<18 years old).

Of the 124 known child survivors, 81 (65%) have been referred into the service. 40 of the 44 (91%) survivors in the tower on the night of the fire have been referred into the service of which 34 (77%) have been seen in clinic.

Patients who have been referred that have not had an initial appointment either: did not attend appointment, declined the service following referral, are out of area and not wanting to attend clinic or not contactable. Where contact details are available, patients are contacted annually to re-offer the service.

Known survivors and bereaved who were not offered the service are either out of the country and/or not contactable.

2.2.1.4. NKR Paediatric Respiratory Long-Term Monitoring Service

The NKR Paediatric Respiratory Long-Term Monitoring Service is available to children who have been assessed by the NKR Paediatric Long-Term Monitoring Service and referral for respiratory assessment has been clinically appropriate.

22 of a possible 34 children have been referred into the service with 16 having at least one respiratory appointment.

Patients referred who have not had an appointment have either: DNA'd, declined the service after referral or have postponed appointments to a date/time in the future.

2.2.2. NKR Service Activity

A breakdown of service activity from service inception to March 2023 can be found in annex 5 - NKR Service Activity.

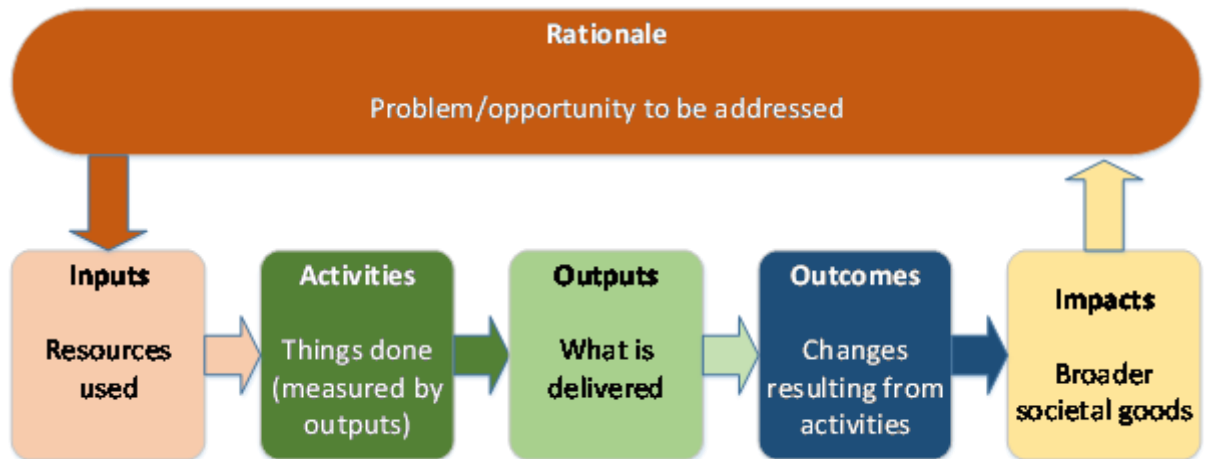
2.3. Health Outcomes

NHS NWL acknowledged a mechanism was needed to ensure strategic health outcomes could be identified and monitored within the programme. The HWBS set clear expectations of NHS services and provided high level outcomes.

A logic model has been employed given the complexity of health programmes in general. The model enabled the programme to define health outcomes by:

- Stating the high level outcomes as identified in the HWBS
- Identifying the resources within workstreams
- Understanding and determining the appropriate activities to achieve the outcome
- Ensure that for each of the high level outcomes indicators are developed with corresponding measures
- Confirm that the high level outcomes each contribute towards the identified aims within the HWBS

The latest version of the health outcomes quarterly report can be found in annex 6.



3. Business Case Development and Finances

3.1. Immediate Aftermath (June 2017 – March 2019)

Prior to the formation of the North Kensington Recovery programme, the then WL CCG and NHS England were responsible for the funding of required services to support Grenfell-affected.

From June 2017 – March 2019, c.£15m was spent on a range of services and support functions. Summary spend areas:

- Outreach, screen and treat
- Whole system (Community) model
- Physical health
- Self-Care
- Communications and engagement
- Management support

3.2. North Kensington Recovery Programme (April 2019 – March 2024)

3.2.1. Five-Year Business Case Development

In October 2018, the NHS Chief Executive announced that NHS England would be investing £50m to fund long term health screening and health support for those affected by the Grenfell Tower fire over the course of five (5) years – April 2019 – March 2024.

In December 2018, WL CCG submitted a five-year business case to NHS England to address the health needs of the survivors, bereaved and wider North Kensington community, as outlined in the Regulation 28 report, in the aftermath of the fire.

The business case was approved by the then WL CCG and NHS England in January 2019.

3.2.2. Annual Business Case Review

The NKR programme team produces an annual business case refresh to the original five-year business case. The refresh enables the following:

- Opportunity to reflect on achievements of the programme and identify further areas of development to respond to the rapidly changing community landscape

- Clarify where resource is being utilised within the programme
- Ensure continued alignment with the Health & Wellbeing Strategy
- Provides a delivery framework for the community informed Health and Wellbeing Strategy
- Update the initial five-year business case aims, desired outcomes and assumptions to align with the North Kensington community needs and ensure appropriate utilisation of resource

The annual business case refreshes are reviewed and endorsed via NHS NWL governance before being submitted to NHS England for approval. This enables the annual drawdown of funding for the programme.

To note, the Department for Health and Social Care and the Treasury are ultimately responsible for funding.



3.2.3. Programme Expenditure

Programme expenditure is actively monitored and reported monthly to NHS England. The latest expenditure profile can be found in annex 7 - 20230601 NKR Programme Expenditure.

Programme expenditure has been shared with key representatives in the community and community groups with an offer of further discussion as requested.

3.3. North Kensington Transition & Sustainability Programme (April 2024 – March 2029)

In April 2023, NHS NWL and NHS England published a joint statement³ to the Community to confirm the ongoing commitment to “supporting the survivors, bereaved and the wider Grenfell impacted community now and into the future.”

This statement was followed by the publication of the first draft of the *NW London health and care strategy* in May 2023 stating an ongoing commitment to the Grenfell affected. In line with the Kensington and Chelsea and Westminster’s ten-year Health and Wellbeing Strategy (2023-33), the Bi-Borough Place Based Partnership has prioritised the ongoing North Kensington community recovery.

A “Transition and Sustainability” workstream has been established to oversee the development and implementation of a new business case to support the North Kensington community from April 2024 – March 2029. The business case will be based on:

- engagement and empowerment of the community
- service provider insights
- assessment of needs from health data/information
- learning from disaster recovery literature

Similarly to previous refreshes of the five-year business case, the 2024-29 business case will require the approval of NHS NWL. NHS NWL will also seek the support of both NHS England and the Department for Health and Social Care.

3.3.1. Engagement and empowerment of the community

The programme has always sought the input of the Community. Moving into the next phase of the North Kensington recovery, it is vital to the success of any business case that is continues.

NHS NWL will instigate a community-led model in design, planning and delivery of services. This will further empower and build influence in the community and enable, as stated by one of the North Kensington Health Partners within the Working with Communities in Disaster: Review of the

³ See Annex 8 – Statement confirming NHS ongoing commitment – April 23

North Kensington Health Partner programme, to “let [us] be free to get on with it – to lead [our] own community – funding is a big part of that”.

3.3.2. Service provider insights

NHS NWL acknowledges the critical role that NKR service providers have served to the Community since the Grenfell Tower fire. Their expertise in disaster recovery and the relationships they have formed will be invaluable in informing the ongoing need of the Community.

3.3.3. Assessment of needs from health data/information

Public Health are currently updating the Grenfell Joint Strategic Needs Assessment (JSNA). The learning from the updated JSNA will support the development of future service requirements.

3.3.4. Learning from disaster recovery literature

NHS NWL has sought advice from the Department of Health and Social Care’s Chief Scientific Advisor on the effectiveness and extensiveness of the current health monitoring programme and future need. Advice will be coupled with learning from disaster recovery literature.

4. Strategic Alignment

Although the development of the 2024-29 business case is paramount, NHS NWL is aware of other organisations key activities and deliverables.

4.1. Survivor, Bereaved and Wider Community Engagement

Within the geography of North Kensington statutory partners are working with the same group of survivors, bereaved and wider community. To enable clearer line of sight, the Strategic Alignment Group has been developed so that partners are able to share plans and align work both in the short and longer term.

4.2. Grenfell Joint Strategic Needs Assessment (JSNA)

Engagement has begun on the Grenfell JSNA and will continue as the NKR programme is engaging on future health needs. We plan to align resources, where possible, for communications and engagement to maximise the voices we hear, to streamline resources and prevent burdening the Community.

4.3. Integrated Neighbourhood Teams

Integrated Neighbourhood Teams model is evolving across the NHS. Given the effectiveness of multiagency working across North Kensington, this could be further by the formalisation of an Integrated Neighbourhood Team.

The learning from cross organisational work so far and good practice will then be used across North West London and beyond.

5. Learning from the disaster

Learning from the Grenfell Tower Fire is a dynamic process with the NHS learning from the community what works best, this varies from group to group and individual. The 'ground up' method deployed across NHS agencies is reliant on building trusted relationships, in disaster recovery this is known as generative model⁴.

5.1. Listening to the Community

Through engagement and collaboration approaches it is has become increasingly clear that the NHS must learn to listen to the issues faced by communities and address these prior to key NHS messages being delivered and received. What is important to the NHS may not be the communities or an individual's priority at a given point in time. Reaching seldom heard voices takes time and is often best achieved through trusted community groups, examples of this are taking community enhanced health checks services out to specific groups through Delgarno Trust where the service saw an increase in uptake.

5.2. Understanding the Community

Working with communities' post disaster requires an understanding of existing factors that impact on their health. One factor identified in the Health and Wellbeing Strategy 2020 was cultural awareness. As a result, some of the Community were not accessing primary care.

A Cultural Competency training for primary care was developed with community representatives and accredited by Royal College of GPs in August 2022. Training is currently being rolled out across North Kensington GP practices.

5.3. Empowering the Community

A Health Partners programme was created in February 2020. Health Partners is a group of local voluntary sector providers who aim to bring local organisations together to raise health concerns from the Community and address them directly with the NHS.

⁴ The generative power of metaphor: long-term action research on disaster recovery in a small Japanese Village – T. Atsumi, H. Yamaguchi & Y Seki

The value of this group was highlighted during the COVID-19 pandemic as they were able to communicate health messages rapidly, facilitating support to some of the seldom heard groups. The Health Partners have demonstrated examples of community groups (community assets) beginning to work together to bid for funding external to statutory bodies.

An independent review of the effectiveness of the Health Partners was undertaken by Professor Lucy Easthope, the report is attached (see annex 9 – North Kensington Health Partners Programme Review). Whilst the report is overall positive it indicates that to move forward the NHS has to commit to trusting the Health Partners with resources to lead recovery.

6. Considerations for the future

6.1. Integrated Systems

The needs of the Community and priorities within the system are multi-factorial. The only way we can achieve success is through statutory and non-statutory organisations working together.

Recent media attention into the Grenfell firefighter research programme has clearly demonstrated a way forward via multi-agency touchpoint meetings to share insights across partners. NHS NWL will work with partners to further develop integrated services on behalf of the Community.

6.2. Acting upon Survivor, Bereaved and Wider Community Feedback

To further expedite the recovery of the Community and increase trust in statutory organisations it is important that we continue to listen to the Community, share insights across the system and act in a timely manner.

The angst created by the coverage of the Grenfell firefighter research programme has underlined the need for formalising Community informed feedback loops to disseminate information appropriately. Although the NKR programme manages a stakeholder list, it will continue to develop the communications required to keep the Community abreast of decisions.

6.3. Survivor, Bereaved and Wider Community Informed Commissioning

As stated within section “3.3.1. Engagement and empowerment of the community”, NHS NWL will instigate a community-led model in design, planning and delivery of services.

6.4. Future of the Tower

The needs of the Community are likely to change over the next five years, especially as the future of the Tower is announced. NHS NWL will continue to adapt, repurpose and commission services as required to best support the Community.

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