

North Kensington Recovery Programme:

Summary of information collected on
current and future health needs

November 2024

Purpose of this document

To provide a **summary of all evidence on health needs** that has been collected by the North Kensington Recovery Programme, including for the refresh of the Joint Strategic Needs Assessment (JSNA) and Health outcome reporting.

Needs analysis – sources of information

Key findings from **surveys and engagement exercises** with North Kensington communities

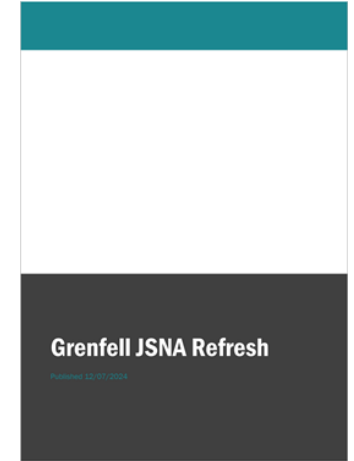
- Focus groups, interviews and surveys conducted as part of the JSNA
- The yearly resident survey that has been conducted since the fire
- The recent 'Future Grenfell Support' consultation led by RBKC
- NHS led engagement exercises on future support.

Review of **information from services**

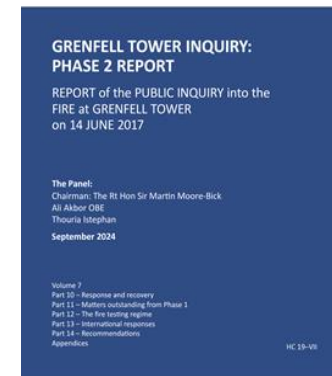
- **Performance reports and reviews.**
- Summary of **population health monitoring**
- **Outcomes and impact reports** published by the NHS and the Royal Borough of Kensington and Chelsea (RBKC).

Logged **views and feedback from community members** in the years since the fire.

Other documents, including **learning** from other disaster recovery case studies.



Grenfell Tower
Inquiry



NHS
West London
Clinical Commissioning Group

A Health and Wellbeing Strategy
for North Kensington to March 2024



www.grenfell.nhs.uk

Needs analysis – summary

Emotional health

- Consistently high numbers seeking support from Grenfell Health and Wellbeing Service and other voluntary and community services
- Evidence of needs from Enhanced Health Checks and other services.

Physical health

- It is not yet possible to make generalised statements about physical health needs because of the fire
- The NHS is required to continue to assess and monitor future health risks as part of its response to the Coroners Regulation 28 (prevention of Future Deaths) report.

Self-reported needs

- The annual residents survey finds lower life satisfaction and health scores from respondents living close to the tower
- 80% of 307 survivors and bereaved and 76% of 178 community members felt future health support would be helpful to support with health impacts (Future Grenfell Support, Dec 23)
- 78% of 45 respondents cited ongoing emotional support needs (NHS Survey, 2023)
- 71% of responses to cited concerns about future physical health impacts (NHS Survey).

Mental and physical health needs are interrelated and should be met by **integrated services**

Grenfell related needs are increasingly intertwined with **long-standing inequalities in health outcomes**

Future milestones in the recovery process will generate **additional needs** that services will have to respond to flexibly

Needs analysis – other themes (by recent reviews)

Theme	Phase 1 Engage	Kings Fund report	JSNA	FGS (RBKC)	HWB Review	Next steps document	Outcomes report
Increase cultural competency	Y	Y	Y	Y	Y	Y	Y
Greater community role in provision by voluntary, community and faith sectors plus peer support	Y	Y	Y	Y	Y	Y	Y
Personalisation, choice and control	Y	Y	Y	Y	Y	Y	Y
Lack of accessibility and knowledge of services	Y	Y	Y		Y	Y	Y
Low trust in NHS services		Y	Y	Y	Y	Y	Y
Perceived low transparency on: <ul style="list-style-type: none"> • Finances and how the NHS funds services • Health outcomes and what difference is the NHS is making • Governance and the decisions the NHS makes 	Y	Y	Y		Y	Y	Y
Multiple other 'sub themes'	Y	Y	Y	Y	Y	Y	Y

Needs analysis – survivors and bereaved

- There has been a slight decline in numbers of ‘active’ clients in the **NHS Dedicated Service** since 2020, but numbers fluctuate as people choose to engage and disengage with services at times that suit them
- **38% of survivors and bereaved and survivors** are using the NHS Dedicated Service (as Sept 24). **70%** have been active at some stage **in last 6 years**, and 96% have been offered the service.
- Active clients are **overwhelmingly positive** about the support of the services to meet health needs.
- 169 of 183 (92%) adult tower survivors have been offered the **Respiratory Long Term Monitoring Service**, and 149 (81%) have been referred - mostly by NHS Dedicated Service
- A **toxicology service** (provided by Guy’s and St. Thomas’ NHS Foundation Trust) has had 69 referrals, 55 taken-up service (none since 2022).
- **Repeat uptake** of health checks and monitoring services is an ongoing issue, plus high rates of people not attending appointments. This is despite adjustments of service hours of operation and location
- Survivors and bereaved often have several complex mental and physical health issues, **which requires enhanced joint working between services**
- People commonly report finding the current network of services confusing, difficult to navigate and want **better co-ordination of services**.
- Future **physical health concerns** are a significant feature of feedback. This questions the extent to which services are instilling reassurance
- Some confusion noted in survey responses between the **NHS and Royal Borough of Kensington and Chelsea Dedicated Service**.

Needs analysis – children and young people (CYP)

- 42 of 44 referred – **95%** of tower survivors have accessed the Paediatric Long Term Monitoring Service
- Approximately **60%** of the total number of survivor and bereaved have had one appointment with the Paediatric Long Term Monitoring Service or an enhanced health check
- Service uptake has been particularly low for children who live 'out of area' and not in Royal Borough of Kensington and Chelsea or nearby boroughs
- The number of **CYP clients of the Grenfell Health and Wellbeing Service** has remained constant over the last few years at around **100**. 30% of these are survivors and bereaved who also use NHS Dedicated Service
- Support services for the **whole family** have developed over time and been very popular. There have been fewer social prescribing and self care offers developed specifically for CYP affected by Grenfell than for adults
- Better co-ordination of existing services and better communication of service offers have been key features of feedback from community members and professionals
- Local schools have raised the health needs of pupils and requested increased on site support.

Needs analysis – emotional health and wellbeing

- Mental health has been identified as the **main current health need** for the North Kensington community and bereaved and survivor groups by recent NHS and RBKC surveys
- Resident survey data shows that people's **self-reported mental health remains relatively poor**, particularly those living closest to the tower
- In an NHS survey of 45 survivors and bereaved, **39% said their health had not improved since the fire, compared with only 9% who said it had**
- Residents and professionals are concerned that **mental health is getting worse** and will continue to decline, particularly in response to upcoming reports, decisions and events
- Use of mental health services by North Kensington residents is **similar to a comparator area** (Queens Park and Paddington) **without** including the Grenfell Health and Wellbeing service (GHWS)
- GHWS service usage has been **consistent for 2-3 years**, with approximately **550** individuals having a **therapeutic intervention** with others (around **425** per quarter) accessing **community support groups** provided by the service
- The main symptoms of those accessing the GHWS are PTSD, anxiety, depression, and other trauma-influenced issues e.g. sleep disorders, consistent with other disaster recovery case studies.
- The profile of clients in the GHWS has also been relatively consistent over time:
 - Intensity of support required - 1/3 receive weekly contact; 1/3 monthly; 1/3 longer than monthly gaps between contact with the services;
 - Ratio between women and men (69% to 31%);
 - GHWS clients have a diverse ethnic mix that is roughly the same as the ethnic breakdown of the NK popn.
- GHWS and emotional wellbeing offers have changed in response to feedback, but community groups are requesting increased diversity in service offers, with more support provided by faith and community and voluntary sector, and more depth and range in collaborations with NHS organisations.

Needs analysis – primary care services

- According to NHS survey responses, primary care is the **most ‘helpful’ and ‘not helpful’ of NHS services**. There is praise for doctors and other practice staff, but with many comments about the difficulty of getting appointments
- There has been a **marked increase** in enhance health check (EHC) activity between 2022-4. **558 checks** were delivered in **Q1 2024/25**, 85% to community members and 15% to survivors and bereaved
- Provision of EHC is **not consistent** across GP practices
- Feedback from people using EHC services is **largely positive**. 86% had a good or very good experience and only 17% received no assurance about their health following a check
- 25% of people feedback that the checks are not linked enough to Grenfell. Others want blood tests and other diagnostics without clinical indication
- EHC in **community venues** were introduced after community feedback and the number of venues used has expanded. 22% used the service after contacting their GP first
- **Men are not taking up** the EHC offer as regularly as would be predicted by demographic data, particularly older Black and Black British men
- Out of 4,953 EHCs analysed in 2023, 895 resulted in onward referrals - an **18% referral rate**. The table below shows the top five referral routes for survivors, bereaved and other community members:

Survivor	Respiratory	MDT	MSK	Mental health	Health and fitness
Bereaved	Health and fitness	MSK	Respiratory	Mental health	MDT
Community	Radiology and investigative	MSK	Mental health	Health and fitness	Referral to secondary care

Needs analysis – community, self-care and social prescribing

- The Grenfell **community case management** service supports up to 200 people (Sept 24) with complex health needs. They receive referrals from primary care and via independent case finding, which has increased the case load in the last 12-18 months
- The service sees a **mix** of Grenfell-related and other physical **health needs and** works with mental health and housing teams to address needs as holistically as possible. Case Managers often report challenges in delivering joined-up care including information sharing, estates, systems and cultural appropriateness of services
- Self-care services commissioned by NHS North West London have seen approx. **10,000 attendances** since starting in 2019/20, and deliver around **2,600 sessions** per year
- Services have a **significant positive impact** on people's self-reported wellbeing (**22% average increase** before and after sessions)
- Many people use a **variety of services** with swimming, yoga and massage most frequently mentioned positively in feedback
- A significant proportion of residents report being **unaware** of funded service offers or are **confused** about how to **access** them
- The services on offer are predominantly accessed by **working age and older women**
- More family-based and men's support has been funded to address gaps in take-up
- Support for survivors and bereaved, non-English language speaking, and CYP have been requested in previous engagement exercises
- Partnerships and pathways with NHS services have developed, but residents, staff and volunteers want more community-based provision (see emotional wellbeing slides).