



**North Kensington Recovery Programme
Quarterly Outcome Report
Q3 2022/23**



1.0 Introduction

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.

On the 19th September 2018, Dr Fiona Wilcox, HM Senior Coroner – Inner West London, published a Regulation 28 (report to prevent future deaths) regarding the Grenfell Tower fire. The Coroner noted eight 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 years.

In December 2018, West London Clinical Commissioning Group (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, underpinned by the Health and Wellbeing Strategy (HWS).

The HWS was developed by engaging and listening to the community aimed at addressing both immediate, medium-term and longer-term health needs that would support the recovery process. It detailed 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 identified four aims one of which was:

- Ensure that we measure the impact and the outcomes of the work undertaken at individual and community level

The strategy gave clear expectation of NHS services and outcomes by detailing high level expected outcomes for each of the work streams.

This report presents

- information about activities and services that contribute to the delivery of regulation 28
- detail on the achievement of the programme against the health outcomes indicators and measures, and status on reporting against these outcomes

The following table gives a summary for each of the work streams.

Please see appendix 1 for detail on high level outcomes and the associated indicators and measures.



2.0 Summary

2.1 Primary Care

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
Participants reported a difference in quality of service provision across GP practices in the North Kensington Area	Standardised service offer in Primary Care	<ul style="list-style-type: none"> Core requirements have been identified with methods of measuring them Since January 2019 EHC Activity numbers 4690 EHC in total, 942 for survivors and bereaved and 3748 for the rest of the community EHC Survivors and Bereaved**: <ul style="list-style-type: none"> 61% of adults have had at least one Enhanced Health Check 48% of Children have had at least one Enhanced Health Check The % offered and accepted have been extracted from the system but they need to be confirmed with GP input EA activity numbers 3617 appointments recorded in total 1300 survivors and bereaved 2317 rest of the community Grenfell Leads Training programme – Proposal in Business Case % Cultural Competency training has taken place at Golborne surgery. The rest of the training had to be cancelled this quarter due to Strep A and winter pressures. 	A consistent high standard of service across all practices	Practices level of Service is the same	Agreed core requirements (includes clinical review of notes)	The methods of measuring these requirements have been confirmed – a detailed report will be included next Quarter
				Patient Feedback on level of Service	Patient Engagement Questionnaire (PEQ)	Started July 2022 Positive feedback but low response rate. Work is ongoing to improve response rate.
				Annual GP Patient Survey		Next report Q1 2023/24
Understanding by primary care of the longer term impact of the fire on survivors, bereaved and the wider community	Specific training to understand the impact, identification and management of trauma and other allied conditions	<ul style="list-style-type: none"> 48% of Children have had at least one Enhanced Health Check The % offered and accepted have been extracted from the system but they need to be confirmed with GP input EA activity numbers 3617 appointments recorded in total 1300 survivors and bereaved 2317 rest of the community Grenfell Leads Training programme – Proposal in Business Case % Cultural Competency training has taken place at Golborne surgery. The rest of the training had to be cancelled this quarter due to Strep A and winter pressures. 	Skilled in identifying mental and physical impact of the fire on the local population Patients reporting services culturally sensitive and appropriate	Improvement in health following EHC or EA	Reporting of health activity linked to EHC and EA. Improvement in patient health	Data has been extracted. More analysis required with further clinical input.
				Staff upskilled following training	Evaluation of training	Feedback from cultural competency training is included in this report Positive feedback but limited training so far.
				Patients report improved level of service (including cultural competency)	PEQ Community Engagement	See above See engagement section
Alternative therapies(massage) provided by some GP practices appeared to help people with their wellbeing	Alternative sources for the provision of complementary therapies and other services to address wellbeing needs	See Self-care and Emotional Wellbeing section				

** Survivors and Bereaved as coded in the GP system



2.2 Dedicated Service

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
<p>Bereaved: people who lost a close family member in the tragedy</p> <p>Survivor: people whose main residence at the time was in Grenfell Tower</p> <p>Those residing in Grenfell Walk</p> <p>Wider Community</p>	<p>Dedicated service provides caseworker to link with the family and coordinate health needs</p>	<ul style="list-style-type: none"> • 155 survivors (34%) and 135 bereaved (42%) actively using service • 70% have used service at some time 	<p>Health needs identified and physical, emotional and wellbeing services are in place and sufficiently flexible to meet community needs</p> <p>Clients are empowered to self-manage their health needs, along with awareness of asset based community offers to support self-reliance.</p>	<p>People are offered and navigated to the correct services depending on their individual circumstances, to increase awareness of the services available to them as part of the North Kensington Recovery offer.</p> <p>People improve their health literacy and are confidently able to access relevant health services independently</p>	<p>CNWL report:</p> <p>a. How many people from the active tear have moved to inactive. How many remain active? How many move back into active? How many have remained consistently in the service?</p> <p>b. Questionnaire to be developed with clients to see if service has helped to meet with their health goals, confidence with accessing service, etc.</p> <p>c. Case studies and client feedback</p>	<p>CNWL share a quarterly qualitative report which includes detail on the GHWS and DS. It includes case studies and client feedback.</p> <p>It has not been possible to include case studies for this quarter as to make the study meaningful it made it possible to identify the clients. There has been some email and verbal feedback about the service and the feedback is largely positive.</p> <p>The DS has developed a PEQ specific for this team to ascertain whether or not the clients feel they have met their health needs. This PEQ proposal is in the process of being reviewed by DS Service User Consultants and further changes implemented based on the suggestions that will be received. The DS anticipate to report about this next quarter</p>
	<p>CLCH Wider Grenfell Case Management</p>	<ul style="list-style-type: none"> • 11 referrals in Q3 • 498 Contacts 			<ol style="list-style-type: none"> 1. PREMS (feedback survey) 2. Care plan reviews 3. Case studies 4. Use of ONS4 form 	<p>These outcomes have been discussed and agreed. They will be reported every six months starting June 2023.</p>



2.3 Specialist Services

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
<p>Concerns in relation to the toxins from smoke inhalation and its impact on individuals particularly children</p> <p>Specialist services that are easy for people to access</p> <p>Concerns regarding the impact of the fire on survivors, born to survivors and those who were in proximity to the tower on the night of the fire, including bereaved</p>	Specialist Toxicology Service	54 survivors from inside the tower have been referred into the service.	Assurance and peace of mind for service users that health has not been negatively impacted as a result of smoke inhalation, and debris/fallout of building materials	Awareness of any health conditions which are considered abnormal against usual population health baselines	<p>Report detailing:</p> <p>PH epidemiologist team reviewing general health concerns raised by service users via toxicology service</p> <p>Results of second phase soil sampling to inform need to recall patients for further investigation</p> <p>Immediate treatment, investigation or onward referrals to other services for conditions categorised as abnormal.</p>	So far the service has not identified any clinical indicators of poor health that could be caused by poisoning. Most issues found so far have been either respiratory or mental health related and the service has recommended to GPs onward referrals to those services where applicable.
Requirement to meet Regulation 28	Services to be provided locally for people to ensure ongoing annual health monitoring	The work stream lead will be contacting the providers, who have agreed to provision for OOA patients, to confirm if any patients have been seen. This piece of work will be finished by the end of this financial year.	Ensure local offer within North Kensington is mirrored for those who are no longer in-area	Uptake of services for displaced people who have moved elsewhere ensuring they have equity of service Improved sharing of health outcomes across providers to inform commissioning decisions	<p>Report:</p> <p>Assurance that local providers maintain oversight of health outcomes for all those affected by the fire, regardless of their physical location</p> <p>Findings which could trigger concerns to be fed back at local level</p>	The work stream lead will be contacting the providers, who have agreed to provision for OOA patients, to confirm if any patients have been seen. This piece of work will be finished by the end of this financial year.



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		<p>As at December 2022: 82 survivors, including Grenfell Walk, (66%) have been referred to the service, of which 71 (57%) have been seen, and</p> <p>Of the 44 Tower Survivors: 43 (98%) have been offered, 40 referred, 3 declined, and 34 seen.</p> <p>52 bereaved children (51%) have been referred of which 31 have been seen.</p>				



2.4 Self-Care

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
<p>The trauma and emotional upheaval caused by the fire had an impact on their motivation and willingness to engage in self-care</p> <p>People were looking for activities that were culturally relevant and based in the community</p> <p>Enable greater self-care. Providing information support and access to non-medical activities and services in the community</p>	<p>Specific self-care programmes commissioned</p> <p>Grant programme developed, menu of self-care options to be made available</p> <p>Social Prescribing link worker</p>	<p>The Q3 reports from Kensington and Chelsea Social Council (KCSC) and ACAVA (Men's shed) show an overall increase in services and sessions, including offers targeted at specific ethnic groups or communities. The number of services has now stabilised and the focus has been to increase awareness of these services in the community.</p> <ul style="list-style-type: none"> Social prescribing link worker has been recruited and will start in January. 	<p>Increased self-care and self-management opportunities taken up and initiated by the community</p>	<p>Increase in self-care options and activity numbers</p>	<p>Number of options, number referred, number of activities, number attending</p>	<p>The quarterly reports show an overall increase in of services from 7 to 21 between April 21 and April 22. Some of the services that had been introduced specifically due to Covid and the restrictions have been discontinued so the numbers have decreased to 18 in November 2022. Work is ongoing with KCSC to ensure accurate reporting of the numbers over the next quarter, to allow more granular reporting</p>
			<p>Improved Quality of life</p> <p>Improved feeling of wellbeing</p> <p>Reduced loneliness</p>	<p>Improvement tracked whilst accessing self-care programme, self-reported improvement from patient feedback</p>		

2.5 Emotional Health and Wellbeing

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
<p>Culture significantly influenced the way people experienced loss and grief. The language of trauma and the ways in which they expressed these feelings differed across cultures.</p> <p>The language used by people to express their grief focused more on their emotions and feelings. They talked about the pain in their heart. They did not associate it with the mind and therefore could not relate to the western therapies that appeared to be targeting their thoughts and mind. Therefore, health services and related activities to support people's healing need to be culturally meaningful to be effective</p> <p>Some older people displayed a delayed emotional reaction to the fire. There were also some who were experiencing possible re-traumatisation</p> <p>Many were unable to understand the reasons for the change in their sleeping patterns, feelings and health condition. They were unsure about how to deal with this change in their condition</p> <p>Some people living on their own were isolated from the wider community and local services, and remained disenfranchised</p>	<p>Working with the local community to develop a Cultural Competency Framework</p> <p>In house work by CNWL to develop services that are culturally appropriate eg. Community connector roles created, informal partnerships with community groups to support the development of groups such as Older peoples group</p> <p>Focused work with CNWL to provide appropriate services eg. Provision of non-therapeutic interventions, supervisory/pathway links to other community-based therapy services and group based wellbeing services</p> <p>Self-Care work stream</p> <p>Regular and ad hoc collaboration and engagement sessions</p>	<p>CNWL and North West London ICB Cultural Competency Framework: NWL ICB Cultural Competency training has begun to be delivered to Practices. Detail of CNWL Cultural competency framework to be reported in Q4 report.</p> <p>GHWS Services have been redesigned to offer more diverse services. The quarterly report details workshops, collaborations, interventions (incl. therapy and group work) and the community issues and events showing the range of services offered.</p> <p>GHWS Therapy Activity numbers: In December 2022 there were 389 open cases, of these 129 were survivors and bereaved.</p> <p>Overall, 96% of survivors and bereaved have been offered the service by the Dedicated Service with 71% accepting and 64% seen.</p> <p>See section 2.4 for the Self-Care work stream</p>	<p>Level of trauma, anxiety, depression and distress to be reduced</p> <p>Emotional health does not get in the way of daily life to a disproportionate extent for those who have suffered as a result of the fire</p> <p>Improved Access to culturally appropriate services and self-care programmes</p> <p>Options for accessing other services for the community are not dependent on statutory agencies</p>	<p>Improvement in self-reported Health and Wellbeing</p> <p>Improvement in mental health - Central and North West London NHS Foundation Trust (CNWL) Grenfell Health Wellbeing Service outcome measures and feedback</p> <p>Patient reported improvement in access to culturally appropriate services</p> <p>Reduction in number of service users suffering crisis / in need of emergency support</p>	<p>1. Qualitative report for Grenfell Health and Wellbeing Service (GHWS) including goal based outcome measures for current therapy services, detail and outcome measures of transformed services, Patient Engagement, feedback and case studies</p> <p>2. Self-care work stream outcomes and services- improvement in access to culturally appropriate services and improvement in self-reported health and wellbeing. Options for accessing services not dependent on statutory agencies</p> <p>3. A&E data, referrals to crisis services</p>	<p>A Quarterly report is produced by GHWS which details feedback and case studies for the services provided. These are all positive.</p> <p>Goal based measures have been implemented for the Therapy services. A questionnaire will be launched in January 2023 and reporting will be in Q4 report.</p> <p>In addition to the services offered as part of the GHWS - See Section 2.4</p>



2.6 Children and Young People

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
<p>Parents were extremely concerned about the long-term psychological effects of the fire on YP, particularly those living in the vicinity of Grenfell</p> <p>Parents had observed a change in behaviour of their older children (teenagers) after the fire, and assumed that this was perhaps a delayed response to the fire.</p>	<p>Collect information on a regular basis from engagement with young people</p> <p>Jointly fund trauma informed training to support workforce supporting families and CYP</p> <p>Mobilise training and support for parents and providers to manage changes in behaviour presented by older children</p>	<p>There has been limited engagement this quarter, there is further engagement scheduled for January 2023.</p> <p>CYP Lead met with staff at Rugby Portobello trust to discuss training needs and receive feedback.</p> <p>Imperial team members attended RBKC Dedicated Service CYP Christmas party</p> <p>CYP Lead attended an alternative Christmas fair on 16/12/22, where children, young people and families were in attendance. Met with VSO providers. The general feedback was that services were struggling to get referrals and engage CYP into services.</p> <p>There were a number of training sessions in Q3: Trauma awareness: - 4 on-line half day awareness sessions. - A 2 day in person trauma session. Sleep Webinar for providers offering advice on managing sleep for CYP.</p>	<p>The voice of children and young people impacted by the fire influences the design and delivery of health and wellbeing service provision</p> <p>Parents feel better supported by health and social care services to manage their children's emotional needs</p>	<p>Better and improved understanding of CYP needs following collaboration and engagement</p> <p>Increase in number of parents who feel they can adequately support their child's emotional and behavioural issues</p>	<p>Production of reports based on engagement and how information is used to inform decisions</p> <p>Feedback from parents and professionals who attend specialist training</p>	<p>Limited engagement this quarter. There will be a detailed report following the scheduled engagement in January</p> <p>Limited feedback on training run in Q3. Linking with training providers to ensure we receive more for next Quarter.</p>



2.6 Children and Young People

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
Regulation 28 report recommended ongoing proactive treatment and signposting for physical and mental health including monitoring of long term conditions	Commission CNWL for mental health	GHWS Services have been redesigned to offer more diverse services. The quarterly report details workshops, collaborations, interventions (incl. therapy and group work) and the community issues and events showing the range of services offered.	CYP and families are better equipped to manage long-term physical and mental health conditions, self-manage simple illness and improved confidence to access local services	Improvement in CYP health	Reporting of health activity linked to Primary Care EHC and EA for CYP patients. Improvement in CYP patient health following access to enhance primary care offer.	Data has been extracted. More analysis required with further clinical input.
	Primary Care Enhanced Services Paediatric health reviews and long term monitoring	GHWS Therapy Activity numbers: In December 2022 there were 82 open cases, of these 25 were survivors and bereaved. Overall, 97% of survivors and bereaved have been offered the service by the Dedicated Service. Survivors and Bereaved EHC uptake is 48%. We are looking to ascertain if a proportion of CYP that are not accessing EHC are active under Imperial Paediatrics. If the data shows that some CYP are not accessing either service, then the NKR team will ensure Survivors and Bereaved are recalled through the Community Enhanced Health Checks. Paediatric Long Term Monitoring As at December 2022 82 survivors, including Grenfell Walk, (66%) have been referred to the service, of which 71 have been seen, and 52 bereaved children (51%) have been referred of which 31 have been seen.	Short or long term impacts are identified, information shared with providers and services commissioned	Better capturing of those with poor health issues to ensure they are prioritised for early treatment with appropriate referrals Improved self-management of health Young people are supported with transition to adult health services Children gradually require less need for acute mental health services and able to develop coping strategies	Report from the Imperial Paediatric long-term monitoring service detailing: • General health data recorded in the clinic template and health concerns that have been identified through review • Mental Health data recorded in clinic template where relevant • Improved health outcomes, clinical improvement in health concerns raised at previous review • Patient Experience data • Lung function test results	The Paediatric Long Term monitoring service produces an annual audit looking at a number of different aspects of the service including the impact of the clinic. A summary of this audit was produced and can be found in the CYP section of this report.
Working with children, young people and their families to provide services that support their needs	Closer working with third sector organisations to ensure that appropriate services are commissioned Support commissioned providers to arrange more MDT meetings Produce service pathway map Dedicated service case worker	Number of recorded interactions with third sector organisations Number of coproduced engagement events and uptake of events Number of MDT meetings A developed PCN CYP model Service Pathway Map Dedicated Service work stream	Improve health literacy and knowledge of health provision and benefits so CYP and families can confidently access a consistent model across the PCNs delivered through a range of providers	To be developed	To be developed	There is included some MDT meeting details in the report. To show close working across providers.

3.1 Primary Care work stream

The Primary Care Enhanced services were provided as part of the NHS response to the Grenfell Tower fire.

These enhanced services were designed to support patients whose existing conditions may have been exacerbated due to the impact of the fire and those who may have developed new health issues as a consequence of the fire, as well as provide assurance to the communities regarding their health.

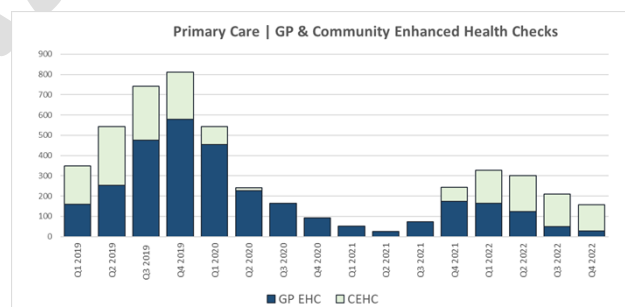
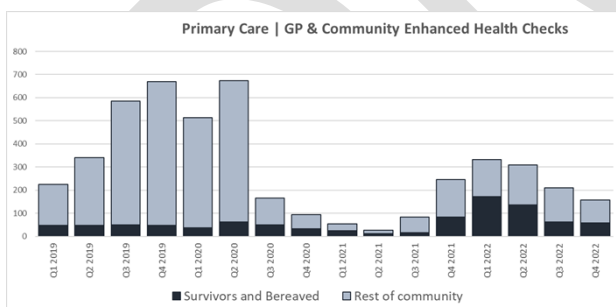
The Primary Care Enhanced Services consist of:

- Enhanced Health Checks (EHC)**
 GP practices are offering Enhanced Health Checks which give people an assessment of their current health and wellbeing, with a focus on lung function, breathing and emotional wellbeing. If anything is identified and requires further investigation, they are referred on to a specialist service.
- Community Enhanced Health Checks (CEHC)**
 Enhanced Health Checks are also available at local community venues for those people who do not want to attend a clinical setting
- Extended GP Appointments (EA)**
 GPs in North Kensington offer longer, up to 60-minute appointments for patients affected by the Grenfell Tower Fire. The extended appointments give more time with the GP to address physical and emotional wellbeing concerns.

3.1.1 Primary Care Enhanced Services Activity [Regulation 28]

3.1.1.1 Enhanced Health Checks

Since January 2019 there have been 4,690 Enhanced Health Checks (EHC) completed across practices and the community.



The EHC are available to survivors, bereaved and the community and are delivered in General Practice and in the community (CEHC).

The Community Enhanced Health Check (CEHC) service was developed in November 2018 after feedback that residents wanted choice in where they received their EHC. Some people didn't want to go to a clinical setting and would rather attend a local community venue that they know and trust. The service was also developed to ensure all survivors, the bereaved, and the wider Grenfell-impacted community had access to an EHC whether they were registered with a GP or not. The GP Federation has been delivering this service since August 2020. The service works with local VCS centres to reach different parts of the community. They currently deliver CEHCs at Dalgarno Trust, The Space, Al-Hasaniya and Lancaster West.

			1st EHC	%
Survivors (including residents of Grenfell Walk)	Adults	328	225	69%
	CYP	93	46	49%
	Total	421	271	64%
Bereaved	Adults	439	243	55%
	CYP	40	18	45%
	Total	479	261	54%
Total	Adults	767	468	61%
	CYP	133	64	48%
	All	900	532	59%

Note: The numbers of bereaved and survivors reported in this table are the numbers as recorded in the Primary Care system (SystemOne) not from the Dedicated Service.

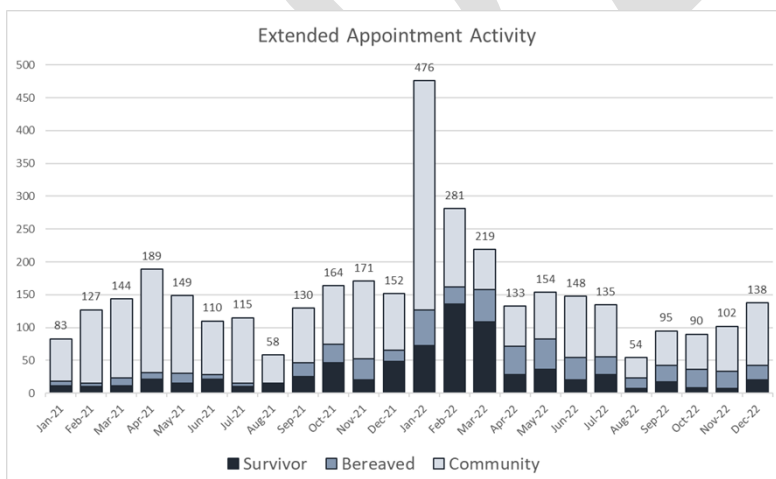
The Primary Care system has a much greater number for bereaved

271 (64%) of survivors have attended at least one EHC, 135 survivors have attended a second.

261 (54%) of bereaved have attended at least one EHC with 100 attending a second.

The CYP uptake is 48%. NKR are looking at the data to ascertain if a proportion of CYP that are not accessing EHC are active under Imperial Paediatrics. There is some assessment duplication which might cause the lower than expected numbers. If the data shows that some CYP are not accessing either service, then the NKR team will ensure Survivors and Bereaved are recalled through the Community Enhanced Health Checks.

3.1.1.2 Extended Appointments



3.1.2 Consistent High Standard of service across all Practices

A number of measures have been put in place to evaluate the standard of services across all practices.

3.1.2.1 Patient Engagement Questionnaires (PEQ)

From July 2022 Patients have been sent a text link inviting them to complete an online questionnaire following a EHC or EA.



Feedback from the questionnaires is primarily positive, though it is lower than in the last quarter.

The questionnaire now has a dropdown for the practice where the EHC or EA took place, so any feedback, good and bad, is fed back via the meetings the work stream lead holds with each practice quarterly.

In Q3 there was a response rate of

Service	Texts Sent in Q3	Responses in Q3	Response Rate
EA	202	21	10%
EHC	139	12	9%

3.1.2.1 Enhanced Health Check responses

The PEQs are not sent for the Community Enhanced Health Checks, they are evaluated in a different way.

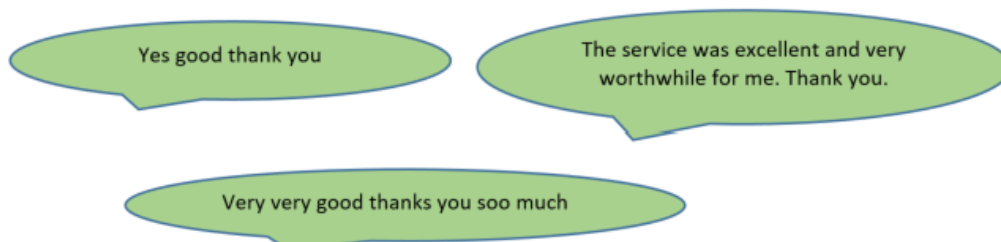
For the 12 people who answered the questions following an EHC.

83%	Had to wait a less than two weeks the appointment was booked
100%	Very easy or fairly easy to make an appointment for the EHC at the practice
66%	Definitely or to some extent the EHC helped to assure about their health following the fire
83%	The Healthcare professional was good or very good at listening
100%	The healthcare professional recognised/understood cultural or religious needs (where stated it was relevant)
100%	Experience of the Enhanced Health Check good or very good

The feedback is mainly positive for most questions: between 66 and 100% but a third of the respondents did not feel that the Enhance Health Check helped to assure them about their health, though all of them said they had a good experience of the check.

The full report can be found at Appendix 2.

Further Feedback



This feedback will be taken to the relevant practices.



3.1.2.1.2 Extended Appointments responses

Of the 21 patient that responded; 2 responded that they did not request an extended appointment, 5 had a regular appointment and 1 had not had any GP appointment.

2 of the above completed the questionnaire so their responses are included.

For the 15 people who answered the questions following an Extended Appointment:

53%	Had to wait a week or less after the appointment was booked
80%	Very easy or fairly easy to make an appointment at the practice
73%	The extended appointment helped with their health concern
87%	Needs met, definitely or to some extent
100%	The healthcare professional recognised/understood cultural or religious needs (where stated it was relevant)
67%	Experience of last appointment good or very good

The table shows that a number of people had to wait over a week for their appointment and a third did not have a good experience of their appointment.

The full report can be found at Appendix 2.

Further feedback:

I have never felt so up set by a professional in my life , how I was treated by this locum gp was disgusting, he made me feel worthless .

The g p miss my infection and I don't no how this could have possibly happen , this made me very very unwell I have no faith in this g p at all .

This feedback will be taken to the relevant practices.

There is more feedback but it is not Grenfell specific and is regarding access to GP appointments.

3.1.2.1.3 Feedback/Outcomes from Community Enhanced Health Checks

There have been ongoing discussions around the contract renewal. There has been limited feedback for Quarter 3. More detailed feedback has been requested from the service for the next report.



	Feedback	Action(s)
“How did you find out about the Community Enhanced Health Check Service that we offer?”	Care Coordinator 45.45% Other 50.00% * Community Centre 4.55% Friend/Relative 0.00%	* ‘other’ included referrals, community Centre staff, and resident association groups.
“Did you try to contact your GP for the same issue, prior to booking into our service?”	Yes 45.45% No 54.55%	
“Would you have preferred to have spoken to your GP or our clinician?”	Own GP 9.09% Our Clinician 54.55% Either 36.36%	
“How easy was it to find our clinic?”	Easy 90.48% Not so easy 9.52%	*scale from Easy to hard
“How satisfied were you with your appointment?”	Very Satisfied 100%	

We have received positive feedback via email to our engagement team shown below.

We have been fortunate to host Enhance Health Check at Dalgarno trust to serve our community, especially at this challenging time when it's nearly impossible to book an appointment with our Local GP. Since the pandemic, our service users didn't have a chance to access GP appointments, and these Health check days are an excellent asset for our BAME community, especially for those with language barriers. We continuously receive excellent feedback from the service users after their appointment

We have been hosting the health checks here at the SPACE weekly since this summer. The feedback has been amazing. This has made such a difference to many local people here especially those who are hard to reach. This is a valuable service in the community.

3.1.2.2 Annual General Practice Patient Survey

The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients’ experiences of their GP practices.

The 2022 Survey results were reported in the Q1 Health Outcomes report. The West London Primary Care Team will be working with the practices looking at the areas highlighted in the 2022 report, the work stream lead is linking with them and prioritising working with the practices around access to the enhanced offer.

This will be reviewed annually; the next review will be in Q1 2023/24.

3.1.2.3 Practices level of service is the same – Core requirements

Following an update to the contracts for the Enhanced services a number of core requirements have been identified and will be measured for the 15 core practices. The following table lists these requirements and where we have got to with measuring and reporting for each. There will be a full report in the next quarterly report.



Core Requirements

Primary Care Core Requirements	How measured?	Frequency	
<p>1. All survivors and bereaved should be coded with one of the following outcomes:</p> <ul style="list-style-type: none"> • EHC offered and provided • EHC offered and declined by the patient • EHC offered but no contact made with patient 	Report from SystemOne data	Monthly	These numbers have been extracted and are being analysed
<p>2. All relevant patient facing staff must undertake cultural competency training and newly employed staff should have cultural awareness training as part of their induction. This will take up to 2 hours for each member of staff and can also be provided as group training. Support and advice is available from the NKR team.</p>	Report from NKR Engagement team	Quarterly	General Practice training has started. 14 people were trained in Golborne practice in December 2022. Positive feedback was received. Other training had to be rescheduled due to Strep A and winter pressures.
<p>3. Each patient receiving an EHC or EA will be sent a text by the NWL asking to provide patient feedback regarding the service via a short survey.</p>	Completed surveys	Monthly	See section 2.1.2.1
<p>4. Practices should promote the service and how to access it on their practice website clarifying how to book and what to expect. Website to include the link to Grenfell Primary Care Services.</p>	Primary Care monitoring audit – top 15 most affected practices	Two audits per year	Audit taking place January to March 2023
<p>5. The NKR team will undertake up to two audits per year with participating practices will be expected to undertake. The NKR team will produce these audits and circulate with all participating practices.</p>	Primary Care monitoring audit – top 15 most affected practices/all practices with signed contracts	Two audits per year	Audit taking place January to March 2023



6.	The requirement to provide services to Survivors and Bereaved and members of the wider community to ensure that health needs are addressed with a view to identification of any future needs.	Delivery of EHC & EAs	Monthly	This data is still being extracted and analysed and will be reported in Q4 outcome report
7.	When required based on complexity of health need an MDT approach is utilised.	Clinical audit of 5% of completed EA/EHCs	Two audits per year	Audit taking place January to March 2023
8.	If practices cannot offer an EHC as requested, then offer referral onto CEHC service (West London GP Federation) in agreement with the patient.	CEHC delivered per practice	Monthly	This data is still being extracted and analysed and will be reported in Q4 outcome report
9.	Ensure that clinical templates are completed to support diagnosis, data capture and support GPs in event of any future litigation. Fill in all fields of clinical templates	Clinical audit of 5% of completed EA/EHCs	Two audits per year	To enable quarterly reporting, the BI analyst is looking at the top 4 fields. This data is still being extracted and analysed and will be reported in Q4 outcome report
10.	Encourage patient feedback on Grenfell services and as appropriate participation in Patient Participation Groups at your practice.	Completed surveys & number of active PPGs through PC monitoring audit	Monthly Two audits per year	Limited response rate to the PEQs that have been sent out. Work stream lead is looking at ways to increase rate. Audit taking place January to March 2023
11.	Consider onward referral to GHWS / DS; Grenfell case management; Long term monitoring, children and young people; toxicology, self-care and social prescribing, or other links you may have developed.	Onward referral data	Quarterly	This data has been extracted and is being analysed with clinical input from the GP programme leads.

The audits will begin in Q4 22/23 and will be reported in the final report for 2022/23.



3.1.2.4 Improvement in Health following EHC or EA

The NKR Information Analyst has begun to extract data, including onward referrals following an appointment and concentrating on four fields that are recorded within the Enhanced Health Checks:

- Cough
- Diabetes
- Respiratory Symptoms
- Sleep Difficulty

Further analysis is needed with clinical input.

3.1.3 Skilled in identifying Mental and Physical impact of the fire on the local population

To support practices in identifying the impact of the fire on their patients training requirements were identified and programme was put in place.

3.1.3.1 Grenfell Leads Training Programme

In 2020/21 the NKR team worked with Dr Yasmin Razak and the WLCCG Training hub on organising monthly learning forums covering the following topics:

- PTSD refresher and Dedicated Service intro
- All independent groups supporting survivors and bereaved including Grenfell United.
- Paediatrics
- Trauma informed interventions training for Paediatrics training
- Respiratory
- Toxicology
- Resilience and Cultural Competency

The schedule of training in 2020/21 and 2021/22 was postponed due to covid-19 pressures. The training has been reviewed by the work stream lead with the GP training hub lead to identify the ongoing training requirements and to plan accordingly. The training is now part of the business case for 2023/24.

3.1.3.2 Cultural Competency Training

The engagement team worked in partnership with the North Kensington community to develop a whole systems approach that seeks to link together many of the influencing factors that lead to culturally-appropriate services. This led to the development of a training module on Developing a Culturally Competent General Practice.

This module has been successfully piloted and has received CPD-accreditation from the Royal College of GPs (RCGPs).

14 people were trained at Golborne Practice over 14th and 15th December.



North West London

"Course gave me insight into different cultures ,and I can use the knowledge gained from the training to improve my communication skills with patients from different ethnic background. Excellent course and learnt a lot about different cultures." Clinician

" Realisation of 'how a minor change in our approach can make such a profound difference in how the patient perceives our message...' There's a lot to understand and learn from this training." Practice Manager

"After the course, I was left with a deeper understanding of cultural differences and the impact that these differences have on our patient's health and wellbeing." Emma - Admin

"The training has equipped me positively with problem-solving skills and helped me to see different ways to think, understand and deal with patients. Also the session was informative" Receptionist

Other training for this quarter had to be rescheduled due to Strep A and winter pressures.

DRAFT

3.2 Dedicated Service work stream

3.2.1 NHS Dedicated Service [Regulation 28]

The NHS Dedicated Service (DS) is designed to support and coordinate eligible clients to access a range of emotional and physical wellbeing health services.

The NHS Dedicated Service (DS) aims to provide:

- a coordinated integrated physical and emotional wellbeing care and support
- Support for clients to access NHS and non-NHS support services
- Multiagency case management support for complex cases

The DS team have been proactively offering and facilitating access to the appropriate NHS and non-NHS physical health services contained in the NHS Dedicated Services portfolio, to all those who are eligible for the service and whose contact details it has;

- Clients who take up the offers are classified as 'Active'
- Clients who do not take up the offer or who are not contactable are classed as 'Inactive'

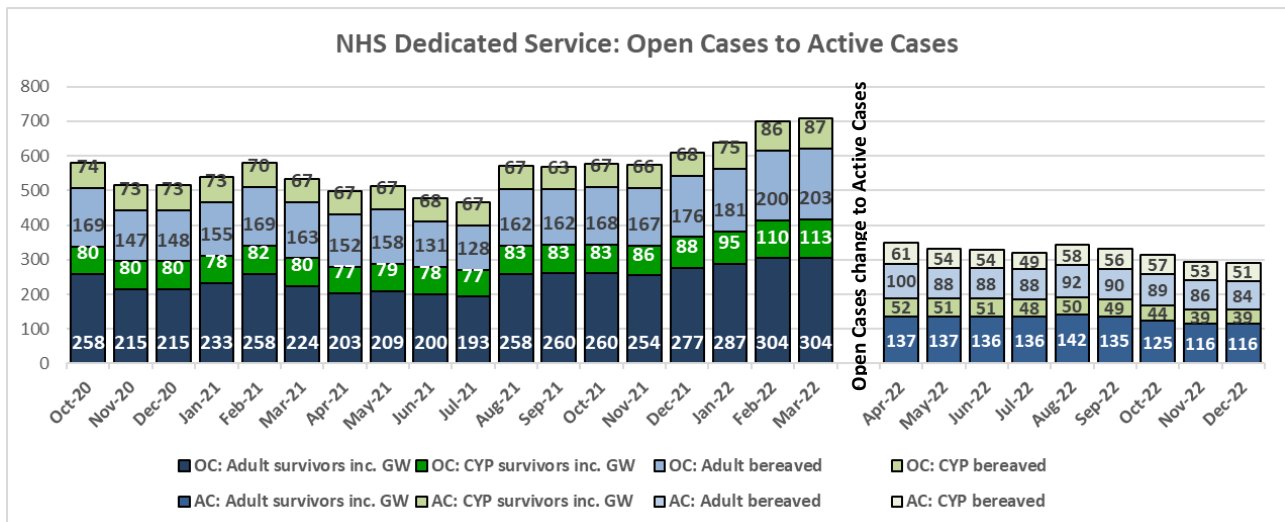
All 'Active' clients are offered a health review which is carried out by their Dedicated Service health worker to understand what they feel their health needs are, and navigate them towards the relevant services.

3.2.1.1 DS Activity

			Accessing DS December 2022	% Accessing	Number Offered	% Offered	Interaction	% Interacted	Accepted	% Accepted
Survivors (including residents of Grenfell Walk)	Adults	328	116	35%	321	98%	300	91%	224	68%
	CYP	124	39	31%	120	97%	83	67%	78	63%
	Total	452	155	34%	441	98%	383	85%	302	67%
Bereaved	Adults	220	84	38%	202	92%	192	87%	165	75%
	CYP	102	51	50%	100	98%	68	67%	76	75%
	Total	322	135	42%	302	94%	260	81%	241	75%
Total	Adults	548	200	36%	523	95%	492	90%	389	71%
	CYP	226	90	40%	220	97%	151	67%	154	68%
	All	774	290	37%	743	96%	643	83%	543	70%

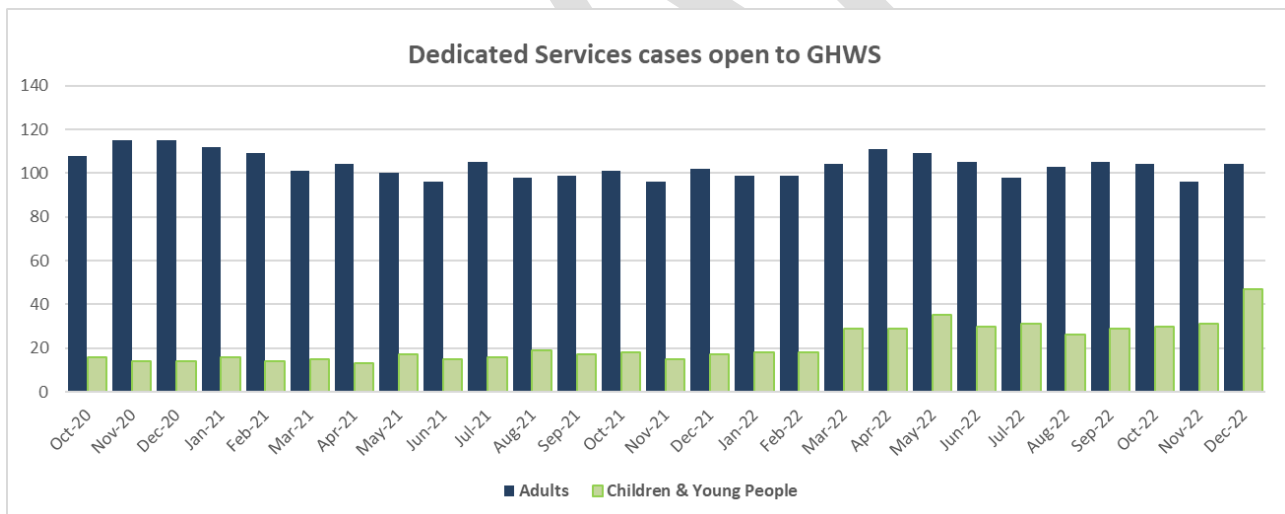
At the end of December 2022 there were 155 survivors and 135 bereaved actively using the DS, a total of 37% of those eligible.

In total **96%** of eligible clients have been offered the service at some time with 70% accepting.



All survivors and the bereaved are open to the NHS DS. Initially where a case has been reviewed or a single interaction with a client had taken place these were counted as an 'open' cases, since April 2022 the service has reported cases as 'active' and 'inactive' to more accurately reflect the level of demand on the service. Active cases are indicated in the graph above from April 2022 onward.

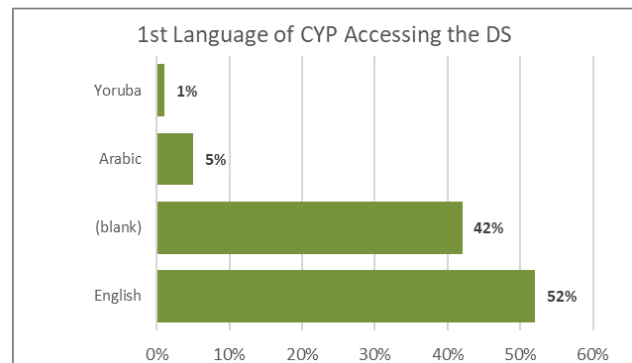
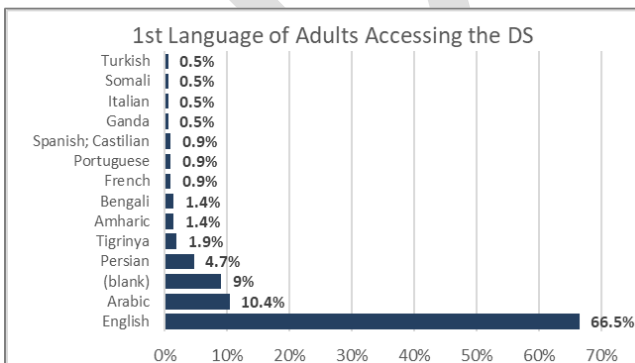
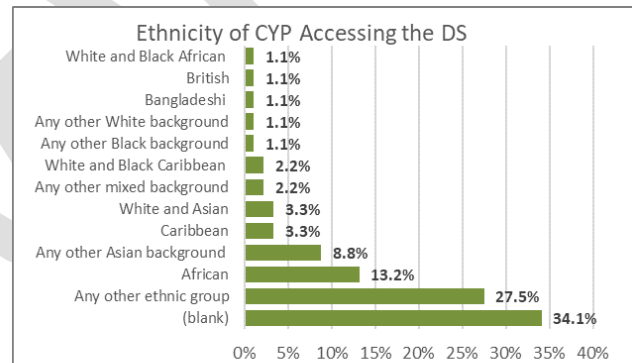
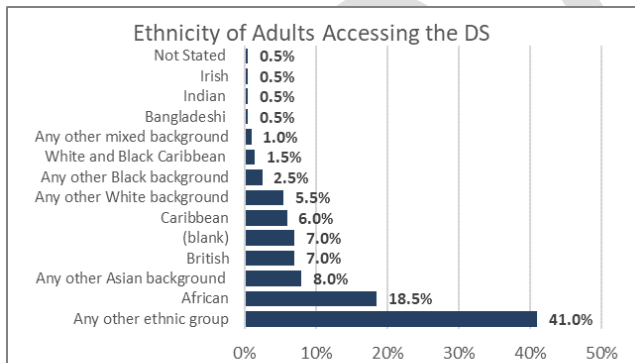
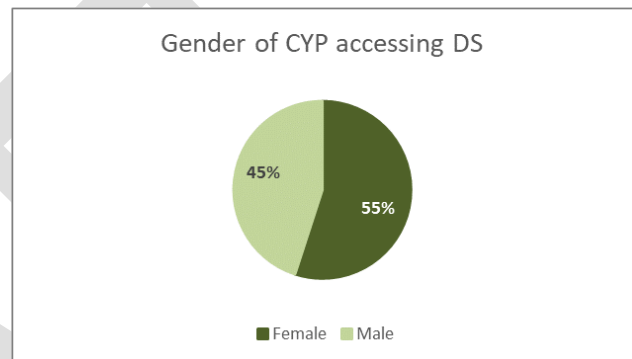
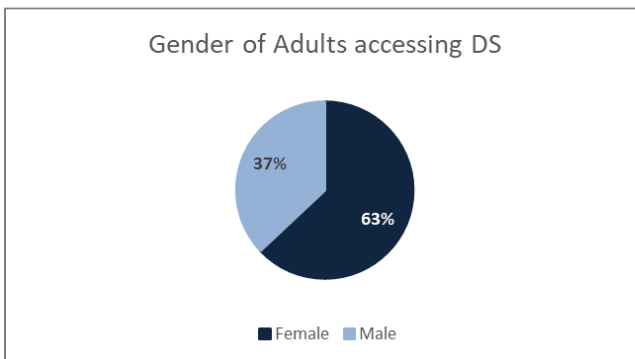
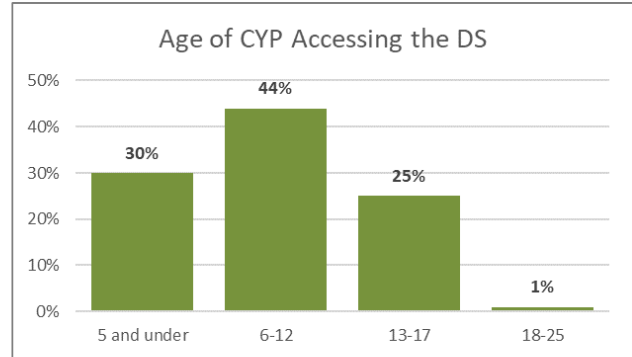
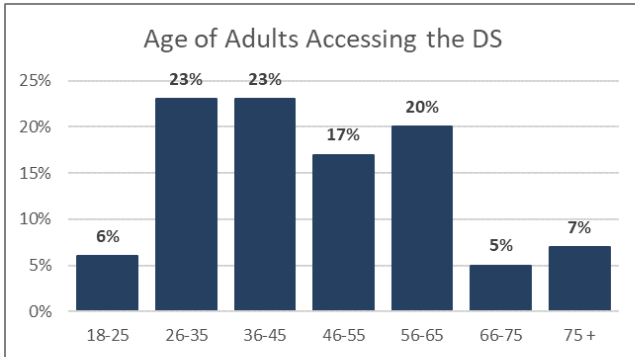
Q3 has shown a slight decrease in the numbers of Adults and Children open to the NHS DS compared to the numbers accessing in Quarter 2.



The proportion of children also open to the GHWS increased notably from 33.7% in M8, to 52.2% in M9, as figures now include those open to a DS CYP therapist.

3.2.1.1.1 Demographics

Basic demographic information is collected for the DS service users. These numbers represent clients who are actively receiving support from the DS Team. These are shown below.





3.2.1.2 Outcomes and Feedback

The DS has developed a PEQ specific for this team to ascertain whether or not the clients feel they have met their health needs. This PEQ proposal is in the process of being reviewed by DS Service User Consultants and further changes implemented based on the suggestions that will be received. The DS anticipate to report about this next quarter (Jan – Mar 2023).

The Grenfell Health and Wellbeing Service (GHWS) Quarterly report (Appendix 3) details qualitative details of the service with feedback for both the GHWS and the DS.

It has not been possible to include case studies for this quarter as to make the study meaningful it made it possible to identify the clients. There has been some email and verbal feedback about the service which is shown below. The feedback is largely positive.

“I met ‘N’ in mid-June, she has given me advice throughout my long COVID. She also tracked and followed my health progression as she checked my hospital appointments and discussed the outcome. She would attend my needs when necessary. She put me at ease and let me share my thoughts as she is a very good listener. She has been very patient with me and understanding. I truly appreciate her help for me.”

I love my DS worker

The daughter of one of Dedicated Clients praised the support provided to her mum:

“My mother comments to me regarding ‘J’ work is as follows ‘she truly cares for me and is efficient’. I have witnessed ‘J’ caring nature with my mother. She has made referrals to Social Services and Occupational Therapy which has always been effective. My mother is grateful for her contact with Medequip and has a four wheeled walker, perch stool and bed which are all very helpful. Please can ‘J’ be praised and made aware of this. It would be fantastic if she could have a pay rise and be considered for a promotion. She is an excellent worker and thank you for employing such a great woman.”

On 13th October, DS staff attended an evening MET Police Update briefing to survivors and bereaved that was attended by up to 50 individuals, for the purpose of offering and providing emotional and wellbeing support. The following feedback was received by a police officer from the Family Welfare Team:

“Thank you for attending the update meeting on Thursday night with your colleagues. We really do appreciate it. I know that the BSR’s take comfort from knowing you are there and from seeing familiar faces. I also want to say a big thanks to your team for looking after the young attendees. I don’t think they would have found it easy sitting through the meeting.”

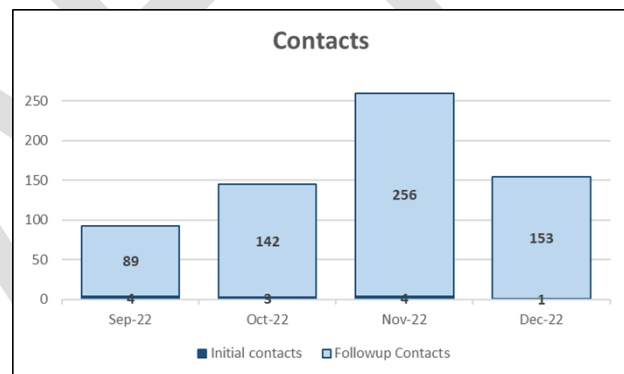
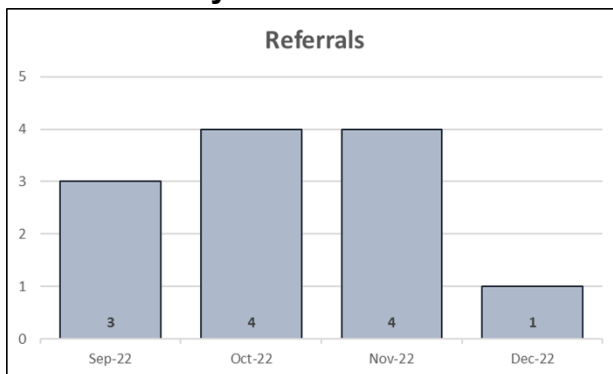


3.2.2 CLCH Wider Grenfell Case Management

In addition to the NHS Dedicated Service which is accessible to the bereaved and survivors, the NHS also commissions a separate case management service for the wider community who have been impacted by the fire.

- Case Management of complex cases. Physical health focus, however, signpost and support with mental health and social care needs.
- Joint care planning with patients to focus on their goals and priorities utilising health coaching techniques and motivational interviewing.
- Support the service users to achieve their individual health goals
- Work collaboratively with GP's, mental health services and voluntary sector to ensure patients' needs are met
- Chronic disease management and health promotion
- Arrange multidisciplinary team meetings and professionals' meetings, as required
- Signpost patients to NHS and non-NHS services such as the self-care offer from Kensington and Chelsea Social Council

3.2.2.1 Activity data



3.2.2.2 Outcomes

CLCH have proposed the following Outcome Measures for the MCMW Grenfell Service:

1. PREMS (feedback survey)
2. Care plan reviews
3. Case studies
4. Use of ONS4 form

They will be submitted every six months beginning June 2023.



3.3 Specialist Services work stream

The NHS commissioned a number of specialist services to diagnose and treat any health conditions which arose from smoke, particulate and poison inhalation.

3.3.1 Paediatric Long Term Monitoring Service [Regulation 28]

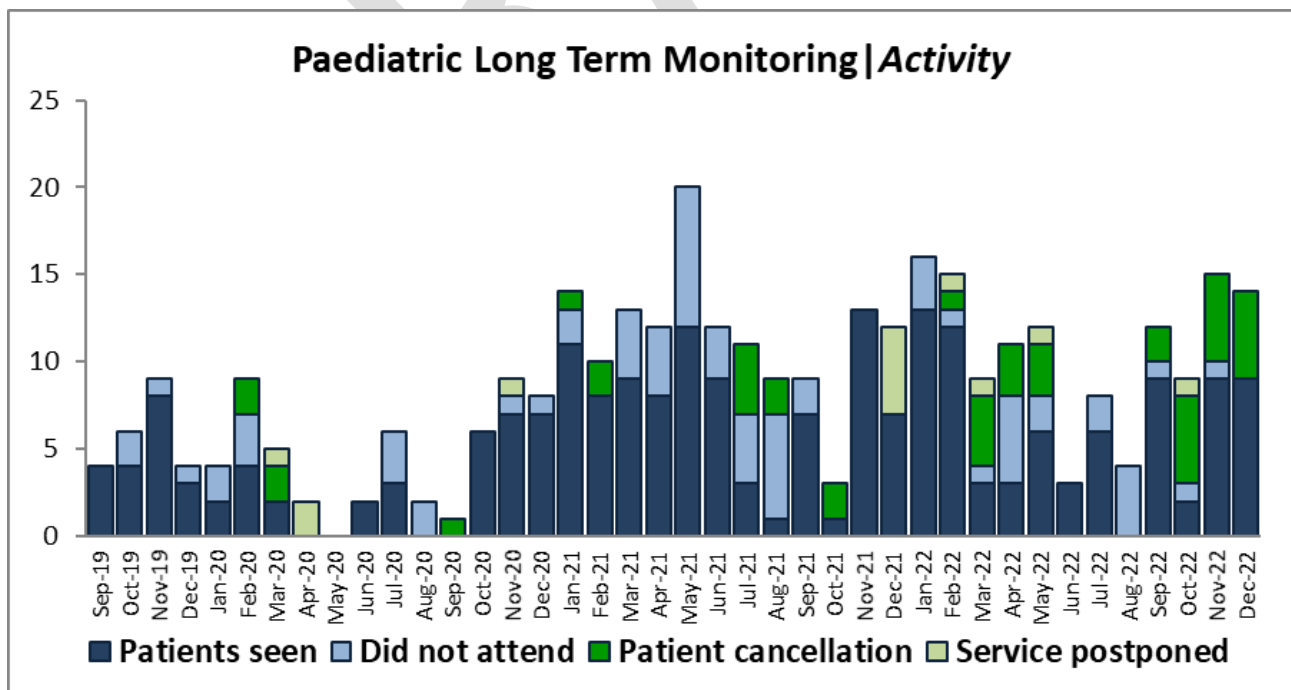
Children and young people impacted by Grenfell are able to access an annual 90-minute appointment with a paediatric consultant, who undertakes comprehensive physical examination using a number of assessments. This includes lung and breathing function, review of emotional health and wellbeing and how they are getting on at school, sleeping patterns, height, weight and diet, and immunisation checks.

As at December 2022 82 survivors, including Grenfell Walk, (66%) have been referred to the service, of which 71 have been seen, and 52 bereaved children (51%) have been referred of which 31 have been seen.

	As at June 2022						As at Dec 2022						
	Offered	Offered %	Accepted	Accepted %	Declined	Declined %	Referred**	Referred %	Seen	Seen %	Dissented	Dissented %	
Survivor in Tower	44	43	98%	40	91%	3	7%	40	91%	34	77%	5	11%
Survivor Other	80	39	49%	38	48%	1	1%	42	53%	37	46%	0	0%
Total Survivor	124	82	66%	78	63%	4	3%	82	66%	71	57%	5	4%
Bereaved	101	56	55%	48	48%	6	6%	52	51%	31	31%	5	5%
Total	225	138	61%	126	56%	10	4%	134	60%	102	45%	10	4%

** Survivors	5 dissented 3 to be booked 1 Out of Area 1 DNA recall next year
** Bereaved	5 dissented 5 to be booked 9 Out of Area

Reported by DS
Reported by Service



See section 3.6.2 for more detail on the outcomes and impact of the service.

3.3.2 Adult Respiratory Long Term Monitoring Service [Regulation 28]

Long term monitoring of health is also undertaken through Adults Respiratory service which includes annual lung function test to identify any signs of respiratory disease and changes in breathing patterns and capacity. This service is designed for survivors who had prolonged smoke exposure, and in addition to respiratory diagnosis, provides advice and support from a clinical psychologist and physiotherapists.

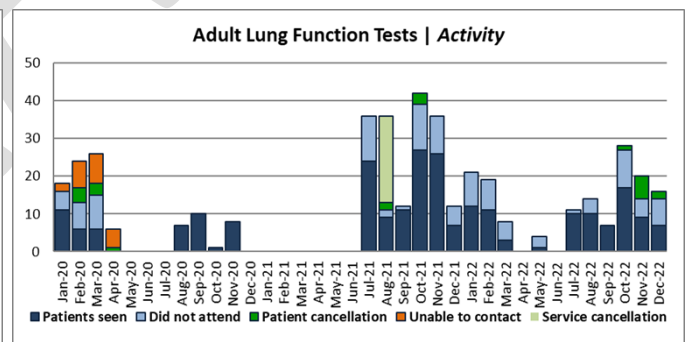
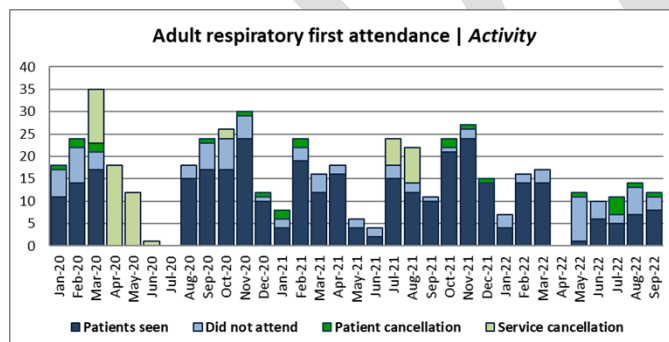
As at December 2022 168 of survivors (93%) had been offered the service by the Dedicated Service and 61% have had their 1st Lung Function Test.

		Offered	Offered %	1st LFT	1st LFT %	2nd LFT	2nd LFT%
Survivor	180	168	93%	109	61%	78	43%

Reported by DS
Reported by Service

There are high DNA rates within this service, and people who are not turning up for their face to face consultant appointments are subsequently offered virtual appointments. The service is also run at both Imperial College Hospital Trust and Chelsea and Westminster Hospital Trust to offer a choice of location and to ensure capacity.

Lung Function Tests were not carried out for 10 months during the Covid pandemic due to it being an aerosol generating procedure.



DNAs have slightly reduced for both appointment types in December 2022, as stated above virtual appointments are being offered to those who failed to attend face to face consultant appointments to encourage attendance.

An initial data collection has been carried out led by the NKR ICB analyst, this now needs senior clinical review to enable reporting of outcomes. A clinical lead has been appointed for this service so this work has now begun, starting with revisiting the agreed indicators and measures to ensure they are correct and appropriate.

3.3.2.1 Community Respiratory Service [Regulation 28]

For the bereaved and wider members of the community, the community respiratory service provides a multidisciplinary, hub -based clinical service that supports the early identification of possible respiratory conditions via assessment and diagnosis, with onward management and



support. Care is provided for respiratory illnesses such as COPD, asthma, and bronchiectasis, with the service offering pulmonary rehabilitation classes and facilitation of self-management, and advice on smoking cessation.

3.3.3 Toxicology Service [Regulation 28]

Following concerns raised by survivors and bereaved about the long-term effects of smoke inhalation a clinical toxicology review is available to those affected by the Grenfell fire. The service provides a specialist 90-minute appointment review that looks at people's health, answers questions and addresses any concerns. The consultants provide advice on health issues raised and will liaise with the person's GP or dedicated health worker to help facilitate ongoing care.

54 survivors from inside the tower have been referred into the service. So far the service has not identified any clinical indicators of poor health that could be caused by poisoning. Most issues found so far have been either respiratory or mental health related and the service has recommended to GPs onward referrals to those services where applicable.

3.3.4 Out of Area

A number of people have moved away from North Kensington. To ensure that the services are offered locally for people to have ongoing annual health monitoring all relevant out of area providers were contacted on the 13th July 2021 regarding provision of services. There has been no information received by Imperial from any of these providers confirming services provided.

The work stream lead will be contacting these providers who have agreed to provision to confirm if any patients have been seen. This piece of work will be finished by the end of this financial year.



3.4 Self-Care work stream

As part of the NK programme, access to a range of self-care services has been provided in recognition of the challenge of maintaining wellbeing and managing long term conditions for a community impacted by the disaster. In doing so, the NK programme is attempting to promote an ‘asset-based’ approach to health care, providing investment and support to local ‘assets’ to help deliver self-care opportunities.

The opportunities provided for the North Kensington community include a diverse range of non-medical activities, training and support services provided by local community-based organisations. Access to services is coordinated via Social Prescribing Link Workers (SPLWs) and multiple referral routes into the services. The SPLWs enable primary care to better manage health concerns of patients with multiple needs and a Grenfell specific SPLW has been commissioned to meet the additional need.

The table below lists the ‘Healthier Futures’ (contract delivered by Kensington and Chelsea Social Council (KCSC)) self-care services financed by the NKR programme 2020-2023. These include a number of offers targeted at specific ethnic groups or communities.

Individual offers	Community offers
<ul style="list-style-type: none"> ▪ Community centre-based massage ▪ Online meditation ▪ Online self-care ▪ Walk and chat ▪ Welfare calls ▪ Information, Advice & Guidance ▪ Legal advice 	<ul style="list-style-type: none"> ▪ Cooking and Nutrition-related groups (Lockdown Cookup and Community Cookery) ▪ Mental Health First Aid training ▪ Health Coaching for frontline support workers ▪ Breathwork training for North and East African groups ▪ Digital exclusion peer support ▪ Peer support group for disabled people. ▪ Young People’s projects ▪ Men’s and Women’s Boxing and Fitness groups ▪ Women’s-only Yoga and Walking ▪ Culturally appropriate health condition guidance, walking activities, and health knowledge support for targeted ethnic groups including sub-Saharan African and Somali groups
<p>Family offer</p> <ul style="list-style-type: none"> ▪ Family Support Worker for SEN Creative Gardening ▪ Music and Movement Classes ▪ Family Therapy Services 	
<p>Other activities</p> <ul style="list-style-type: none"> ▪ Social prescribing resource to design and manage signposting and referral pathways ▪ Support to community groups and organisations to develop services, record and report monitoring data, and improve other governance measures ▪ Engagement activities to monitor emerging areas of need and collate feedback. ▪ (Not within Healthier Futures) – Maxilla Men’s Shed services. 	



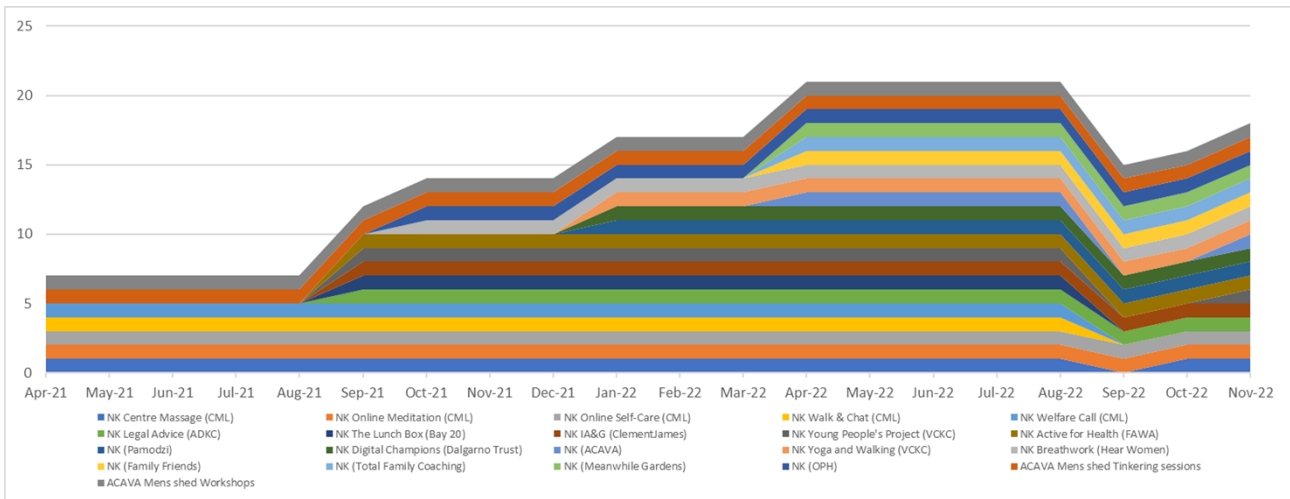
The work stream has focused on building the capacity of local groups and organisations by including the provision of training and support in the Healthier Futures contract. As a result, KCSC has provided capacity building in number of areas:

- Business case writing and constructing applications for funding and looking for sustainable funding longer term.
- Supporting all 20 funded organisations to develop new policies and procedures.
- Assisting one grass roots organisation that works on Healthier Futures to set up as a Community Interest Company.
- Facilitating organisations to form official partnerships, e.g. Hear Women and Marika Rausher to deliver breathing workshops to East and North African Women.
- Developing familiarity and confidence in organisations for measuring, recording and reporting outcomes.
 - Providing basic training to 20 organisations and their staff
 - 5 organisations receiving ongoing monitoring and evaluation support
 - Provided the use of a joint system to manage referrals and collate outcomes data and trained 6 organisations.
- Training staff on trauma informed support.
 - Providing general awareness training and sign posting to longer term training
 - Facilitating a two-day trauma informed yoga training for local NK yoga teachers
- Regular organisational development training - 22 training sessions offered per year for example; managing partnerships, recruitment, safeguarding, funding.
- Creating links between organisations, and with NHS providers, to develop relationships and service collaborations.
 - Setting up a monthly NK VCS network forum
 - Producing the North Kensington Self-Care Directory for NK health professionals and setting up meetings at each NK GP practice to promote services and educate staff.
 - Developing four referral pathways into the NK self-care services.
- Supporting organisations to adopt governance practices that reflect the diversity of the local community.
 - Encourage organisations to take part in the **Kensington and Chelsea Together programme** which is designed to help increase diversity, inclusion and resident participation in charities and voluntary organisations across the borough.
- Providing platforms for the VCS to influence the development of the NKR programme.
 - NK VCS Network (bi-monthly)
 - Healthier Futures Provider meetings (quarterly)
 - Health & Wellbeing VCS Forum (quarterly)

3.4.1 Quarter 3 2022/23 Reports

The Q3 reports from Kensington and Chelsea Social Council (KCSC) and ACAVA (Men's shed) show an overall increase in services and sessions, including offers targeted at specific ethnic groups or communities. The graph below shows an overall increase in the number of services offered from 6 in April 2021 to 21 in April 2022. The number of services has now stabilised and the focus has been to increase awareness of these services in the community.

Number of services offered by KCSC and ACAVA



3.4.1.1 KCSC Q3 2022/23

In September, the majority of KCSC projects had their contracts extended to March 2023. Some of the contracts were extended from later months and this is shown in the drop and increase in services offered. Some of the services that had been introduced specifically due to Covid and the restrictions have been discontinued. The self-care contracts are a part of a wider VCS strategic partner model; the approval of the business case has been delayed. Therefore, both contracts have been given a new 3-month contract while we await next steps. Short-term contracts cause instability and staffing issues in the VCS and residents stop attending groups that are going to end imminently.

A number of the KCSC services report that they are up to capacity and cannot take any more referrals. Work is being undertaken in January to increase capacity in 'full' projects. Other projects have reported receiving no referrals from primary care, work is underway to raise awareness amongst referral teams and the new SPLW will be in post January 2023 which should support increased referrals into services.

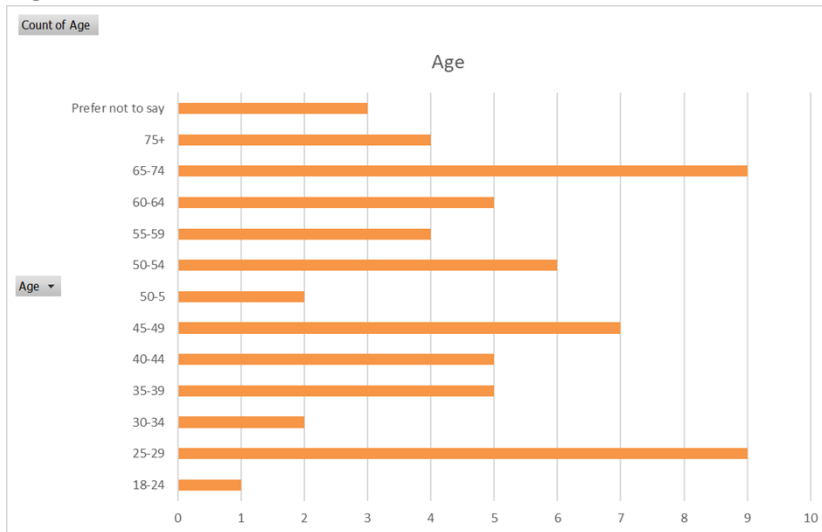
The KCSC Quarterly report showed positive outcome measures reported across all services, although some services struggled to get people to complete the surveys or questionnaires, due to language and time barriers.

3.4.1.2 ACAVA Men's Shed Q3 Reporting

This quarter ACAVA Men's Shed did not share any outcomes data this quarter but will produce some for Quarter 4.

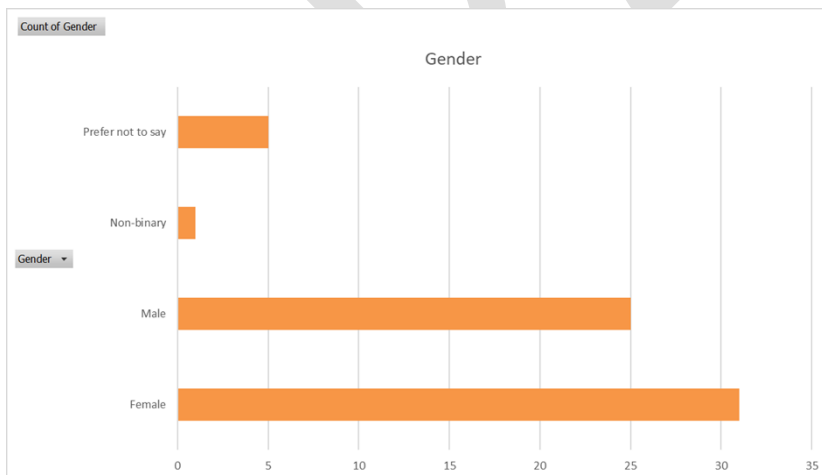
They shared the results of a demographic survey for the Specialist Courses run April 2022 to November 2022 (62 participants). This showed that there was a wide range of people attending the specialist courses. This is different demographic from the Men's shed which is predominantly male.

Age



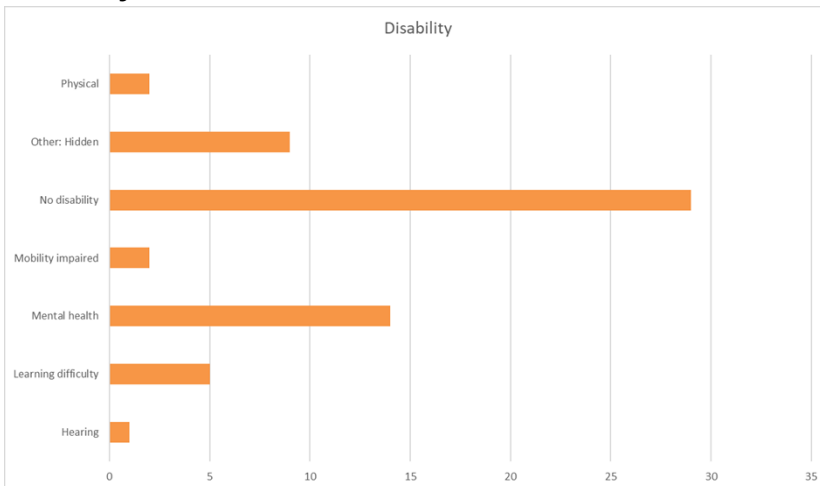
Showing a broad range of ages, from 18 to over 75, attending the specialist courses.

Gender



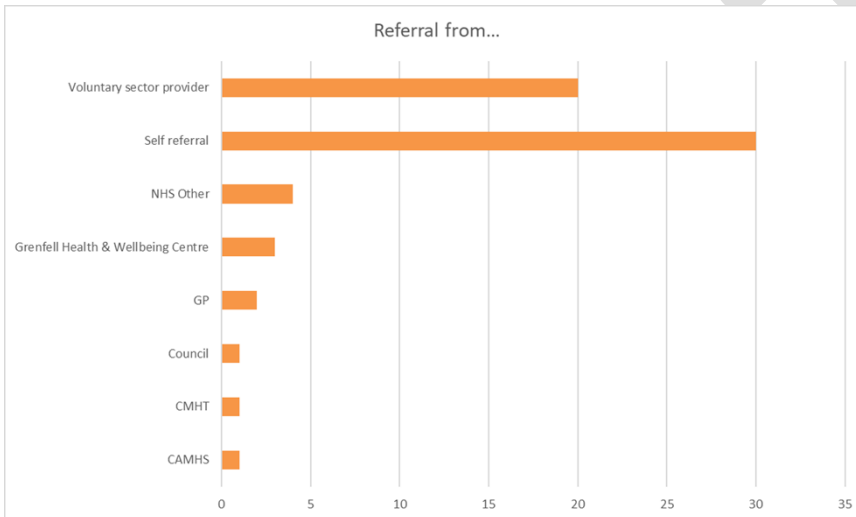
50% female and 40% male attendances.

Disability:



53% (33) identify as having a disability.

Referral from:





3.4.2 Healthier Futures: North Kensington Self-Care Programme Impact Report

KCSC commissioned an outcomes and impact evaluation of the Healthier Futures programme over 12 months to August 2022, key themes have been extracted from the report.

The findings of this evaluation are that KCSC’s Healthier Futures community activities, and wider social prescribing initiatives are generating positive health and wellbeing outcomes for the borough. Over 94% of 335 users agreed that they would recommend their service to others, 93% said they would continue to use the service, 96% found the services beneficial. Across all services that measured core indicator data, average wellbeing outcomes improved as a result of the service.

Evaluation methodology

The outcomes measurement framework includes six core indicators, based on common standardised indicators, including the Warwick-Edinburgh Mental Wellbeing Scale, and the ONS4 Wellbeing Questions. Additionally, “flex” indicators were provided for providers to choose from in order to capture more specific outcomes for their offering.

Respondents were asked to reflect on how often they felt the outcomes listed. For the core indicators they were asked to rank how they feel out of 10 points. For example, “How happy do you feel currently?”. Respondents were then asked to reflect on what they *would* have answered, had they not taken part in this activity. This provides a set of retrospective “pre vs. post” answers to capture any change. Flex indicators had their own unique scales or open ended questions, and so it is not able to combine or compare data sets between services.

Reach and demographic findings

Ethnicity	Percentage
Black African	32%
Arab	20%
Other	15%
Black Caribbean	7%
White & Black African	5%
White British	4%
Asian Bangladeshi	4%
White English	3%
White & Black Caribbean	2%
Prefer not to say	1%
Latino	1%
Asian Indian	1%
Chinese	1%
White Irish	1%

The sample ranged from c. 300-406 throughout the outcomes questions.

Of the 406, 92% identified as women and the average age was around 50.

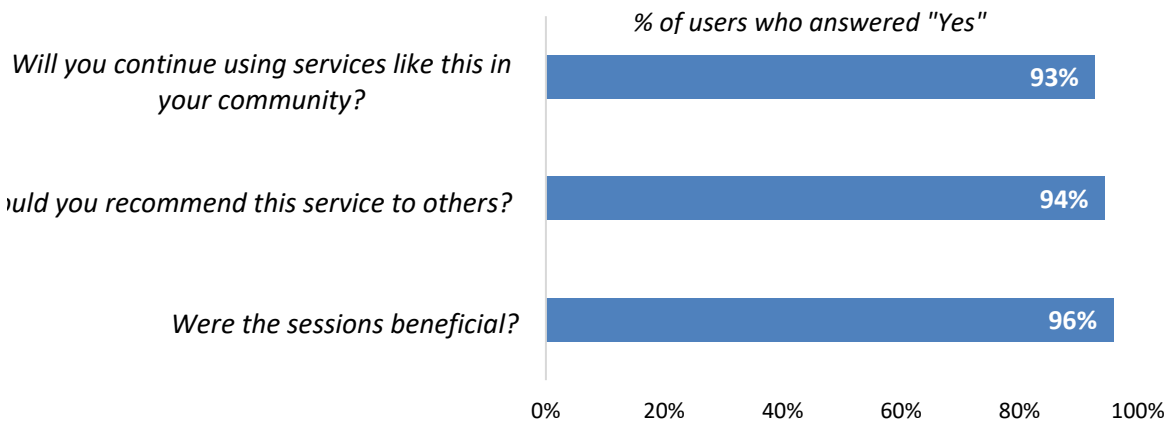
There was also significant ethnic representation.

16% (59) identified themselves as having a disability. Majority under the following categories:

- Autism spectrum disorder and learning difficulties
- Mental health conditions / illness
- Chronic mobility or musculoskeletal conditions
- Chronic illnesses (Diabetes)
- Cardiovascular problems

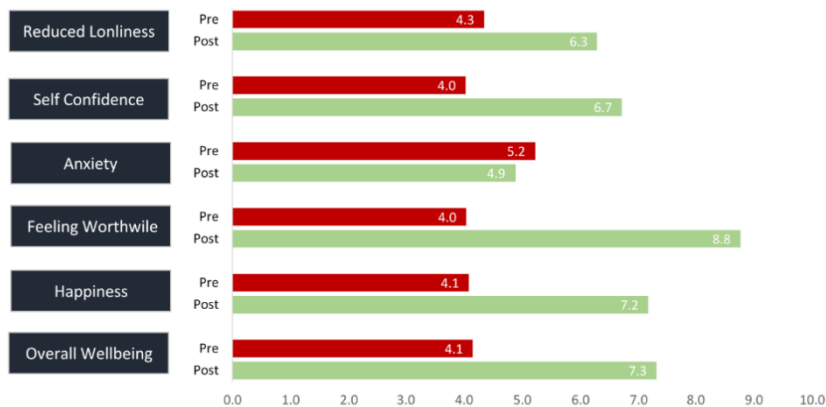
Service Feedback

Over 90% of users answered “Yes” to all three quality questions.



Health and Wellbeing Findings (Core indicators)

This research indicated that the service users have experienced positive health and wellbeing-outcomes as a result of taking part in one, or more of the services. The graph below illustrates the data available for the providers that measured change in the core indicators. This included 335 users from eight community offer services, four from individual offer services, and two additional Healthier Futures organisations.



Q. As a result of the service you received, how would you rate [this outcome](Post)? Vs. If you had not taken part in this activity, how would you have ranked [the same outcome] (Pre)? (n=420)

For most services, anxiety decreased as a result of taking part in the service. For users of Walking and Yoga, there was an average reported reduction of over 50% (5.7 points) in anxiety. Similarly, users of Meanwhile Gardens, Family Friends and Breathwork also experienced significant reductions in the anxiety.

However, other service users, particularly ADKC reported an **increase** in anxiety. There are a few theorised reasons for this anomalous data. ADKC is a trauma support group, and it is possible therefore that the nature of this activity may be, in the short-term, anxiety inducing. Additionally, the outcomes questions around anxiety may have been interpreted differently. For example, some providers noted that 10 should be considered “most anxious”, whereas others suggested it should be “least anxious”. The majority did not give a scale, which leaves room for misinterpretation. Finally, for ADKC (The service skewing the average the most) the sample is only **8**, too small to



draw any specific conclusions at this stage. This should be followed up with further targeted research with service providers and users.

When looking at the providers and ranking by their total impact on their average users wellbeing all providers had a positive impact of greater than 10% improvement in wellbeing. VCKC Walking and Yoga and Our Power Hub users reported the greatest improvement in wellbeing.

	Change wellbeing (0-10)	Change happiness (0-10)	Change worthwhile (0-10)	Change anxiety (higher = less anxiety) (0-10)	Change confidence (0-10)	Change loneliness (0-10)	Total change (0-60) (Descending)
VCKC Walking and Yoga	+4.0	+4.5	+6.2	+5.7	+3.2	+3.0	+26.5
OPH	+4.6	+3.0	+4.6	+3.1	+3.4	+3.6	+22.3
Lockdown Cook Up	+3.6	+3.6	+4.2	+2.9	+3.8	+3.7	+21.8
NK The Lunch Box	0.0	+4.0	+5.5	+4.3	+5.0	+1.8	+20.5
NK ADKC Legal Advice	0.0	+4.7	+6.0	+4.0	+3.3	+1.7	+19.7
NK CJ Info, Advice & Guidance	0.0	+5.7	+5.9	+0.6	+4.5	+2.0	+18.7
Meanwhile Gardens	+2.5	+2.6	+4.2	+2.5	+2.8	+3.4	+18.0
Breathwork	+2.7	+3.4	+3.8	+3.3	+2.2	+2.3	+17.7
NK Young People's Project	+0.0	+2.9	+5.9	+1.1	+3.1	+2.6	+15.6
Dalgarno Trust	+4.0	+2.8	+4.5	-0.1	+0.9	0.0	+11.9
Pamodzi	+4.2	+1.4	+5.2	-1.2	+1.5	+0.3	+11.4
Family Friends	+1.6	+2.1	+3.8	+2.1	+1.0	-0.1	+10.4
KSO	+1.4	+1.1	+1.6	+1.2	+1.7	+3.1	+10.1
ADKC	+3.2	+1.7	+4.8	-4.6	+1.4	+0.2	+6.8

Average service user change in wellbeing outcomes

3.5 Emotional Wellbeing work stream

A diverse strategy to support emotional health and wellbeing across the community. Supporting non-physical needs such as feeling anxiety and distress.

3.5.1 Grenfell Health and Wellbeing Service (GHWS) [Regulation 28]

The GHWS was commissioned from CNWL with a remit to provide resilience building support and interventions to the North Kensington community and to individuals and families experiencing trauma and loss related distress as a result of the fire.

This service was acknowledged as a requirement to address emotional health and wellbeing arising from the Grenfell Tower fire with research clearly evidencing the requirements to have these services in place to support the health needs of the community.

GHWS provides mental health support, assessment and interventions to all those presenting with trauma and loss related distress as a result of the fire.

Following feedback from the Community and service users, it is recognised that the GHWS offer has adapted, and will continue to adapt, over time to meet the changing need and environmental context. To date the GHWS service has been an enhanced service in addition to business as usual and has offered a primarily trauma-informed therapeutic based service to clients. There has been continuous engagement with the Grenfell community and other stakeholders to support planning the next steps in the overall community recovery journey.

As a result, the GHWS service has undertaken a process of redesign to provide a more integrated offer in order to improve the quality and diversity of care received by the community.



This transformation offers improved access to culturally appropriate services.



The following section of the report is structured in line with the GHWS 5-part model and includes information from the GHWS Monthly Activity reports and the GHWS Quarterly report. The latter report gives qualitative details of the GHWS including feedback received each quarter. Some key themes from this have been extracted for the purposes of this report.

New outcomes were agreed for the 5-Part model, the table below details them and their current status:

5-Part Model	Agreed outcome		Description	Status
Community issues and event responses	Evaluation form individual/organisation who requested the support		<ul style="list-style-type: none"> ▪ Currently: a general evaluation form was sent to relevant individuals/organisations to get a baseline ▪ Onwards <ul style="list-style-type: none"> ○ Implement a consistent approach to collect feedback ○ Plan to start reporting about this on the next quarter (Jan – Mar 2023) 	Ongoing
	Collaborations			
Interventions	Goals questionnaire		<ul style="list-style-type: none"> ▪ Official launch of goals questionnaire during January 2023 ▪ Plan to start reporting about this on the next Quarter (Jan – Mar 2023) 	Ongoing
	Case studies			
Early intervention and prevention	Engagement	Community connectors	<ul style="list-style-type: none"> ▪ Engagement activities that community connectors support <ul style="list-style-type: none"> ○ Reporting will start in this Quarterly report 	Completed
		Workshops		
	Feedback forms for workshops		<ul style="list-style-type: none"> ▪ Workshops delivered and respective feedback is being included on the Quarterly reports 	Completed
	Case studies about Employment support			



Information and Self-care	Web activity: Number of views/downloads on the website/Twitter/Facebook	<ul style="list-style-type: none"> Web Digital Activity is being shared in the Quarterly reports 	Completed
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3.5.1.1 Information and Self-Care

3.5.1.1.1 Communications

To ensure that clients and the wider community know how to access the service and how to get the support when it is needed. The GHWS services are promoted in local community newsletters, posters, their website and via social media etc. A number of self-help resources which are available in hard copy and via their website has been developed. This is ongoing work and GHWS continue to refine the information and develop new content as required.

GHWS have been developing their comms reporting and continue to refine this. Details of communications activity for Q3 are presented below:

Activity Area		Oct-22	Nov-22	Dec-22
Information & Self-Care	Number of comms support requests received in month	13	20	8
	Number of comms outcomes delivered in month	30	64	25

Comms outcomes:

	Oct 2022	Nov 2022	Dec 2022	Total Q3
Social media graphics/posts	11	25	12	48
News story/content editing/translation	5	6	2	13
Website	10	19	8	37
Poster	0	7	2	9
Merchandise/print order	1	4	0	5
Leaflet	0	0	0	0
Other design/work	1	3	0	4
Video/Photographs	2	0	1	3
Total	30	64	25	119

3.5.1.1.2 Website and Social Media

Please see appendix 3.1, 3.2 and 3.3 for the GHWS digital reports which have breakdown of their social media usage.



3.5.1.2 Early Intervention and Prevention

3.5.1.2.1 Workshops

GHWS are still in the process of developing a robust reporting protocol for workshops including feedback mechanisms as part of the DQIP and will continue to adapt this section.

The table below summarises the activity for workshops run in Q3 2022/23.

Activity Area		Oct-22	Nov-22	Dec-22
Early Intervention & Prevention	Number of workshops delivered in month	2	0	2
	Number of employment referrals received in month	8	6	0

The following is feedback from some of the workshops run in the Quarter.

3.5.1.2.1.1 Tree of Life

The Tree of Life is a hopeful and inspiring approach to working with people who have experienced hard times. This approach enables people to speak about their lives in ways that make them stronger.

It is a narrative approach (giving the stories of our lives meaning) and has been used in various communities around England and the world, in many different contexts such as with groups of migrants, communities who have suffered from a disaster, women who have been subject to abuse and many others.

It has a particular emphasis on culture and heritage so can be a helpful approach in ethnically diverse communities.

The feedback below shows that 100% of the respondents found the group helpful and 100% found it fun

Name of Workshop/Group	Tree of Life	
Dates Run	22/10/2022	
Number of attendees	6 children	
Number of surveys collected (where appropriate)	6	
Feedback Survey Responses:		
Did you find the group helpful? (0 not helpful – 5 very helpful)	Did you find the group fun? (0 not fun – 5 very fun)	
4/4/4/5/5/5	4/4/5/5/5/5	
Did you find the group leaders helpful and engaging? (0 not helpful/engaging – 5 very helpful/engaging)	I understand how my team can help me achieve my goals (0 do not understand – 5 understand quite well)	
4/5/5/5/5/5	3/4/4/5/5/5	
What did you like?	What didn't you like about the group?	
<ul style="list-style-type: none"> “That we are all kind and look out for each other!” 	<ul style="list-style-type: none"> “Too long.” 	



<ul style="list-style-type: none"> • “I like chatting to everyone.” • “The group is really enjoyable and filled with fun activities.” • “There were loads of people and friends.” • “Everything...to see the football.” • “Bring us on a lot of trips. Thinking about others in our team.” 	<ul style="list-style-type: none"> • “It was noisy in the stadium.”
<p>Is there anything we could do to make the group better?</p> <ul style="list-style-type: none"> • “A short time.” 	<p>What would you tell your best friend about the group?</p> <ul style="list-style-type: none"> • “Yes!” • “Yes, because group is very helpful – help to draw, play, dance and watch matches.” • “Yes!” • “The group is really enjoyable and filled with fun activities.” • “They pass to each other and help others when their team mate is hurt or in pain!” • “Yes!”

3.5.1.2.1.2 Recovery College

The Grenfell Recovery College is part of a collaboration with the CNWL Recovery & Wellbeing College and offers free wellbeing workshops to anyone living in Kensington & Chelsea or anyone affected by the Grenfell fire.

The GHWS Recovery College delivered 2 workshops to Westway staff on 27th October and 17th November 2023.

- Workshops topics: both were divided in to two parts. The first part of the workshops was on supporting young people’s mental, whereas the second part was about health and wellbeing at work and developing resilience.
- Attendance: Seven participants on 27th October and four attendants on 17th November.
- Feedback: Please see Appendix 3.4 for evaluation feedback forms collected during these workshops.
 - 100% of the attendees considered that the workshops were very good or excellent for their role with young people and for their own wellbeing at work.

Workshop	Partner organisation	Dates	Number of attendees	Number of feedbacks
<ul style="list-style-type: none"> • Part 1 - Supporting young people's mental health • Part 2 - health and wellbeing at work and developing resilience 	Westway	27/10/2022	7	7
		17/10/2022	4	4

3.5.1.2.1.3 Community Connectors

- GHWS has Community Connectors that establish an important link between the community and the GHWS service. They participate in different activities within the community and their insight is crucial for developing and improving existing support provision.
- GHWS have developed new reporting for Community Connectors as of December 2022, please see Appendix 3.5 for detailed information about the activities that each community connector was involved with.
 - This includes detail of numbers of meetings attended, groups/workshops facilitated, events attended, joint work and total contacts.
 - Please note that there is some cross over in terms of the number of contacts between community connectors i.e. more than one community connector may have spoken to the same individual.

3.5.1.3 Collaborations

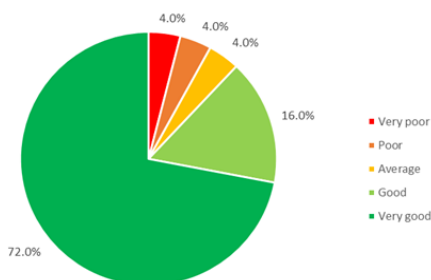
Activity Area		Oct-22	Nov-22	Dec-22
Collaboration	Number of collaboration requests received in month	1	3	1
	Number of ongoing collaborations	5	8	7
	Number of collaborations completed in month	1	1	1

Detail of some of the collaboration activities is shown below along with feedback from these events.

3.5.1.3.1 Alternative Christmas Fairs 2022

- Over 300 residents attended over the two fairs – Tuesday the 13th December at Morley College in Chelsea and Friday the 16th at Dalgarno Community Centre. Feedback was collected on both fairs from attendees and partner organisations.
- Nearly 30 organisations provided information on local services, free fruit and veg stalls, hot food, massages, barbering, Christmas Quizzes and raffles.
- Attendees feedback:
 - **Alternative Christmas Fair – Morley College (Chelsea):** the portable smiley face machine was used to collect feedback from 25 people. In general, attendees enjoyed the fair and considered the information shared useful.

How much have you enjoyed the fair today?



From the 25 feedback participants: 17 considered that the information shared in the fair was useful, 8 did not give a response.

- **Alternative Christmas Fair - Dalgarno Community Centre:** Healthworks Enables put together a report using demographic information gathered at the event. They collected this info from 170 of the 207 attendees and found the following:



Name of Workshop/Group	Alternative Christmas Fair - Morley College
Dates Run	16/12/2023
Number of attendees	207
Number of surveys collected (where appropriate)	170
Feedback Survey Responses:	
From the people that share feedback: <ul style="list-style-type: none">• 95% reported being extremely satisfied with the information they received.• 72% were from the W10 postcode.• 92% reported as they are living in Kensington and Chelsea.• 86% reported their age group as 56+• 94.6% of Participants were from BAME.• 26% male participants and 74% females	

3.5.1.3.2 Festive Stars and Hearts Project 2022

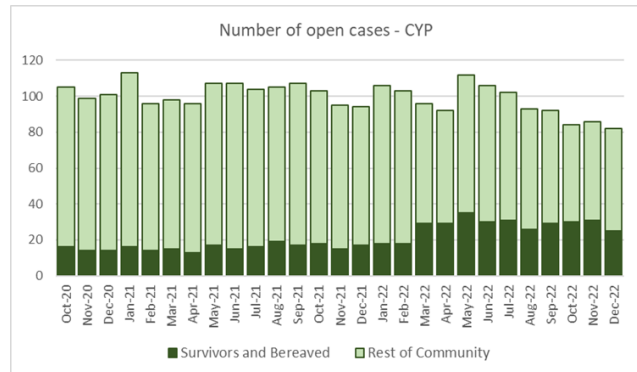
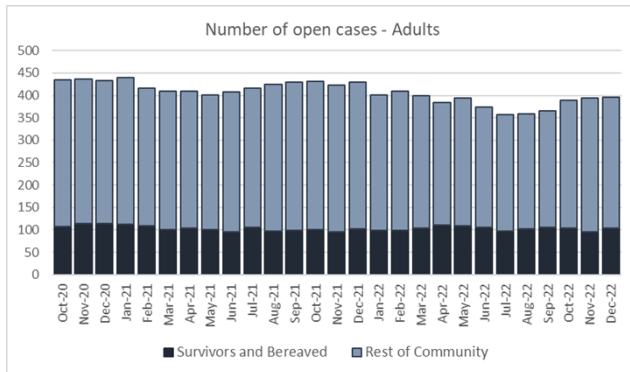
- 11 events (including 2 events at GHWS for service users) were held with the Christmas trees decorated in four locations.
- Over 340 stars and hearts decorated all the trees, some participants donated both whilst others took one home to enjoy.
- There has been great feedback on the project:
 - “We had a lot of lovely comments from our members, community and staff :). Looking forward to this year’s already!”
 - “Thank you so much for coming down, the children loved it so much”
 - “A Huge thank you for delivering the Project at our Saturday school. The Children were really happy and some remembered the last time you came also.”
 - “Thank you so much for gifting us your amazing Grenfell Hearts and Stars project.
 - It was a pleasure to have ‘N’ and ‘SC’ working with our homework club children and parents to create such heart felt decorations for the festive period.”

3.5.1.4 Interventions

The GHWS aims to work alongside clients in a way that is tailored to them, their family and community. The offer includes a range of different therapies, groups and culturally adapted interventions (some of which are still being developed).

3.5.1.4.1 Therapy activity

In December 2022 there were 389 open GHWS cases; of those 129 were survivors and bereaved.



Overall 96% of survivors and bereaved have been offered the service with 71% accepting and 64% seen as at June 2022. The 4% that have not been offered are not contactable.

			Open GHWS December 2022*	Open Cases %	Offered	Offered %	Accepted	Accepted %	Declined	Declined %	Seen	Seen %
Survivors (including residents of Grenfell Walk)	Adults	328			321	98%	280	85%	55	17%	249	76%
	CYP	124			120	97%	70	56%	4	3%	57	46%
	Total	452			441	98%	350	77%	59	13%	306	68%
Bereaved	Adults	220			202	92%	159	72%	23	10%	148	67%
	CYP	102			100	98%	43	42%	4	4%	41	40%
	Total	322			302	94%	202	63%	27	8%	189	59%
Total	Adults	548	104	19%	523	95%	439	80%	23	4%	397	72%
	CYP	226	25	11%	220	97%	113	50%	8	4%	98	43%
	All	774	129	17%	743	96%	552	71%	86	11%	495	64%

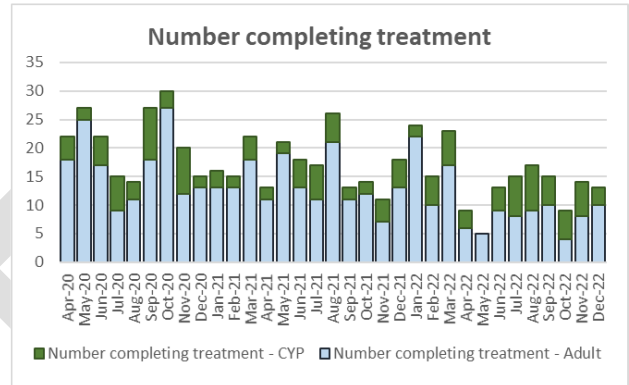
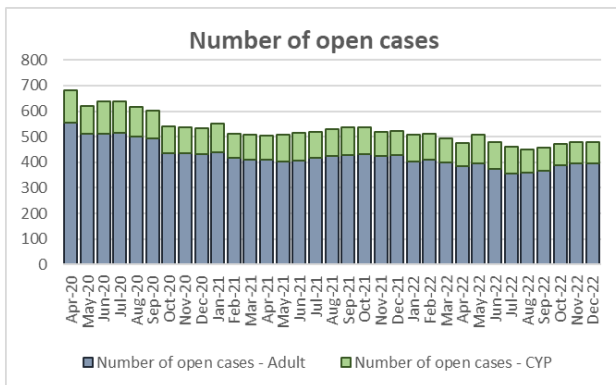
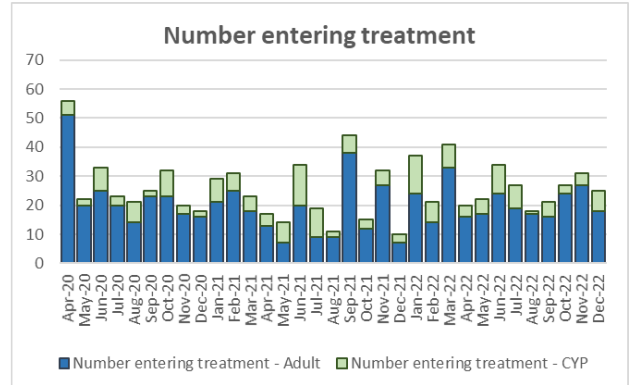
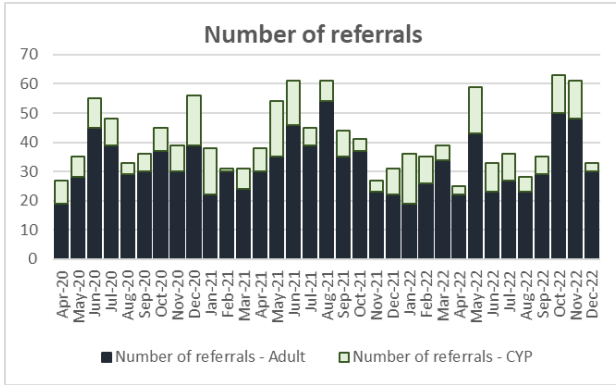
* Numbers not reported separately

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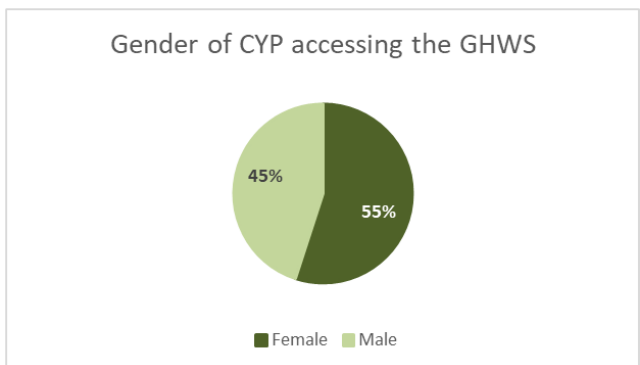
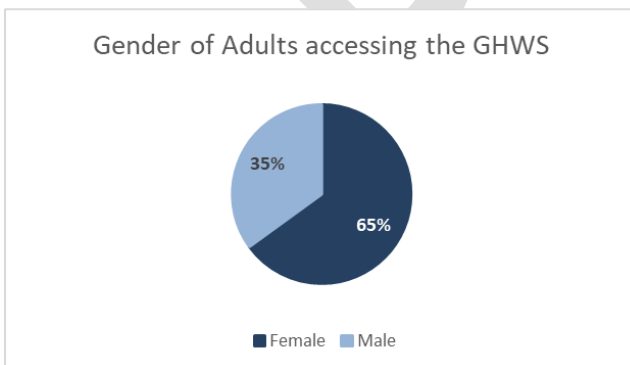
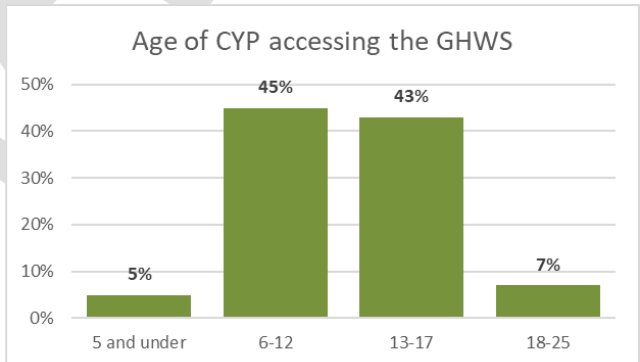
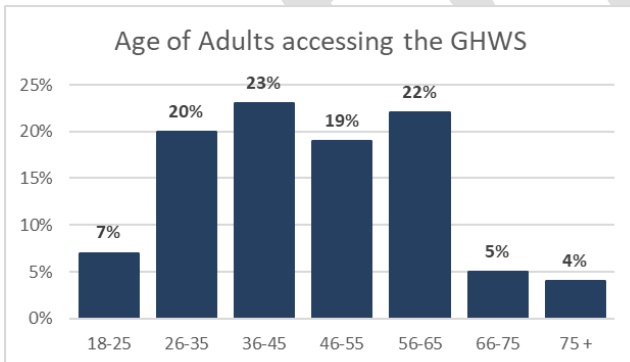
GHWS activity numbers fluctuate based on the needs of the community as well as external factors Inquiry, Tower discussions, news articles etc.

Sessions are not capped as they are in business as usual services so clients can have as many sessions as needed.

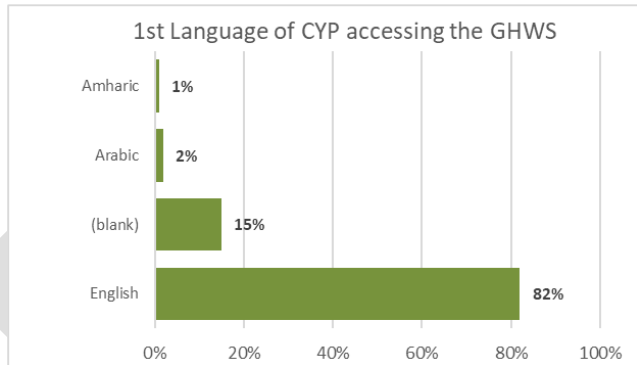
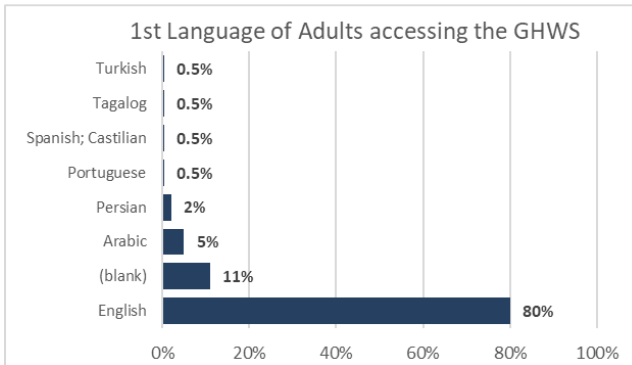
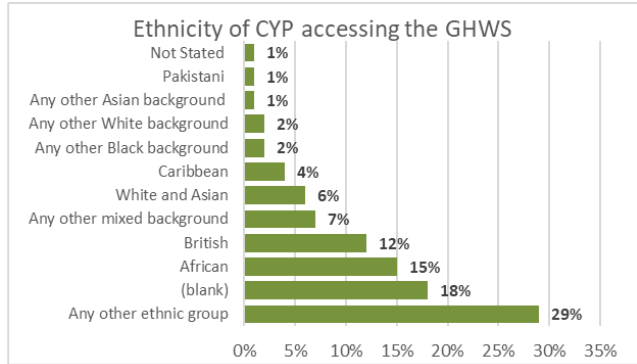
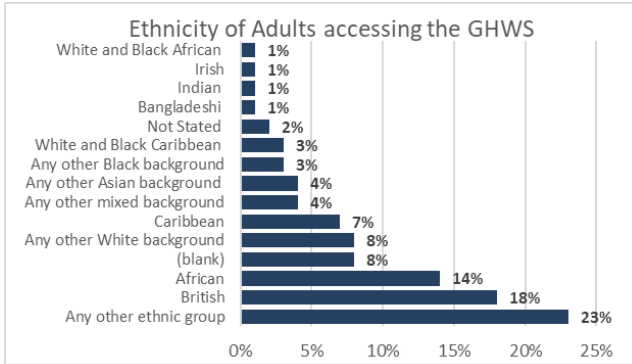
North West London



The GHWS collects basic demographic information for their service users to enable them to ensure their service is inclusive and representative. The detail can be seen below. Further work is needed to see if the service coverage is representative of the community, this will be reported in the next report.



North West London



Group Work Activity:

Activity Area		Oct-22	Nov-22	Dec-22
Interventions: Group Work	Number of Groups run in month	6	4	7

3.5.1.4.2 Client Feedback

The GHWS aims to collect feedback from their clients in various ways. GHWS continue to work with their Service User Consultants and the wider community to ensure that they are listening to and acting upon the feedback received wherever possible to ensure they are providing best service we can.

This is an ongoing piece of work which is adapting based on the feedback that is received. GHWS are currently working on the following key areas:

- Patient engagement questionnaires

A total of 4 PEQs were completed over the last quarter. The findings are summarised in Appendix 3.7. Due to the poor return rate GHWS are in the process of reviewing the PEQs in collaboration with their Service User Consultants. They will then be relaunched both hard copy and electronically via Survey Monkey.

- Smiley Face Machines

'Smiley-face' machines like the ones you get in shops and airports are placed in the waiting room at GHWS for clients to give real time feedback. A summary is given below. Full detail can be found in Appendix 3.

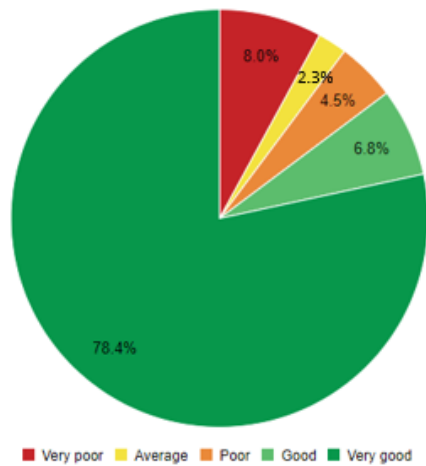


The current question is 'How was your experience of the Grenfell Health and Wellbeing Service today?'

Smiley Face Data for Q3:

For Q3 we had 88 responses. Below is a chart showing the breakdown of responses received.

How was your experience of the Grenfell Health and Wellbeing service today? (88)



Any additional feedback was feedback to the appropriate team.

- Other feedback: Verbal, Text and email feedback

Clients often text or email their clinicians directly with feedback and thanks. CNWL have set up a feedback email address (cnwl.ghwsfeedback@nhs.net) for client feedback. This is on their new website, to date this has not been used but they will continue to publicise the address.

Below are some examples of the feedback for Q3. It is all positive.

"Thank you so much for being so responsive. I have been trying to get support from CAMHS, but have had no response. We have been struggling with our mental health since Grenfell. This is the most responsive service I have ever experienced. Thank you so much for being so gentle with me. I feel so much better, I feel contained."

Absolutely, thank you for all your team's efforts.

"I learnt that I can be strong. I found my feed, I found my voice in the end. I've found my faith again. I didn't believe in myself but I do now. I'm very happy and grateful to myself and my therapist, and all the Grenfell Health and Wellbeing staff"

3.5.1.4.3 Therapy Outcome Measures

GHWS use outcome measures across the service to assess a service user's current status and to use this as a baseline to enable progress to be monitored. The outcome measures are specific to the interventions they offer their clients and are different for children and young people and adults.



3.5.1.4.3.1 Goal Based Measures

GHWS has officially been using goals since October 2021 for CYP clients and they have been set up for current open cases, when appropriate, see appendix 3.8 for a brief overview.

A strategy was explored to enable the recording and reporting of goals for Adults cases on the clinical platform. A questionnaire was devised that was officially launched during January 2023. Reporting will begin next quarter.

3.5.1.4.3.2 CYP Therapy

The GHWS Children and Young People's team use the following clinical outcome measures:

- **YCPS (Young Child PTSD Screen):** This is filled in by caregivers for children below 8 years old and aims to identify signs of PTSD.
- **CRIES (Child Revised Impact of Events Scale):** This is a questionnaire completed by children who are 8 years old and above and assesses the risk of PTSD.
- **RCADS-Child (Revised Children's Anxiety and Depression Scale):** This is completed by children who are 8 years old and above and aims to identify anxiety and depression.
- **Current View:** used for CYP of all ages and measures the complexity of the patient's case.

A number of anonymised case studies were shared, all of which were positive. These can be found detailed in the Children and Young Peoples section of this report.

3.5.1.4.3.3 Adult Therapy

The GHWS Adult Therapy team use a range of measures linked to specific presenting problems as appropriate, including:

- **PHQ-9 (Patient Health Questionnaire)** – a nine-item self-assessment questionnaire designed to screen for depression in primary care and other medical settings. It is used to assess both the presence of depressive symptoms as well as to characterize the severity of depression. It is linked to the DSM-IV criteria for diagnosing depression. The standard cut-off score for screening to identify possible major depression is 10 or above.
- **GAD-7 (Generalised Anxiety Disorder)** – a seven-item self-assessment questionnaire that assesses the presence of Generalised Anxiety Disorder symptoms and measures the severity of GAD. It takes key items from the DSM- IV to help in assessing the presence of GAD based symptoms. The standard cut-off score for screening to identify possible GAD is 7 and above.
- **PSSI (The PTSD Symptom Scale)** – is a flexible semi-structured interview holding 24 items linked to DSM-V criteria for diagnosing Post Traumatic Stress Disorder (PTSD). This interview allows clinicians who are familiar with PTSD to make a diagnosis of PTSD as well as obtaining an estimate of the severity of the symptoms.
- **IESR (Impact of Event Scale)** – a 22-item self-report measure that assesses subjective distress caused by traumatic events and so it is not used to diagnosis PTSD but to highlight distress experienced. The standard cut-off scores for a preliminary diagnosis of PTSD is a score 33 and over.
- **PDS-5** – is a 24-item self-report measure that assesses PTSD symptom severity in the last month according to DSM-5 criteria. The PDS-5 begins with two trauma screen questions to assess trauma history and identify an index trauma. An item for each of the 20 DSM-5 PTSD symptoms is included, and an additional four items ask about distress and interference caused by PTSD symptoms as well as onset and duration of symptoms. Symptom items are



rated on a 5-point scale of frequency and severity ranging from 0 (Not at all) to 4 (6 or more times a week / severe). Scoring above the cut-off point identifies a probable PTSD diagnosis.

Adult case studies:

Dance Movement Therapy	
Intervention:	Movement psychotherapy group sessions offered to the Arabic speaking women in North Kensington and Chelsea community as a collaboration between Al-Hasaniya and the Grenfell Health and Wellbeing Service. The DMP sessions ran under the model of Hand of Hope. Hand of Hope is a coproduced, trauma informed, culturally appropriate therapeutic intervention for Arabic speaking communities affected by the Grenfell fire. DMP worked well under this model since it allows space for creative exploration to work through trauma, while respecting uniqueness in expression and creative capacities.
Delivery:	Six consecutive Tuesdays at GHWS.
Outcome:	The women who attended reported that they: <ul style="list-style-type: none">• appreciated the comfort of being able to speak in their own language in therapy sessions• felt safe to be able to trust other women and be vulnerable within a smaller group• enjoyed the consistency of being able to leave the house every week for 2 hours, and built stronger connections with women from their own communities
Improvement suggestions:	Suggestions for upcoming long-term Hand of Hope x DMP: <ul style="list-style-type: none">• bigger space and longer time• support with childcare (a creche they could access during DMP sessions)

3.5.1.4.3.4 Group Work

The following groups ran during Q3

- Nature's Way: Gardening group
- Older Adults Wellbeing
- Bereavement Group
- GTEP (Group EMDR)

Below is some of the feedback for these groups, again, positive. More detail can be found in Appendix 3.



Older Adults Wellbeing

The Older Adults Wellbeing is a co-produced emotional wellbeing support group for older adults who are experiencing social isolation, low mood and anxiety.

Name of Group	Older Adults Wellbeing
Dates Run	Every Tuesday morning
Number of attendees	4
Feedback:	
<p>Clients have shared positive experiences on being part of the group:</p> <ul style="list-style-type: none"> • “During the week, I think about my problems, but when I know this group is coming up, my mood improves.” • “Every Tuesday, at the end of each group, I’m always thinking to myself – don’t finish.” • “Tuesday morning is like church to me, I like the routine.” • “Every Tuesday, we have this group and I really love it.” • “The group has changed my life and I have learned a lot.” • “I have learned how to help myself more.” • “I always feel different on a Tuesday morning. I feel like I have something to get up for because I have the group and so I was able to get up early and bake the Sudanese doughnuts to bring in for everyone and it made me feel so much better.” 	

Bereavement Group

The bereavement group is the outcome of a community response when we met earlier this year to discuss options with those dealing with grief and bereavement in the community.

Name of Group	Bereavement Group	
Dates Run	06/10/2022	17/11/2022
	27/10/2022	01/12/2022
	03/11/2022	
Number of attendees	8	
Number of surveys collected (if appropriate)	N/A	
Group self-stated objectives:		
<ul style="list-style-type: none"> • That this group not only operate as a therapy group/process group, but as a ‘praxis’ group where it seeks greater safety and security in the wake of the Grenfell fire, attempting threat-reduction in the physical as well as the psychological realm. To have access to higher-quality fire-prevention information – relevant since many group members experienced trauma as well as loss. As one group member put it: ‘I just want not to be scared all the time.’ • The group wish to abrogate a sense of ‘taking back control’ within a post-Grenfell fire process they have viewed as outside their control, and within a wider society context in which they increasingly perceive a sense of chaos. • The group want to exercise a greater sense of autonomy by having the therapists facilitate group process rather than lead it, and where therapists are ‘part’ of the process to some extent rather than a veiled or neutral presence, contributing to the group-narrative. • The group wishes to build its own narrative through the sharing of stories and through other devices, such as bringing in objects that have relevance and meaning to the deceased they are grieving; sharing meals favoured by/shared with their loved-ones, recreating memory and generating meaning with fellow group members contemporaneously. 		
Feedback to date:		



Group members have shared ad-hoc appraisals during group sessions:

- Group member identified reduction in self-blame as a result of participation – sense of ‘guilt’ she would pass fears onto her children has diminished. Another reflected on reduced anxiety and a sense of general relief following ventilation. Shame-reduction, stress-reduction and some fear-reduction has been cited.
- Group members shared a feeling of being ‘less alone’ in their plight. Group member said she discovered she was smiling more from others – and that she was in fact a little happier.
- Two group members said they joined various therapy bereavement groups following the Grenfell fire, but felt themselves inhibited from speaking due to group protocols and therapeutic ‘expectations’. Eventually they turned to online groups, after which they ‘stopped trying to find grief groups’ altogether. In this group, they observed, they felt less inhibited and nervous after the first few sessions, experienced greater freedom to share their stories and worries in a non-judgmental/protected environment, and have experienced more acceptance and self-acceptance.

3.5.1.5 Community Issues and event responses

Activity Area		Oct-22	Nov-22	Dec-22
Community Issues & Event Responses	Number of community issues supported in month	0	0	1
	Number of events supported in month	0	7	0

GHWS respond to community issues when they arrive and offer support where appropriate. They also support the Community for specific events when requested to.

In order to ascertain how this support is received a general evaluation form was sent to relevant individuals/organisations to get a baseline. Over the next quarter CNWL will:

- Implement a consistent approach to collect feedback: evaluation form that will be sent to any individual/organisation who requested support
- Start reporting about this on the next quarter (Jan – Mar 2023).

3.5.2 Self-care work stream outcomes and services to show access to culturally appropriate services

In addition to the self-care services offered by CNWL as part of the GHWS, self-care services from KCSC and ACAVA are detailed in the self-care section.

3.5.3 Reduction in number of service users suffering crisis or in need of emergency support.

Current analysis of data does not show any trends. The data will continue to be analysed over the following months and any findings will be conveyed via this report.



3.6 Children and Young People (CYP) work stream

CYP commissioned services aims to offer a holistic approach to meet both the emotional and physical wellbeing of the children, young people and their families.

The aim of these services are to:

- Provide a holistic physical and mental health appointment that looks at the needs of the whole child or young person and understands what matters to them
- Monitor the health and wellbeing of each child or young person over multiple years
- Provide a coordinated call and recall response that sits as part the health offer within the Dedicated Service (for survivors, bereaved and walkway residents)
- Provide health promotion support and advice to increase knowledge and understanding of physical and mental health conditions and how to prevent and/or manage them
- Signpost or refer to an appropriate service (i.e. GP, mental health provision, specialist acute paediatric service, third sector support services)

Engaging local CYP to:

- Ensure that CYP impacted by the fire influence the design and delivery of the health and wellbeing service provision.
- Support the ICB with developing and guiding our engagement with social media strategy

Details of the services can be found in the Primary Care, Specialist Services and Emotional Health and Wellbeing Sections.

3.6.1 Primary Care Enhanced Services [Regulation 28]

3.6.1.1 Activity

Since January 2019 there have been 229 CYP Enhanced Health Checks (EHC) completed across practices and the community.

A total of 212 CYP have had at least one EHC. The numbers of those from a survivor or bereaved family are shown in the table below.

		1st EHC	%
Survivors (including residents of Grenfell Walk)	93	46	49%
Bereaved	40	18	45%
Total	133	64	48%

Note: The numbers of bereaved and survivors reported in this table are the numbers as recorded in the Primary Care system (SystemOne) not from the Dedicated Service (DS).

NKR are looking at the data to ascertain if a proportion of CYP that are not accessing EHC are active under Imperial Paediatric Long Term Monitoring Service. There is some assessment duplication which might cause the lower than expected numbers. If the data shows that some CYP are not accessing either service, then the NKR team will ensure Survivors and Bereaved are recalled through the Community Enhanced Health Checks.



3.6.1.2 Health activity and improvement following EHC or EA

The NKR Information analyst has begun to extract data, including onward referrals, following an appointment. Further analysis is needed with clinical input

3.6.2 Paediatric Long-Term Monitoring Service [Regulation 28]

3.6.2.1 Activity

As at December 2022 82 survivors, including Grenfell Walk, have been referred to the service, of which 71 have been seen, and 52 bereaved CYP have been referred of which 31 have been seen.

	As at June 2022						As at Dec 2022						
	Offered	Offered %	Accepted	Accepted %	Declined	Declined %	Referred**	Referred %	Seen	Seen %	Dissented	Dissented %	
Survivor in Tower	44	43	98%	40	91%	3	7%	40	91%	34	77%	5	11%
Survivor Other	80	39	49%	38	48%	1	1%	42	53%	37	46%	0	0%
Total Survivor	124	82	66%	78	63%	4	3%	82	66%	71	57%	5	4%
Bereaved	101	56	55%	48	48%	6	6%	52	51%	31	31%	5	5%
Total	225	138	61%	126	56%	10	4%	134	60%	102	45%	10	4%

** Survivors 5 dissented
3 to be booked
1 Out of Area
1 DNA recall next year
1 moved to Adult

** Bereaved 5 dissented
5 to be booked
9 Out of Area

Reported by DS

Reported by Service

Of the 44 tower survivors 98% have been offered the service by the Dedicated Service and 91% have been referred into the service.

3.6.2.2 Outcomes

The Paediatric Long-Term Monitoring Service provides a holistic integrated health and wellbeing annual review for all survivors, bereaved and Grenfell Walk children and young people

- As of the 10th January 2023, since the launch of the service in September 2019, 135 individual patients have been referred to the Imperial College Healthcare Trust (ICHT) Paediatric Long-Term Monitoring Service (83 survivors, 52 bereaved)
- Out of the **135** children that have been referred into the ICHT Long Term Monitoring Service **103** individual children have been seen.
- Of the those:
 - **72** children and young people from survivor families
 - **31** children and young people from bereaved families

Internal audit of the service started in November 2021. A second audit was performed in November 2022 analysing a sample of 15 patients who had their second consultation in the service between January and June 2022. A number of clinical outputs were used to give an impression of the impact of the clinic.

The clinical outcomes of all patients who have opted into having a lung function test has been assessed as of December 2022.

Concerns discussed in the consultations:

There are a wide range of medical conditions and general concerns discussed at consultation. Some of the conditions may reflect the prevalence of the general population. However, clinicians conducting



appointments observed that many symptoms are heightened by the traumatic experiences of the child, young person or family in relations the fire. The most common concerns discussed at the consultations are respiratory and mental health.

Shared goal setting:

Each consultation results in a set of into agreed actions relating to the needs of the patient.

A wide variety of actions were set in the clinics, ranging from Grenfell specific issues and general paediatric concerns to social issues.

Please note this data was monitored over two consultations to monitor how condition or concerns develop between consultation and give it time for agreed action to commence. Exercise was more prevalent in the first consultation, which took place during the COVID—19 lockdown. This shows that there are changes in health conditions over time. Overall there are a wide range of actions following the consultations relating to the wide range of concerns.

Onward Referrals

Referrals to other services are made as a result of identified health or social needs.

Lung Function Tests

- All patients within the Paediatric Long-Term Monitoring Service have been offered formal Lung Function Testing, irrespective of their whereabouts on the night of the fire. The Lung Function Tests are supported by a paediatric respiratory consultant who provides clinical guidance and interprets the results of the test for the family.
- For 31 children seen in the paediatric long term monitoring service, parents have accepted the offer of detailed respiratory testing
- From observation, the uptake for Lung Function Testing is low due to patient choice and some patients not being directly exposed to the fumes and toxins
- As of December 2022, **22** patients have had formal lung tests.

Patient reported satisfaction

Patient Reported Experience Measure (PREM) forms

The service designed and developed a PREM form using patient/parent feedback. From a sample of 8 forms, the overall experience of the service users is positive

‘What matters to me’

The service aims to develop a tool to capture what matters to Children and Young People (CYP) attending the clinic

This is something which aligns with the ethos of this service and allows clinicians to understand what matters to young people from their perspective and what they would like to achieve from their appointment

- Feedback from the Grenfell Youth Forum found that they found goal setting useful, would like a digital (phone-based) tool and are keen to avoid boring activities
- After various designs a final form was created and has been trialled in the clinic consultation



- This is a tool that paediatricians will use towards the end of the consultation in order to capture what matters to the patient and their parents.
- It also aims to encourage young people to think about practical steps to work towards achieving what matters to them
- This will then be reviewed annually with the paediatrician

Feedback so far

- Families have a **positive experience** and patients are happy with the care they have received
- One case brought out the importance of **implementing social prescribing** services to patients
- It is important to ensure that patients are informed about their upcoming review in a timely manner and a recommendation for improvement
- **Discussions with young people around transition** to adult services should become routine; a patient was unaware about moving into adult services and so discussions should be clear with patients

Positive achievements

- **A pathway** that allows social needs to be addressed through the social prescribing offer- development of a designated patient mailbox and information packs that include leaflets
- **Restarting respiratory clinic** at imperial allows families to be seen at St Mary's hospital following being paused because of Covid-19
- From the eight PREM feedback forms we've obtained so far, the overall experience of the service users is positive
- Dr Watson- **Supporting remote settings** that are offering CYP
- The **development of a transition pathway** that allows continued care to be carried out as the young person moves into adult service

Emerging trends

- Families who know about the service, but do not require an appointment may request to defer, but then make contact when they are ready (often before a year)
- There is an increase in families opting to not have their GP, mental health worker or dedicated service worker present in their appointments. Based on the responses from the service users many are becoming **more confident and building resilience** to attend without other professionals' present
- Flexibility to support families around trigger points and fluctuating demand
- Adapting to family's needs, flexibility in rearranging appointments
- Where children and young people have needed Long Term Monitoring and Lung Function Testing, we have rearranged clinic dates so the families can attend appointments in one day if preferred
- Agreements between the families and the co-ordinator to follow up and call back at a more convenient date- this links in with effective relationship building



3.6.3 Grenfell Health and Wellbeing Service (GHWS) [Regulation 28]

The following section of the report is structured in line with the GHWS 5-part model and includes information from the GHWS Monthly Activity reports and the GHWS Quarterly report. The latter report gives qualitative details of the GHWS including feedback received each quarter. Some key themes from this have been extracted for the purposes of this report. The full report is included at appendix 3.

The reported outcomes and case studies are primarily positive.

3.6.3.1 Information and Self-Care

To ensure that clients and the wider community know how to access the service and how to get the support when it is needed. The GHWS services are promoted in local community newsletters, posters, their website and via social media etc. A number of self-help resources which are available in hard copy and via their website has been developed. This is ongoing work and GHWS continue to refine the information and develop new content as required.

3.6.3.2 Early Intervention and Prevention

3.6.3.2.1 Workshops

Tree of Life

Name of Workshop/Group	Tree of Life	
Dates Run	22/10/2022	
Number of attendees	6 children	
Number of surveys collected (where appropriate)	6	
Feedback Survey Responses:		
Did you find the group helpful? (0 not helpful – 5 very helpful)	Did you find the group fun? (0 not fun – 5 very fun)	
4/4/4/5/5/5	4/4/5/5/5/5	
Did you find the group leaders helpful and engaging? (0 not helpful/engaging – 5 very helpful/engaging)	I understand how my team can help me achieve my goals (0 do not understand – 5 understand quite well)	
4/5/5/5/5/5	3/4/4/5/5/5	
What did you like?	What didn't you like about the group?	
<ul style="list-style-type: none"> • “That we are all kind and look out for each other!” • “I like chatting to everyone.” • “The group is really enjoyable and filled with fun activities.” • “There were loads of people and friends.” • “Everything...to see the football.” • “Bring us on a lot of trips. Thinking about others in our team.” 	<ul style="list-style-type: none"> • “Too long.” • “It was noisy in the stadium.” 	



Is there anything we could do to make the group better?	What would you tell your best friend about the group?
<ul style="list-style-type: none">• “A short time.”	<ul style="list-style-type: none">• “Yes!”• “Yes, because group is very helpful – help to draw, play, dance and watch matches.”• “Yes!”• “The group is really enjoyable and filled with fun activities.”• “They pass to each other and help others when their team mate is hurt or in pain!”• “Yes!”

3.6.3.2.2 Recovery College

The Grenfell Recovery College is part of a collaboration with the CNWL Recovery & Wellbeing College and offers free wellbeing workshops to anyone living in Kensington & Chelsea or anyone affected by the Grenfell fire.

The GHWS Recovery College delivered 2 workshops to Westway staff on 27th October and 17th November 2023.

- Workshops topics: both were divided in to two parts. The first part of the workshops was on supporting young people’s mental, whereas the second part was about health and wellbeing at work and developing resilience.
- Attendance: Seven participants on 27th October and four attendants on 17th November.

Feedback Summary:

- The participants considered that the courses helped their role with young people and for their own wellbeing at work.
- The trainers’ communication skills and ability to address the participants’ needs were positively praised.
- Clients were quite satisfied with the courses provided as they were interesting, useful and covered pertinent topics.
- Improvement suggestions were:
 - Larger groups to gain further insights
 - More information about how children and young people deal with their wellbeing problems and potential solutions to address them

3.6.3.2.3 Community Connectors

GHWS has Community Connectors that establish an important link between the community and our service. They participate in different activities within the community and their insight is crucial for developing and improving existing support provision.

They have developed new reporting for Community Connectors as of December 2022, please see **Appendix 3.5** for detailed information about the activities that each community connector was involved with.

3.6.3.3 Collaborations

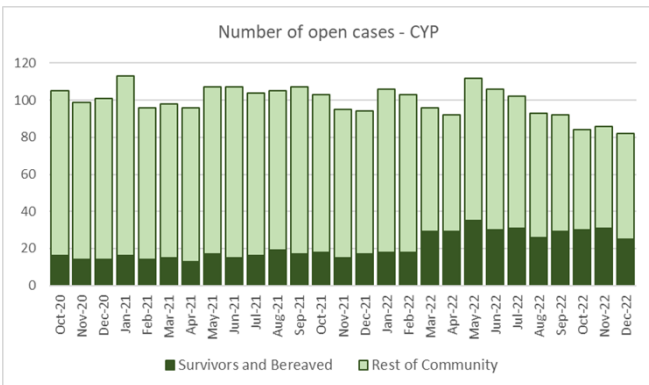
There were no CYP specific collaboration requests in Q3.

3.6.3.4 Interventions



The GHWS aims to work alongside clients in a way that is tailored to them, their family and community. The offer includes a range of different therapies, groups and culturally adapted interventions (some of which are still being developed). For CYP all therapies offered involve the use of play and creative activities to build engagement and trust.

3.6.3.4.1 Therapy Activity



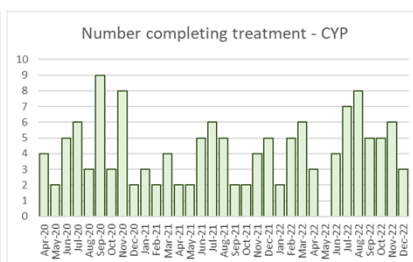
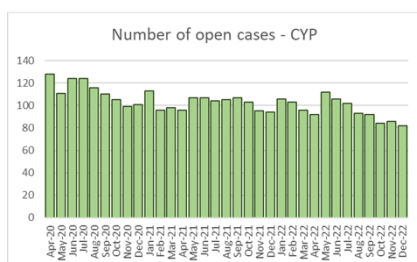
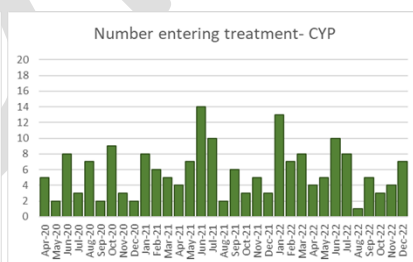
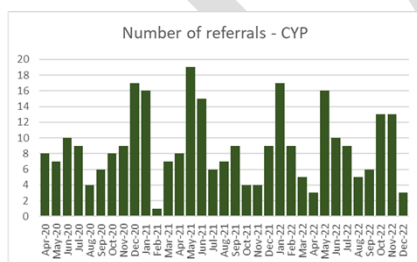
At the end of December 2022 there were 82 open cases of which 25 were from survivor or bereaved families. Additionally, 23 clients are open to DS CYP Therapist that provides long-term emotional support to DS clients.

Overall 97% of children and young people from survivor or bereaved families have been offered the GHWS by the Dedicated Service with 50% accepting. The 3% that have not been offered are not contactable.

		Open GHWS December 2022*	Open Cases %	Offered	Offered %	Accepted	Accepted %	Declined	Declined %	Seen	Seen %	
Survivors (including residents of Grenfell Walk)	CYP	124		120	97%	70	56%	4	3%	57	46%	
	Bereaved	102		100	98%	43	42%	4	4%	41	40%	
Total*	CYP	226	25	11%	220	97%	113	50%	8	4%	98	43%

* Numbers not reported separately

Reported by DS
Reported by Service



GHWS activity numbers fluctuate based on the needs of the community as well as external factors e.g. Inquiry, Tower discussions, news articles etc.

Sessions are not capped as they are in business as usual services, so clients can have as many sessions as needed.



3.6.3.4.2 Client Feedback

This is detailed in the Emotional Wellbeing section of this report (Section 2.5).

3.6.3.4.3 Therapy Outcome Measures

The GHWS use outcome measures across the service to assess a service user’s current status and to use this as a baseline to enable progress to be monitored. The outcome measures are specific to the interventions we offer our clients and are different for children and young people and adults.

2.6.3.4.3.1 Goal Based Measures

Grenfell service has officially been using goals since October 2021 for CYP clients and they have been set up for current open cases, when appropriate.

There are 82 CYP open cases:

- 30 cases have goals defined, which corresponds to 37% of the open cases.
- 52 do not have, which represents 63% of the open cases.

Goals have been defined mainly for cases that have recently entered treatment: 28 out of 52 (54%). This is in line with what is expected, as goals are a way of clients having an active role on defining their treatment.

Grenfell service is re-iterating the importance of using goals among the CYP team in order to increase its usage. This should translate into a larger number of open cases having goals established by clients.

Reporting on the goals will start next quarter.

3.6.3.4.3.2 Other Measures

The Children and Young People’s team use the following clinical outcome measures:

- **YCPS (Young Child PTSD Screen):** This is filled in by caregivers for children below 8 years old and aims to identify signs of PTSD.
- **CRIS (Child Revised Impact of Events Scale):** This is a questionnaire completed by children who are 8 years old and above and assesses the risk of PTSD.
- **RCADS-Child (Revised Children's Anxiety and Depression Scale):** This is completed by children who are 8 years old and above and aims to identify anxiety and depression.
- **Current View:** used for CYP of all ages and measures the complexity of the patient’s case.

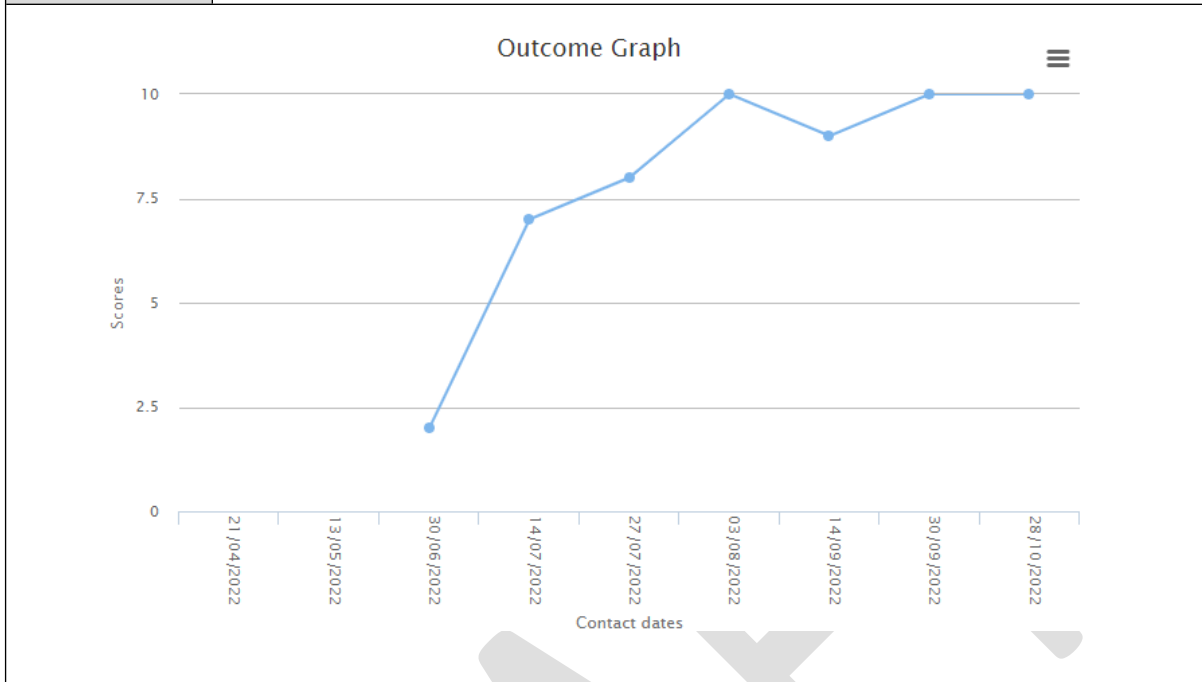
A number of anonymised case studies are below all of which are positive.

CYP Case Studies: (All case studies have been anonymised)

CYP Client 1	
History:	Client lived near Grenfell Tower and was evacuated during fire. Client and family were living in hotel for several months after the fire.
Presentation:	Mother thought client was avoiding speaking about Grenfell and worried about the impact being displaced had on her child.
Intervention:	Trauma Focused-CBT



Outcome:	<p>Goal based measure: Improvement in their goal of “to process Grenfell with someone so it takes the weight off my shoulders” (see chart below)</p> <p>CRIS: Pre-intervention scored 11, post intervention scored 1.</p>
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CYP Client 2	
History:	Client lived near Grenfell Tower, mum was involved in activism and support work in the community at the time. Client also experienced traumatic event since Grenfell.
Presentation:	Mum's concern around child's anxiety and ability to regulate emotions.
Intervention:	Parenting work with mum to help co-regulate, identify own anxieties and attachment trauma. Another clinician working with the child for Art Therapy.
Outcome:	Referred mum for own therapy. Feedback is that she feels more confident and capable in her parenting, and use the support around her.

CYP Client 3	
History:	Client lived near Grenfell Tower, family survived the fire, attended Grenfell affected school, disrupted family relationships.
Presentation:	Separation anxiety, grief, worry and low self-esteem in relationships.
Intervention:	CBT work around worry management and problem-solving, normalising grief and loss, play therapy, Narrative approach re overcoming challenges. Telephone support for parent and continued liaison with school re friendships.



Outcome:	Client reported feeling more able to solve problems and discovered new skills. Parent reported observing more confidence.
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CYP Client 4	
History:	Client lived near Grenfell Tower, knew people who survived and attended school that was affected.
Presentation:	Difficulties with relationships, self-esteem, understanding and managing emotions.
Intervention:	Assessment including use of 'the psychotherapy file', with plan on continuing with Cognitive Analytic Therapy
Outcome:	Client would like to continue sessions and reported it is helping to understand herself better.

3.6.3.5 Children's SUITs

The children's SUITs are a group of 8-11-year olds from the local community who use their voices to provide feedback and shape the Grenfell Health and Wellbeing Service. The group consists of 5 young people who have named themselves the 'Young Heroes', and we are currently in the process of recruiting 2 more members. The children's SUITs have previously given us feedback on our children's therapy room and also gave us feedback on our 'Team of Life' group taster sessions for children.

The children's SUITs were involved in the following projects in Q3:

- They piloted our 'Team of Life' taster session, and gave video feedback following the session, helping us to shape our offer. With consent from all parents, this video was shared on our YouTube channel and also features in our TV screen in the GHWS waiting area.
- The children's SUITs also participated in the 'Festive Stars and Hearts' event – a community collaboration led by one of our Grenfell Community Connectors.

During 2023 the Young Heroes will be meeting monthly to provide more input, such as by giving feedback on service leaflets, helping to give ideas for a sensory room and giving feedback on how to develop the offer for children during 2023, which is 'the year of the child'.

3.6.4 Voice of children and young people influence design and delivery of services

To ensure the voice of children and young people impacted by the fire influences the design and delivery of health and wellbeing service provision there needs to be ongoing engagement and collaboration with CYP.

There was limited engagement in Q3 (October to December 2022).

- CYP Lead met with staff at Rugby Portobello trust on the 7th November 2022.
 - Support to improve referrals from Primary Care. CYP Lead will arrange to promote service to GPs and share referral forms
 - They also requested training for staff to support increasing number of CYP with SEND needs accessing the service



- They also requested to join the Grenfell Provider Forum reflective practice - tbc
 - CYP Lead did some engagement with CYP present on the site attending homework club, cooking club and music room.
 - CYP Lead received feedback from Youth Workers and CYP that they would like training for young people on how to identify/support/refer friends who they are concerned might have issues with their wellbeing. CYP Lead to develop framework for pilot. CYP Lead will arrange a follow up meeting to discuss ideas with staff and CYP
-
- Imperial team members attended the RBKC Dedicated Service CYP Christmas party.
 - 19 CYP aged between 6 and 18 years attended the event. No feedback received
 - CYP Lead attended an alternative Christmas fair on 16/12/22, where children, young people and families were in attendance.
 - Met with VSO providers.
 - General feedback was that services were struggling to get referrals and engage CYP into services.

There is engagement planned for Q4 of 2022/23 including meeting with staff and pupils at Kensington Aldridge Academy.

3.6.5 Training

To help parents feel better supported a number of training sessions have been commissioned including jointly commissioned trauma informed practice training offered to a number of organisations identified to support staff and parents.

3.6.5.1 Trauma awareness

3.6.5.1.1 Online half day awareness sessions

4 online half day awareness sessions from October to December

- 5th October (9:30-12:00pm)
- 5th October (1:30-4:00pm)
- 21st November (9:30-12:00pm)
- 6th December (9:30-12:00pm)

Detailed Feedback has been received for the 2 sessions run in October, waiting on feedback for the other sessions.

The feedback is overwhelmingly positive with 74% likely to recommend the training to a colleague. The full report can be found at Appendix 4.



3.6.5.1.2 RBKC Trauma Informed Practice Programme 2-day course

Cohort 1: 7 attendees in October

Achieving the learning outcomes:

My understanding of TIP was/is

Before: Poor- 2; Satisfactory- 2; Good- 3
After: Good- 4; Excellent 3

My understanding of recognising trauma was/is

Before: poor- 1; Satisfactory- 3; Good- 1;
Excellent- 2
After: Good- 3; Excellent- 4

My understanding of responding of trauma was/is

Before: poor- 1; satisfactory- 2; Good- 3;
Excellent-1
After: Good- 3; Excellent-4

My commitment to implementing TIP was/is

Before: poor- 3; Good-3; Excellent-1
After: Good-5; Excellent- 2

Cohort 2: 13 attendees in December

Achieving the learning outcomes:

My understanding of TIP was/is

Before: Satisfactory-8; good-4; excellent-1

My understanding of recognising trauma was/is

Before: poor-1; satisfactory-7; Good-5
After: Good- 6; Excellent- 7

My understanding of responding of trauma was/is

Before: Poor-1; Satisfactory- 8; Good-3
After: satisfactory- 1; good- 7; Excellent- 5

After: Good-9; Excellent- 4

My commitment to implementing TIP was/is

Before: satisfactory-8; good-5
After: Good-6; Excellent-7

My understanding of the impact of trauma on staff was/is...

Before: Satisfactory-6; Good-7
After: Good- 5; Excellent-8

How likely are you to recommend the training to a colleague on a scale of 0-10? 0 being not at all likely and 10 being extremely likely. All attendees responded with a 9 or 10.

The full report can be found in Appendix 4.

3.6.5.2 Sleep Webinar

Sleep webinar took place on 19th October

- It was promoted to key stakeholders, who were invited to sign up via Eventbrite. Had 48 attendees who gave positive feedback
- Sleep webinar was facilitated by NKR CYP Lead alongside Dr. Patel and Dr. Northey, Clinical Psychologist and Clinical Lead cover for children and young people
 - (CYP) webinar offered tips around managing sleep with babies, children and young people.
 - Dr. Patel talked about sleep in younger children aged 0-6 years and Dr. Northey focused on older children and young people.
- There was a request to repeat webinar for professionals and offer separate webinars for parents and carers. Also received request for specialist advice to support CYP with SEND.



3.6.6 Health literacy and knowledge of health services.

The CYP work stream lead has worked with RBKC and voluntary organisations to produce a service pathway map to identify what services are offered to CYP.

Further work needs to be done to identify appropriate indicators and measures, looking at best practice, engaging with the community and linking with other services across the whole programme to see how to work with them.

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3.7 Engagement and Collaboration

This quarter was preceded with the 5 Anniversary of the Tower fire and a series of engagement activities from other statutory stakeholders. Communities felt exhausted by the range of demands on their time and requested a halt or reduction in the number of activities seeking to engage during the quarter 3 period. As a result, engagement work was limited to the HWS for the NKRP.

3.7.1 Health and Wellbeing Strategy Refresh

The Health and Wellbeing Strategy (HWS) for North Kensington Recovery was developed following engagement in 2018 and published in 2020. There was a commitment in the strategy to review to identify changing needs or gaps.

The refresh strategy was used as a basis to hold community conversations with a range of stakeholders during October to December 2022.

During this period 540 conversations were held with a range of stakeholders and communities.

The conversations highlighted the following;

- While progress had been made in a number of services, more information was needed on health outcomes that mattered to the community.
- The need for service specifications to be co-produced
- Share information on how resources were being allocated and levels of expenditure by service
- That there be a shift to a greater non-medical services which are community led for the next stage of recovery
- To establish key health priorities for CYP by working in partnership with local CYP organisations
- Need for greater communications on services and the NKRP overall
- Communities to have a greater say in assessing service performance
- Primary care was praised for being responsive, while recognising that it also faced national pressures

3.7.2 Health Partners'

The Health Partners' monthly meetings continued during this period. Discussions focused on health challenges and the need for greater investment and partnership with local community organisations to enable a truly community-led recovery to take place.

Further conversations are being planned on key services that have been identified by health partners to further support this work.

3.7.3 Engagement Log

Though there is a great deal of work happening across the programme to ensure that services are informed and shaped by engagement and working with the communities, it is currently difficult to evidence this. Programme and work stream leads are reviewing documentation and processes in order to improve recording.



3.8 Next Steps

Continue to work within North Kensington Recovery Team with work stream leads and commissioned service providers to confirm how data and reports will be delivered and to agree timelines

- The next iteration of the outcome report for Quarter 4 2022/23 data will be produced by the end of June 2023
- Closer working with RBKC and public health to link outcomes and impacts across the whole programme
- Ensure that outcomes are aligned with the transition and sustainability work

This is an iterative process and adjustments to the outcomes and measures will be made following feedback from partners and the community and any changes to services.

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