



West and North London

North Kensington Recovery Programme

Analysis of Engagement Log & Actions Taken

(October–December 2025)

Report setting out the analysis from the monthly engagement logs and how we have responded to what we have heard, including outstanding actions.

Executive Summary

Between October and December 2025, engagement with residents, Survivor & Bereaved groups, clinicians, and community organisations continued to highlight a complex mix of (a) ongoing trauma and mental health needs, (b) expectations for transparent, genuinely community-led recovery, and (c) fluctuating levels of health anxiety linked to Grenfell Tower deconstruction and related decisions.

Primary care issues were raised in relation to information flow about deconstruction, resident choices around Enhanced Health Checks (EHCs), and practical questions about local practice improvements. EHCs continue to be a key 'hook' for wider health and wellbeing conversations, while some residents expressed a desire to 'move on' and decline Grenfell-associated offers.

Across community settings, mental wellbeing emerged strongly particularly the need for accessible non-clinical support (e.g., affordable local exercise opportunities) and trusted, trauma-informed community spaces. Residents and partners also emphasised the importance of sharing population health information in an accessible way, including a request for children and young people-focused insights.

Community-led recovery remained a central theme, with repeated calls for transparency, accountability and meaningful involvement of local voices alongside fatigue with repeated consultations without visible follow-through. Survivor & Bereaved feedback reinforced the need for independence and co-design, and requested dedicated sessions tailored specifically to S&B.

In December, concerns were raised by bereaved individuals about the '72 light beams' decision and the sense of insufficient consultation. This was escalated to MHCLG/DHSC, with a request for greater transparency on decision-making and consultation responses.

Across all engagement, the recurring themes were:

- Mental health and ongoing trauma needs; preference for trusted, non-clinical and community-based support.
- Desire for transparency and shared decision-making within Community-Led Recovery; fatigue with repeated consultations.
- Need for clear, consistent communications (including about Enhanced Health Checks, monitoring, and deconstruction-related information).
- Fluctuating deconstruction-related health anxiety, alongside some residents expressing limited concern and a wish to move on.
- Requests for better access to, and presentation of, population health monitoring data especially for CYP and mental health.

1. Primary Care

Key Issues Raised

- Information needs and reassurance related to tower deconstruction, raised through practice engagement.
- Ongoing role of Enhanced Health Checks as a trusted entry point for broader health and wellbeing conversations; mixed uptake with some declines.
- Questions about local practice development/improvement timelines (e.g., Forland practice improvements).

Actions Taken

- Primary care reminded to record/'code' declined Enhanced Health Checks appropriately to support monitoring and planning.
- Feedback from engagement settings to be shared internally and considered in future communications and engagement planning.

Outstanding / Next Steps

- Continue to support practices with concise updates that they can share with patients (including deconstruction-related information as it becomes available).
- Monitor patterns in EHC uptake/declines and consider how offers are framed to respect residents who want to move on while keeping access open.

2. Community- Led Recovery, Transparency & Trust

Key Issues Raised

- Strong expectation that CLR should be visibly shaped by communities, with transparent decision-making and accountability.
- Consultation fatigue and frustration where engagement is not perceived to lead to tangible change.

- S&B desire for independence and meaningful co-design of engagement and service development.

Illustrative examples from the log

- Residents asked what the NHS is doing to support Community-Led Recovery and how local voices are shaping this work.
- Residents expressed fatigue with repeated surveys/consultations and asked for clearer action and follow-through.
- Survivor & Bereaved feedback emphasised independence, co-design, and 'doing with us' rather than 'doing to us'.

Actions Taken

- Continued dialogue in community settings about CLR expectations and the importance of local voice and accountability.
- Planning to follow up with S&B and community groups in appropriate formats to address questions about involvement and funding.

Outstanding / Next Steps

- Provide clearer, accessible updates on how community voice is influencing decisions (what changed as a result of what we heard).
- Consider a dedicated S&B session (or series) focused on: commissioning decisions, evidence/data, and what is available specifically for S&B.

3. Mental Health and CNWL

Key Issues Raised

- Ongoing mental health and trauma needs, with a preference for non-clinical, community-based support.
- Need for clearer understanding of how mental health needs (including CYP) are monitored and responded to over time.
- Access barriers to wellbeing activities (e.g., cost of gyms/exercise).
- Need for accessible non-clinical wellbeing options (e.g., affordable exercise opportunities) raised at community events.
- Partners requested mental health and long-term trauma be monitored and that information be shared clearly, including CYP insights.
- Community spaces (e.g., Winter Wellness Fair) valued for being safe, dignified and trauma-informed.

Actions Taken

- Community events supported that offer wellbeing activities, advice and practical support (e.g., winter warmer packs, local services).

- Stakeholder engagement: meeting held with CNWL (30 Dec) with documents shared for follow up.

Outstanding / Next Steps

- Continue to map 'non-clinical' support options and identify gaps where residents need supported referral/hand-holding approaches.
- Explore how CYP mental health insights and provision can be communicated and linked to local offers.
- Agree next steps with CNWL on coordination and information sharing.

4. Tower Deconstruction, Memorialisation and Health Anxiety

Key Issues Raised

- Fluctuating levels of health anxiety and information needs linked to deconstruction, depending on setting and group.
- Concerns from bereaved individuals about memorialisation-related decisions and the emotional impact of perceived lack of consultation.
- Some engagement indicated low expressed anxiety about tower removal; other settings surfaced concerns and requests for information.
- Bereaved individuals raised that the '72 light beams' were inappropriate/demeaning and that decision-making lacked adequate consultation.

Actions Taken

- Concerns regarding the '72 light beams' were escalated to MHCLG/DHSC (emails sent 19 Dec 2025), including a request for transparency about consultation and decision-making.
- Internal updates shared following MHCLG/DHSC discussions to ensure community feedback was conveyed.

Outstanding / Next Steps

- Continue to track community sentiment as key milestones in deconstruction progress.
- Request/receive clear, unified information from MHCLG that can be shared consistently with clinicians and communities.

5. Communications, Signposting and Access

Key Issues Raised

- Need for clear, accessible information about local NHS offers and how to access them.

- Importance of responsive signposting at community events, including for specific conditions (e.g., asthma) and wellbeing.
- Residents sought practical information (e.g., asthma information for a child; how to access local opportunities).
- Requests for clearer and more accessible communication of what the NHS is offering locally, including EHCs and monitoring updates.

Actions Taken

- Provided signposting at events (e.g., QR code information where partner attendance was not possible).
- Used EHC conversations as an entry point to wider wellbeing signposting during community engagement.

Outstanding / Next Steps

- Continue to refine messaging so it is clear, simple, and appropriate for different groups (including S&B-specific communications).
- Ensure event follow-up pathways are clear when services are unable to attend on the day.

6. Data, Monitoring and Governance

Key Issues Raised

- Strong interest in population health monitoring data and how it informs action.
- Request for mental health and CYP-specific insights to be shared in a similar way.
- Partners welcomed sharing of public health monitoring data and requested similar data for children/young people and mental health.
- Community interest in understanding how needs are being tracked and what the NHS is doing in response.

Actions Taken

- Population health monitoring information was shared in engagement settings and welcomed as overdue but valued.
- Queries and feedback captured for future data-sharing sessions (including CYP focus).

Outstanding / Next Steps

- Plan a clear 'data-sharing cadence' (what, when, for whom), including a CYP and mental health lens.
- Translate data into accessible messages linked to practical offers and actions.

Summary of Outstanding Actions / Next Steps

- Continue follow-up with S&B groups after key milestones (including tailored sessions on evidence/data and commissioning decisions).
- Work with MHCLG/DHSC to improve transparency and consultation processes on sensitive memorialisation/deconstruction-related decisions.
- Strengthen pathways for non-clinical mental wellbeing support (including supported referral where needed) and address gaps.
- Develop a clearer approach to sharing population health monitoring information, including CYP and mental health insights, in accessible formats.
- Maintain primary care updates on deconstruction information and monitor EHC uptake/declines to inform planning.

Survivors & Bereaved: Lived Experience and Emotional Impact

This section captures direct reflections shared by survivors and bereaved residents during engagement. These accounts speak to the profound emotional relationship many continue to hold with the Tower, particularly in the context of deconstruction, memory, grief, identity, and meaning-making.

Key Reflections from Survivors & Bereaved

- *“I feel trapped, guilty and overwhelmed by my grief – the Tower, in a strange way, gives me solace and focus.”*
- *“I feel bad that I am alive... How did I survive? You could not believe that your home would kill you. The Tower will always be my home – my children grew up there. There are so many memories and so much sorrow.”*
- *“My trauma is personal and sits within that Tower. When it’s gone, how will I feel? Will my pain travel with the rubble?”*
- *“I come to the Tower so my memories can come alive. By looking at it, I know he is there. What will I feel when it’s gone?”*
- *“I come here because I sense my loved one’s presence. The Tower is a bank of my memories. I have never shared this with anyone until now.”*
- *“I only got very few remains of my mother – no body. The building means everything to me. Her ashes are in the concrete, the pillars, the ceilings.”*
- *“The Tower is an emotional scaffold. Its removal reopens wounds – perhaps for the last time.”*

- *“My family is still here in the Tower. It was my whole world. Every day I find the strength to keep going.”*

These reflections highlight:

- The Tower functioning as a living site of memory, identity, and ongoing relationship, not solely a place of trauma.
- Deep anticipatory grief linked to deconstruction, with fears of memory erasure, displacement of pain, and loss of connection.
- High levels of emotional suppression, particularly among men, shaped by cultural norms and limited safe spaces to express grief.
- A strong preference for meaning-making, relational, and culturally grounded forms of support over clinical models.
- Recognition that culture itself acts as a form of health provision and emotional containment.

Implications for Commissioning & Service Design

Based on the lived experiences shared by survivors and bereaved residents, the following implications should inform commissioning decisions and service design:

- Services must acknowledge grief, memory, and identity as ongoing processes, not time-limited conditions.
- Commissioning should prioritise non-clinical, community-led, and culturally rooted spaces that allow for reflection, remembrance, and relational support.
- Deconstruction-related support should explicitly address anticipatory grief and fear of memory loss, not only physical health anxieties.
- Gender and culture-aware approaches are essential, particularly to create safe spaces for men and others who experience strong emotional suppression.
- Clinical pathways (including CNWL) should complement not replace trusted community-based provision.
- Survivors & bereaved voices must be embedded in design, commissioning, and evaluation, not treated solely as consultation feedback.

These implications reinforce the importance of Community-Led Recovery as a living, responsive model rather than a fixed programme.