

## ROYAL BOROUGH OF KENSINGTON AND CHELSEA

### GRENFELL RECOVERY SCRUTINY COMMITTEE - 5 DECEMBER 2017

#### JOINT REPORT BY THE EXECUTIVE DIRECTOR OF GRENFELL RESPONSE, THE DIRECTOR OF PUBLIC HEALTH, THE DIRECTOR OF PROGRAMMES FOR WEST LONDON CCG, THE CHIEF OPERATING OFFICER FOR CNWL AND DEPUTY DIRECTOR OF HEALTH PROTECTION FOR PHE LONDON

#### HEALTH AND WELLBEING RECOVERY RESPONSE

This report outlines the approach that was taken to deliver mental health and emotional wellbeing support in the period following the Grenfell Tower tragedy, what we have learnt from this and our medium to long term plans for delivering health and wellbeing services in North Kensington.

**FOR DISCUSSION**

#### **1 BACKGROUND**

- 1.1 Following a major event such as the Grenfell Tower tragedy there is extensive evidence that health needs in the immediate and long-term will be significant.
- 1.2 Statutory organisations responsible for meeting these needs have been asked to provide an update to the scrutiny committee on how needs are being, met with a particular focus on respiratory needs and mental health as immediate priorities, and our longer-term plans for working in partnership to address wider social determinants of good health.
- 1.3 We would like to start by acknowledging the extensive amount of work done by the local community from the time of the fire and every day since to support each other. This support has been and continues to be the foundation for all other support services to build upon as they continue to play a significant role in meeting needs via local centres and community settings, through their ongoing dialogue on how to improve services and their work with us to shape a longer-term recovery plan.
- 1.4 The emergency response mobilised in the hours following the fire, focussing on meeting the immediate needs of those affected, including residents, their families and loved ones, support staff and

volunteers. Support was provided at the Westway for physical, mental, and emotional health needs – with support from GPs, district nurses, and mental health practitioners. This support has continued to be delivered in primary care, mental health services, community sites (including the Curve) and continues to be refined and responsive to the needs of the community. It was a priority to ensure the public were not exposed to environmental hazard.

- 1.5 Whilst the overarching responsibility for providing primary healthcare support and meeting specialist mental health needs sits with the NHS, it is recognised that health and wellbeing provision is made up of several components that, together, make up a single coherent system. The immediate mental health needs and the wider health and wellbeing programme can therefore only be met through a joint, tiered approach across the local NHS, the local authority, voluntary sector partners and the community.
- 1.6 Partners have worked collaboratively across agencies to respond to needs - working together with the voluntary sector, rapidly mobilising services, amending the offer based on feedback from residents and providing ad hoc support where particular needs occur – such as the need for support overnight and at events such as the Notting Hill Carnival where 70 clinical staff provided outreach and support alongside Hestia support services.
- 1.7 It is recognised, however, that not everyone has yet received the support they need, that we are continually learning lessons and that there are challenges that we will need to overcome during the continual development of the offer. We recognise that North Kensington residents will require support over a number of years and we are committed to doing all we can to provide what is required, recognising the needs will change over time.
- 1.8 As we begin to plan for the longer-term, we will be considering wider needs that are expected to arise following a tragedy such as this and the wider social determinants of health and wellbeing, which will be central to recovery in North Kensington. Services will be designed in collaboration with the community recognising the mutual support communities provided and continue to provide locally.

## **2 CONTEXT**

### **Needs in the community before the tragedy**

- 2.1 North Kensington is an area that is rich in diversity, has residents with a strong sense of place and a resilient community. It is the most diverse area of Kensington and Chelsea, with a 36% BAME population and a close-knit, supportive community which is served by over 200 well-established voluntary and community sector organisations.

2.2 Furthermore, the area has a long history of community work. For example, Shelter, the national housing charity, grew out of the Notting Hill Housing Trust established in 1963, and there was considerable community action surrounding the building of the Westway in 1970/71.

2.3 The local community express frustration that they are depicted as 'deprived' when for many years the area has benefitted from the strengths of individuals and groups who have striven to improve the lives of their communities. What we do know is that there were considerable pre-existing health and wellbeing needs.

	<b>North Kensington</b>	<b>Rest of RBKC</b>	<b>London</b>
Households below 60% of median income	15.6%	10.3%	14.3%
% in receipt of means tested benefit	23.1%	8.2%	10.3%
% of people aged over 60 who live in pension credit households	30.3%	14%	16.8%

2.4 The neighbourhoods of North Kensington (defined in these statistics as the area north of Holland Park), where there are high concentrations of social housing and people living on low incomes, also have concentration of poorer physical and mental health. Before the tragedy there were higher than average levels of depression, of severe mental illness, admissions for self-harm and those related to alcohol than in the rest of the borough or across London.

<b>The five GP practices closest to Grenfell tower</b>	<b>Serious Mental Illness prevalence - 15/16</b>
Foreland	2%
Colville	2.2%
Barlby	1.8%
North Kensington	2.8%
Exmoor	1.6%
<b>National</b>	<b>0.9%</b>

	<b>Admissions to hospital (all causes):</b>		<b>Hospital stays for...</b>	
	Emergency (unplanned admissions requiring urgent care)	Elective (planned admissions for known conditions)	Self-harm	Alcohol related harm
<b>North Kensington</b>	<b>102.1</b>	<b>105.3</b>	<b>47.9</b>	<b>85.9</b>
<b>Rest of RKBC</b>	70.0	68.7	34.3	60.0

## **Services that were in place prior to the tragedy**

- 2.1 The NHS spans a wide range of services from local General Practice to highly specialist acute services. Grenfell Tower residents were primarily supported by 5 local practices but also are able to access urgent care at the walk in centre at St Charles Centre for Health and Wellbeing.
- 2.2 GP practices work closely with mental health teams within CNWL. CNWL provide talking therapies, primary care mental health workers, a North Kensington Community Mental Health Team, child and adolescent mental health services (CAMHS), and school nursing services. Their 24/7 Single Point of Access provides rapid access to 24/7 crisis resolution/home treatment.
- 2.3 Central London Community Healthcare (CLCH) provides a range of community based services including District Nurses who support people in their homes (particularly older adults) and other specialist teams (e.g. diabetic nursing).
- 2.4 The NHS has always recognised that we cannot deliver services entirely within the NHS. In North Kensington we have funded a wide range of services –both for direct service provision (such as from Mind) and to provide other types of support that can help to improve health and wellbeing (e.g. employment support).
- 2.5 The local authority also commissions a range of mental health support services for children and adults.
- 2.6 The investment on existing Adult Social Care Services providing elements of mental health support totals £3m per year, while the local authority contribution to jointly commissioned services for Children and Young people totals £380k per year, which is supplemented by investment of £340k on in-house services. Furthermore, these specific mental health services for children and young people are supplemented by linked services such as school nursing and health visiting.

## **The impact of tragedies on physical and mental health and longer-term wellbeing**

- 2.7 Evidence from previous major disasters and traumatic community events suggest both that many people are highly resilient, even in the most traumatic situations. But for many others, the health impact, both physical and mental, will be long-lasting. Following major disasters there is evidence of high levels of post-traumatic stress disorder, and in the long-term a range of mental health difficulties are likely to occur. Our understanding of the links between mental health and physical health has grown; and as poor mental health rises, and as a result of the dislocation and disruption to lives

that the Grenfell Fire tragedy has caused, we would anticipate increased physical health needs of this community.

- 2.8 The physical health needs of the community are changing over time. Immediately following the fire, residents had concerns about their breathing and the impact of smoke inhalation on pre-existing conditions such as asthma and COPD. Over time, GPs have seen diabetic control reduce as residents are not able to cook meals for themselves and manage their diabetes with dietary measures. Sleep disturbances have also been reported by many residents. Our GPs continue to provide on-going care for their patients to address these concerns – offering longer appointments and fast track to specialist services where needed.
- 2.9 The mental health response required following the tragedy is significant. The effect on people extends beyond those who lived in the tower and the immediate vicinity and there are significant numbers of people in the North Kensington area who could experience difficulties of some description, though not all will necessarily seek treatment.

### **3 THE EMERGENCY RESPONSE**

#### **Overall joint approach following the tragedy**

#### **Meeting health and wellbeing needs through primary care**

- 3.1 West London CCG has put in place additional GP capacity to provide support to patients affected by the Grenfell fire tragedy. GPs practices are offering extended appointments, giving space and time to look at the physical and emotional health needs of patients.
- 3.2 Any consultation that is related to the Grenfell fire is being recorded by GP practices to understand the time spent in primary care responding to local residents' needs. Since the fire, 1,739 consultations have been coded as Grenfell-related, and this has involved 925 patients. This includes all GP appointments for screening for post-traumatic stress disorder as part of the pro-active screen and treat programme (described below).
- 3.3 In response to resident's concerns regarding breathing difficulties, a fast track referral pathway into specialist respiratory clinics has been developed. Residents who are worried that the fire has affected their breathing or exacerbated their pre-existing respiratory conditions are recommended to make an appointment with their GP who will assess their condition and if necessary make a referral to the specialist respiratory clinic at St Mary's Hospital, provided by Imperial College Health Care NHS Trust. Residents will be seen by the specialist service within 14 days. To date, GPs have referred 16 patients to the service, all of whom had pre-existing respiratory conditions.

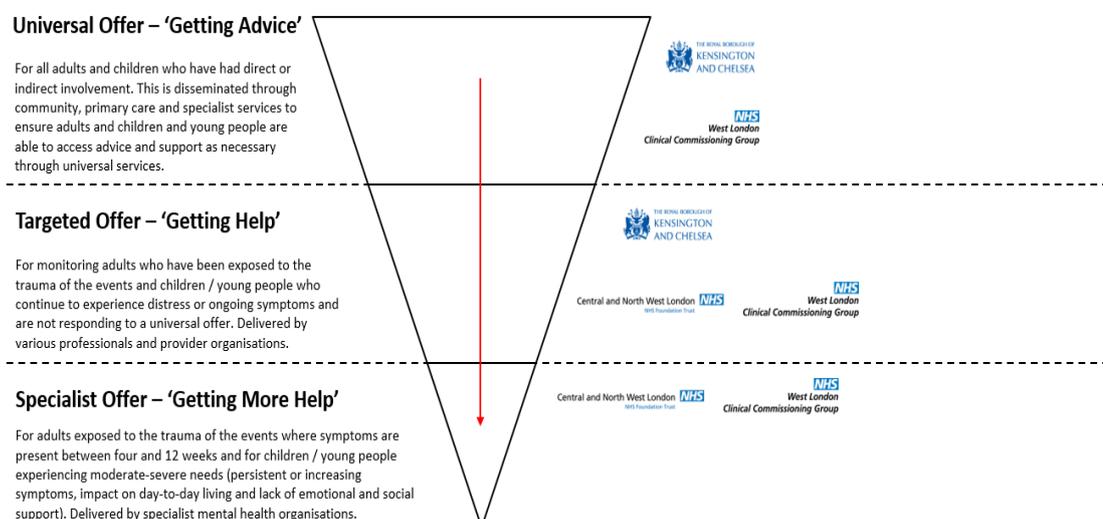
- 3.4 Due to increased concerns for the physical health of residents who continue to be housed in emergency accommodation, WL CCG has extended the offer of a free annual flu vaccination to all residents from the tower and surrounding neighbourhood. All local GP surgeries or pharmacies can provide the vaccination, and housebound or hotel-based patients can contact their GP surgery or outreach worker to arrange an appointment.
- 3.5 CNWL have also employed a GP – Dr Paquita de Zulueta – to work in their outreach team. Dr de Zulueta is a very experienced clinician, working for over 30 years in healthcare. She has been volunteering in the Grenfell area, and lives nearby. She volunteers with *Doctors of the World*, the medical charity that specialises in undocumented vulnerable people who sometimes can't find the healthcare that they need and has an interest in resilience building and clinical ethics. Dr Zulueta will support the Outreach Team in providing care to those local residents who have been displaced into hotels and other accommodation, acting as a bridge between primary care and the Outreach Team and will supporting practices in providing care to their patients.

### **Meeting immediate mental health and emotional wellbeing needs**

- 3.6 In the immediate period following the incident, the NHS (CNWL, CLCH, WLMHT and WL CCG) worked in partnership with the local authority and the third sector to design and mobilise support services to meet the immediate mental health and emotional wellbeing needs of the local community. This focused primarily around the significant expansion of mental health services, building capacity in primary care and an expansion of the wider voluntary and community sector infrastructure to support children and adults access universal, targeted and specialist services.
- 3.7 While the overarching responsibility for addressing mental health needs following the tragedy sits with the NHS, the approach immediately following the tragedy was for the Police, fire service, NHS, Public Health England and the local authority to work in close partnership to understand the expected impact the incident and agree and overarching approach to delivering therapeutic support.
- 3.8 In the immediate period the NHS clinical teams, including staff supported by mutual aid from outside Kensington and Chelsea started providing additional services on the ground, and seeking out those with emotional and mental health needs who were displaced.
- 3.9 The outreach team was on the ground providing support from day one. Clinical evidence states that identifying and treating PTSD is most effective a short while after the incident. The comprehensive

trauma screen and treat programme therefore started in August in line with national and international guidance on trauma screening.

- 3.10 This large scale demand for screening and treatment of PTSD and other mental health needs has therefore required the NHS, Public Health England, the local authority and local organisations to work together to try different approaches to identify and support those that are in need.
- 3.11 The mental and emotional health needs resulting from the tragedy are wide ranging and have the potential to have long-term impact on the local population. The immediate response and the plans for a future model of care and support include addressing these different needs.
- 3.12 This includes different needs for adults and children, for those emotional health needs that communities are telling us they need support with, and also for those with pre-existing needs exacerbated by the incident. All partners have received extensive feedback from the community on their needs and preferred approaches to receiving support and this has helped to shape the service offer outlined below.
- 3.13 Quickly it became clear that a non-specialist offer of support, targeted as needed, would play a central role in helping those that have been affected and to identify those who require more specialist support. Primary Care services, such as GPs, as well as local voluntary and community organisations continue to play a key role in delivering this offer.
- 3.14 The NHS and the Local Authority worked together to describe the agreed emotional wellbeing and mental health pathway that provides a phased approach to therapeutic support, which follows the nationally recognised model of a Universal Offer (Getting Advice), a Targeted Offer (Getting Help) and a Specialist Offer (Getting More Help), as per the diagram below:



- 3.15 Whilst the local authority and the NHS have different levels of responsibility and accountability for different areas within the overall pathway, all partners have worked together to ensure a joined up emergency response is in place.

### **Specialist mental health support**

- 3.16 The local NHS, in the form of West London CCG and Central and North West London NHS Foundation Trust, have worked to provide a single, flexible NHS response. The NHS has worked with voluntary sector groups and local community champions for many years which has enabled a feedback loop via mechanisms such as the WhatsApp group from very early on. Central London Community Healthcare Trust (CLCH) and London Central and West Urgent Care Collaborative (LCW) along with neighbouring mental health providers, West London Mental Health Trust have worked together to support the response.
- 3.16 A single NHS team was on the ground from day one whilst teams worked to get new services live as soon as possible. NHS specialists have also provided support and training to partners across agencies.
- 3.17 The NHS secured additional capacity – initially through bringing in additional staff on seconded basis, and over the course of the last five months through recruiting a substantive team.
- 3.18 The health response will require £7m in 17/19 and an additional £8-10m in 18/19. We are working with NHS England to ensure funding is available.

### *The 'screen and treat' programme*

- 3.19 In the first six weeks following an incident such as the Grenfell Tower fire, international evidence recommends a period of “watchful waiting” - providing supportive listening, with further input available to those who wish to access more formal support. This approach was implemented locally by the existing CNWL teams.
- 3.20 Screen and treat is an approach to dealing with the high incidence of trauma after a major incident. The clinical evidence for a screen and treat response to identify trauma needs is strong. The model set out here was developed via the London-wide response to recent terrorist incidents – which in turn built on work in Manchester and the international evidence base.
- 3.21 The formal Screen and Treat programme launched on 3 August 2017, building on screening that had been underway since the day of the incident via the established primary care mental health service. This programme represented phase 1 in the longer term implementation plan for screening and treating all people affected by the fire, and

phase 1 focussed on reaching those people most likely to be at risk of developing post-traumatic stress disorder.

- 3.22 The programme commenced by screening all residents registered as living at a postcode in the evacuation area who had a physical long-term condition. This screening was conducted by GPs with longer appointments to address both the physical and mental health needs of these patients.
- 3.23 The screening programme has now extended to cover all residents in the evacuation area. Teams within CNWL are offering screening for residents via their outreach team (door knocking, in the Curve, and other community sites) and their adult and children's Grenfell teams.
- 3.24 CNWL teams are focussing on first ensuring that all residents of the tower have been offered screening and treatment. To date, all residents have been contacted on at least one occasion to offer screening and the team continue to attempt to reach those who did not answer or who have previously declined screening.
- 3.25 Following completion of screening for tower residents, all bereaved family members and friends will be offered screening and, if appropriate, treatment. Once all bereaved have been offered screening, the focus will move to all evacuated residents.
- 3.26 This planned approach to reaching all evacuated residents and bereaved families and friends is being supplemented by street outreach - door knocking and offering screening and support services to residents who are still living in their flats surrounding the tower. This will ensure that the wider community who have also been affected by the fire are also offered support and treatment.
- 3.27 The Trauma Screening Questionnaire 10 (TSQ-10) is used as a screening tool to identify patients at higher risk of developing PTSD. (The TSQ-10 can be completed online by anyone seeking support: <https://take-time-to-talk.com/grenfell-self-referral-form/>) Where patients scored a high score (6-10) they were referred to CNWL for further assessment and treatment. Where patients scored a lower score (1-5), GPs would discuss the patient's support needs and recommend appropriate next steps – either referral to CNWL or other community support agencies, or re-screening at a later date.
- 3.28 To date, screening has been provided for 822 adults. 201 (22%) of adults referred to CNWL have declined screening and/or treatment. People are indicating that they want to be settled in permanent accommodation before commencing treatment for PTSD. CNWL will re-contact these people to offer support again at a later date.
- 3.29 There are 401 adults currently in treatment and 38 adults have completed their treatment.

- 3.25 173 Children and Young People have been referred into CAMHS services to date. Of those children referred to CAMHS, 58 are now receiving specialist care. 42 have refused treatment and 35 have completed treatment.
- 3.26 The NHS recognise that screen and treat is one piece of the overall mental health pathway ranging from emotional support to mental health treatment. The mental health response on the ground covers all elements of this pathway and the response will continue to develop into a longer-term offer to support holistic needs – trauma, emotional health, other mental health needs and physical health.

### *Outreach*

- 3.27 The CNWL outreach team is a multi-disciplinary team of 25 mental health professionals and support workers (some of whom come from the local community) who work within the North Kensington community to provide information and support to residents affected by the Grenfell fire. Their approach is flexible, pro-active and creative and is informed by continual dialogue and engagement with a wide range of community stakeholders.
- 3.28 The outreach team have been on the ground from the morning after the fire – initially walking the street to offer support to anyone in the area, to undertaking systematic outreach to all flat, developing pop up clinics in community venues including mosques, churches, and residents’ associations, providing overnight support in hotels, and working alongside residents under the Westway. The team’s approach has been to listen to requests from the community and respond – changing all the time to provide support in the places and formats that residents feel is most helpful to them.
- 3.29 The outreach team also provide initial assessments for PTSD – often in community settings like the Curve or in people’s homes, and where indicated and with patient consent will refer into the adults Grenfell service in CNWL for clinical assessment and treatment – for PTSD, depression, anxiety, or other mental health issues.
- 3.30 In addition to screening, the outreach team provides emotional and mental health support, practical assistance to navigate support services, and works closely with local community groups to help build community resilience.
- 3.31 Outreach Services are provided in the daytime at the Curve as well as working in hotels and with local groups. For the last month this service has been available at the Methodist Church – where team members from Hestia, CNWL and the Drug & Alcohol Service are working together

- 3.32 The 24/7 Mental Health phone line remains available as a gateway into all CNWL services. Since June there have been 324 Grenfell-related contacts.
- 3.33 In total the NHS outreach team has had 4,082 contacts. The team continue to receive feedback from the community on what is needed in terms of emotional health and wellbeing support and adapt their approach to meet these needs.



#### *Supporting Tower Visits*

- 3.34 In the past months, extensive resource has been directed to providing assessment and support to residents re-entering the tower. To date this support has been provided to 52 people (mainly residents, but also some volunteers who accompanied residents) and in all cases a trauma screening was completed. Resident feedback was overwhelmingly positive – noting that they appreciated the support provided to return to their homes.

#### *Supporting funerals*

- 3.35 The outreach team operates to be flexible, with clinical team members requested to attend a number of funerals so that the trauma that unsurprisingly is revisited at these times can be addressed and individuals supported to get the support they need, or through advice to manage their own natural emotions and reactions.

### *Supporting and responding to local events*

- 3.36 Through taking an approach of going where the need is, the outreach team are supporting a local MP surgery so that people who are discussing their trauma in these settings can likewise receive support. The team are working with each tower block to be visible and responsive to need.
- 3.37 During Halloween on Tuesday 31 October 2017 and Bonfire night on Sunday 5 November is Bonfire Night, the Outreach Team was out and about meeting and reassuring local residents to reduce the possible negative impact of these events.

### *Addressing the risk of suicide*

- 3.38 All partners remain concerned about the risk of suicide.
- 3.39 Suicide prevention is not only about dedicated suicide prevention services, but it is about effectively identifying those at risk and providing easy access to good mental health services.
- 3.40 As well as services that are targeted at those at risk, and core services and training, the NHS have a programme of surveillance of any spikes in recorded activity. In order to help to identify those that are at risk of suicide, the NHS are proactively monitoring a number of areas to identify any changes in activity, including CNWL Serious Incidents, Attendance at A&E departments and inpatient admissions for self-harm. Training is also being provided to staff and volunteers to equip them with the skills to identify risk and understand appropriate and effective responses.
- 3.41 Public Health are leading on the development and implementation of a specific suicide prevention strategy in response to the tragedy and partners are developing a joint communications strategy across organisations to ensure people are directed to the right support without creating further risk.
- 3.42 'Journey of Hope' is a mental health organisation with previous experience of working with A&Es on suicide prevention that has been provided grant funding from the local authority. They use trained volunteers to provide evidence-based, non-medical interventions aimed at reducing the number of people who take their own life through suicide and have been operating with partners in North Kensington since the tragedy.

## **Universal and targeted support commissioned by RBKC**

### *Building capacity in the Voluntary and Community Sector*

- 3.43 We know not everyone wants to access statutory state services, that they might not have the level of need which requires it or that they might need more support to access these services. Therefore, the local authority's focus immediately following the tragedy was to ensure that the level of universal care available was sufficient and appropriate and that those who needed more help were able to access it.
- 3.44 This meant building up the capacity of community organisations who are providing a universal and targeted offer, to provide space for listening services and activities for children and families with appropriate wrap-around support from professionals.
- 3.45 The local authority worked intensively with a range of local organisations and community groups to provide funding and support to ensure a wider range of services were available to meet a diverse range of needs. This has required us to be both proactive and reactive as our understanding of need developed.
- 3.46 One result of this approach was significantly increased capacity of culturally appropriate support provided via local community organisations, including, for instance:
- Al-Manaar Muslim Cultural Heritage Centre (support centre and counselling)
  - Al Hasaniya Moroccan Women's Project (support centre and counselling)
  - African Women's Care (social space, physical activities, information, advice and support)
  - Ethiopian Women's Empowerment Group (supporting families from the Ethiopian, Moroccan, Egyptian, Eritrean, Somalia and Asian community).
  - Midaye Somali Development Network (practical and emotional support to families)
- 3.47 The local authority's usual investment in services for children and adults (as outlined in section 2 of this report) totals £3.72m and in response to the tragedy to date, 64 organisations have received in excess of £3m in additional emergency grant funding to provide universal and targeted support to the local community.

<b>Area</b>	<b>Spend to date</b>
Mental health	£2,209,192
Play/Leisure	£132,986
Cultural/Arts	£217,319
Social activity	£94,802
Capacity building	£300,131
Advice and guidance	£140,005
<b>Total</b>	<b>£3,094,435</b>

*Increasing the availability of VCS led outreach and support*

3.48 In addition to this, a large established local provider, Hestia, has worked with in partnership with the local authority and the NHS to rapidly expand their outreach and support offer. This has included:

- Employment of additional Mental Health Outreach Workers with links to the various communities in North Kensington
- The introduction of 'Resilience Groups'. These groups give people a place to come and talk, identify what they want for themselves, undertake mindfulness and training to manage stress and to develop positive coping techniques.
- The development of a Crisis Café model that, when combined with day provision has enabled access to drop-in sessions, groups and volunteer support from 9am – 11pm on weekdays and 12pm – 11pm on weekends.

*Supporting children, young people and their families*

3.49 The NHS and the local authority worked together to ensure that immediate support was provided in schools and children's centres.

3.50 In the immediate period before the end of the summer term, all partners worked together to ensure that all school staff were supported via the Educational Psychology and NHS Child and Adolescent Mental Health Services (CAMHS), and the local authority helped to secure additional counselling support for every school that asked for this.

3.51 While schools have responsibility for ensuring that an appropriate support offer is in place for their children and families, every setting has access to the support of a link Education Psychologist (EP) who is trained in the area of emotional well-being, bereavement, loss and critical incidents. Their wide ranging offer includes support to Senior Management Teams to think strategically about the impact and who might be most vulnerable, delivery of staff and parent workshops with a focus on 'Supporting children after a frightening event' and delivery of one-to-one and whole class interventions for promoting calming, self-efficacy and connectedness.

- 3.52 All schools in the borough have a NHS Child and Adolescent Mental Health Service (CAMHS) Link Officer, who were integral to the immediate response with a specific focus on normalising the process children and young people are going through and ensuring that potentially vulnerable families are not missed. In schools with large numbers of children affected by the Grenfell fire, a CAMHS response team has been offered to support schools in identifying and responding to the needs of their students.
- 3.53 The CAMHS Link Workers are also working with:
- School Nurses - who are primarily dealing with physical issues and focussing on those schools with the most need;
  - Educational Psychologists – dedicated link Education Psychologist who are trained in the areas of emotional well-being, bereavement, loss and critical incidents. For more information on the support offered by this team, see the School’s Offer below;
  - Emotional and mental health support services based in schools including Place2Be, MIND, West London Action for Children, and the Catholic Children’s Society;
  - Bereavement support services – Cruse and Winston’s Wish, Child Bereavement UK.
- 3.54 Children who live in North Kensington but attend schools outside of the borough and children who live outside of Kensington and Chelsea but attend schools in the borough can all be referred directly to K&C CAMHS (also known locally as the Parkside clinic).
- 3.55 Children who live and attend schools outside of RBKC may also be affected by the fire. In these circumstances, children should be referred directly to their local CAMHS provider for support.
- 3.56 School nursing teams are also working closely with CAMHS to identify and respond to the needs of CYP. All schools are allocated a school nurse and across the borough they are:
- Delivering health promotion and education to children at health centres;
  - Supporting families in accessing enuresis support and continence products;
  - Supporting families to determine what health appointments they need to access, when and where;
  - Seeing children in schools for all health needs;
  - Meeting with schools to advise them on approaches for providing support to parents (e.g. signposting, coffee mornings)
  - Liaising with social service key workers;
  - Supporting children who have been indirectly affected by the fire.

- 3.57 CAMHS work with schools has also provided support to staff, students, and parents. This has included:
- Training for teaching staff, school nurses and parents on identifying and responding to signs of trauma
  - Support to schools in developing their bereavement support for students and families
  - Support to recruit specialist clinical psychology input directly into schools, and to align support offered by school counsellors (e.g. Place2Be) with CAMHS and other support agencies
  - Working with community champions to develop support options for parents
  - Recruiting a cultural consultant into the team to provide advice and guidance on working with local BME children, families, and communities.
- 3.58 The CAMHS team have also been working closely with the outreach team and adult mental health to ensure that adults with children are adequately screened; this has involved provided additional support to the outreach team to assist them in asking parents about their children and also undertaking child screening themselves.
- 3.59 For staff within mental health services, allied professions as well as staff in local schools and community settings, CAMHS have provided psychoeducational workshops and reflective spaces to help staff think about the issues arising for them and also issues relevant to children (e.g. difficulty sleeping, nightmares, changes in behaviour, when to know when professional help is required). The largest scale piece of work in this area has been the delivery of Trauma Awareness Workshops to a range of audiences (over 150 attendees to date) including volunteers working with families and social workers in children and family services.
- 3.60 All secondary schools have been provided with access to Kooth, which is a free online counselling and emotional well-being service for children aged 11-19, which has been commissioned jointly by the CCG and the local authority. The service provides one-to-one sessions with accredited counsellors, fully moderated peer-support and online articles.
- 3.61 Upon commencement of the new academic year in September, an enhanced offer of support was offered to all most affected schools, which included additional counselling support, a dedicated early intervention officer, art therapy and drama workshops.
- 3.62 These offers are funded by the local authority, but each school has been able to decide which aspects of this offer would be most appropriate in their setting, or have been able to request funding to

expand their existing emotional support offers via their in-house arrangements.

3.63 Furthermore, in recognising the negative impact tragedies can have on the educational achievement and attainment of young people the local authority has established a Grenfell Education Fund in order to address the additional educational challenges and barriers that the young survivors and witnesses of the tragedy will face over the remaining years of their education. Its aim is to provide multiple layers of support to the young people, and as a minimum should help by:

- Supporting with the cost of uniform and other essential school equipment.
- Providing additional tuition – especially around key times such as Year 6 SATs, GCSEs and A-levels.
- Funding additional extra-curricular and other activities or trips which would not otherwise be available.
- Offering bursaries to encourage access to further and higher education.
- Supporting schools with the costs of monitoring, analysing and reporting on the educational attainment of affected children.

3.64 The local authority's Early Years Service set up a physical and mental health therapy service via the Clare Garden's Children's Centre to provide therapies such as Reiki, Massage, and Reflexology to parents affected by the tragedy. This space has had the support of a trained Clinical therapist to speak to, if attendees decide that this is what they want and, to ensure parents are able to maximise the benefits of the therapies and the space, the Early Years Service have been able to offer crèche places for children while parents attend these sessions.

3.65 RBKC worked with local providers to mobilise an extended range of activities for children and young people over the summer and ensured that mental health and emotional wellbeing support was embedded as part of this through MIND, Place2Be and local art and play therapy services. This was promoted widely via the Summer in the City brochure, which was specifically amended to reflect the expanded offer.

3.66 Recognising that young men are a vulnerable group that is less likely to engage with statutory services, the local authority has provided additional funding to a charity called Working With Men. They are providing support to young people at transition points in their lives, particularly those who are transferring from primary to secondary school, as well as undertaking proactive outreach to engage with boys and young men aged 13 – 25 who are engaged in or at risk of anti-social behaviour, school exclusion, criminal activity and gang activity.

### *Reach of RBKC commissioned universal and targeted support*

- 3.67 At the end of the summer period, the local authority approached providers who had received emergency grant funding for their feedback and service use data. The local authority has been working with providers who delivered support during the emergency response to review activity. Thus far, around half of the providers have responded to requests for retrospective information and, between them, they provided over 10,000 contacts with the community – not including events such as the North Kensington Community Youth Festival, attended by over 700 young people and their families.
- 3.68 These services included community outreach, counselling, sports, art therapy and multilingual support for those whose first language is not English. Over 200 people were able to go on day trips, residential or short breaks that wouldn't have otherwise been possible. Over the half term, providers were approached to submit applications for extended provision; funding was provided to 11 organisations. These activities were attended by over 1,400 children, young people and their parents, and included Halloween parties, arts and crafts, day trips, and free play.
- 3.69 The Hestia Recovery Café can support approximately 15-20 people in potential mental health crisis per night and can also be used as venue for community engagement. While the new Outreach Workers can each hold a caseload of 20 people at any one time, for six months reablement on average. The team can therefore hold 240 cases annually. Furthermore, there will be 16 Resilience Groups per week, with an average of 10 attendees, resulting in approximately 8,320 contacts per year.

### **Air quality and possible effects on physical health**

- 3.70 Public Health England (PHE) rapidly established a Scientific and Technical Advisory Cell (STAC) to provide advice to the Strategic Coordinating Group (SCG) for the Major Incident.
- 3.71 The fire at Grenfell Tower was intense and of a very high temperature. This produced a plume of smoke and products of combustion which rose to a high level, therefore the smoke and associated harmful chemicals did not impact/affect nearby buildings so it was not necessary to evacuate people to avoid the plume. This advice was based on observation of the fire and assessment of routine air quality monitoring data.
- 3.72 PHE has been assessing and monitoring air quality in the area surrounding Grenfell Tower since the fire started. During the initial stages of the fire the main focus for the assessment was on the smoke plume, which rose upwards rapidly and was carried in a northerly direction by the wind.

- 3.73 We reviewed the evidence on the contents of smoke plumes after fires. Although each fire will have specific characteristics, there are common chemicals which are usually released in smoke, such as particulate matter which can be used as a marker for other emissions.
- 3.74 Smoke from any fire is toxic and chemicals that can be present in smoke include carbon monoxide, hydrogen cyanide, hydrogen chloride and hydrogen bromide, as well as others. The amounts of toxic substances will vary with the specific materials involved in a fire, its temperature and the amount of oxygen. Smoke inhalation may lead to toxins being absorbed into the body, including carbon monoxide and hydrogen cyanide. People who did not directly inhale smoke in the tower will not have had exposure to these chemicals.
- 3.75 The London Air Quality Monitoring Network was used to assess impacts from particulate matter (PM10) within the smoke plume on air quality in the surrounding area and further away. There was no change in local air quality on the day of the fire or subsequently.
- 3.76 PHE started additional monitoring of air quality close to Grenfell Tower on 24 June 2017, and is monitoring for pollutants that have both short and long-term effects to be sure we understand if there is a risk to public health. Monitoring has been conducted for particulate matter, asbestos, dioxins and polycyclic aromatic hydrocarbons (PAH). The fire is not the only source of these chemicals, there are other sources in the environment for example due to traffic and industrial sources.
- 3.77 Results have shown that levels of particulate matter remain low and no asbestos fibres have been detected in areas surrounding Grenfell Tower. Levels of dioxins, furans and dioxin-like polychlorinated biphenyls (PCBs), and polycyclic aromatic hydrocarbons (PAHs) are equivalent to background levels for London. An environmental monitoring report is published weekly with detailed results of all the tests. This is published on gov.uk.
- 3.78 Local residents reported that some people had experienced respiratory problems such as cough and difficulties in breathing in the days and weeks after the fire. This is understandable as people with a pre-existing respiratory condition may have experienced a worsening of their symptoms as a result of the stress they had experienced. People who experience significant trauma may also have a decrease in the functioning of their immune system leaving them more vulnerable to infections such as colds and other viral infections. In response to these concerns a fast-track respiratory clinic was put in place for rapid referral of people with respiratory difficulties. Around 15 people have accessed this service with worsened symptoms from their existing conditions and have received treatment.

- 3.79 People who were in Grenfell Tower during the fire who had significant smoke inhalation will have been exposed to the harmful effects from smoke. Those people received treatment in hospital for their specific injuries and will be followed up by teams within the NHS.
- 3.80 The fire did not result in exposure of local residents outside Grenfell Tower to any significant pollutant or toxin that could have a short or long term harm to physical health. The effects of the tragic event may have had other effects on health for local people.
- 3.81 Following the fire there was a very notable burnt smell for some time in the local area and residents asked whether this could be harmful to their health. People's noses are very sensitive to smells and odours and often detect chemicals at concentrations in air which pose no risk to health. However smells can be unpleasant and affect wellbeing. Many substances which can be smelled are usually present at levels below which there is a direct health effect. Smells can cause a nuisance to people possibly leading to stress and anxiety. Some people may experience symptoms such as nausea, headaches or dizziness as a reaction to smells even when the substances that cause those smells are themselves not harmful to health.

### **The emerging health recovery model**

- 3.82 After following national and international guidance and providing a period of supportive listening through outreach alongside treatment for those who were ready to engage, the NHS came together with public health and representatives of the communities affected by the fire to shape and influence the way services will be delivered in the future and provide a role as a critical friend.
- 3.83 The model that was agreed draws on the design principles of the existing successful My Care My Way model of care ([www.mycaremyway.co.uk/](http://www.mycaremyway.co.uk/)) that has been in place since July 2015 which provides the over 65's with case management and health and social care navigation with a self-care focus.
- 3.84 The design principles of the model will underpin the emerging model that will remain agile and dynamic to meet the continuing changing needs of the community. It will also encompass all age groups including children. Crucially, each patient will be at the centre of all care and support planning – and involvement of patients and their families in identifying and agreeing the support they need will be a fundamental premise of the model. The service will allow:
- A coordinated response so no one slips between services
  - Multi-agency approach (e.g. mental health; health visitors, children and adolescent mental health services etc) to enhance the ability to meet patient need in the community

- A community focused approach recognising all the community is affected but critically, not losing sight of those most affected; the tower and displaced.
  - Better management of clinical resources through a single management structure
  - A health and wellbeing focus.
- 3.85 Care will be delivered through multidisciplinary teams (MDTs) established around the need of the patient. Membership of each team could consist of a number of professionals including:
- Lead GP
  - Case Manager/Health and Social Care Assistant
  - Outreach
  - CAMHS, Health visitor, linking with schools
  - Keyworker
  - Community link
  - Primary Care Liaison Nurse/Navigator from community living well
- 3.86 Depending on the needs identified, one of the above professionals will be the lead for an individual or family, coordinating their care, reducing duplication (telling their story over and over to different health professionals) and giving continuity. Care will be delivered through individual GP practices but coordinated through a central hub which is likely to be the St Charles Centre for Health and Social Care. This central coordination hub will help to build a picture of emerging health needs and respond appropriately as needs change. The initial pilot role out will include the five most affected local GP surgeries which covers 75% of the affected population – but flexibility will be built in to allow the MDTs to be provided where needed. An outreach function will also be developed for non-registered patients.

## **4 COMMUNICATIONS AND ENGAGEMENT ACTIVITY FOLLOWING THE GRENFELL TOWER FIRE**

### **Community engagement**

- 4.1 The benefit of strong NHS links with the local community continues to bear dividend backed up by consistent involvement of the same NHS staff from WLCCG and CNWL who are now widely recognised and generally trusted by the community. The focus continues to be consistent conversations with third sector organisations which were well established as well as smaller groups that we had not engaged with before. This has enabled trusted conversations with groups and local residents including survivors and those living in the walk ways.
- 4.2 Our community and voluntary sector partners also agreed to the establishment of a multiagency forum to allow us to further co-design services and act as a local sounding board. The forum will also be a place to receive and discuss feedback received from the local people

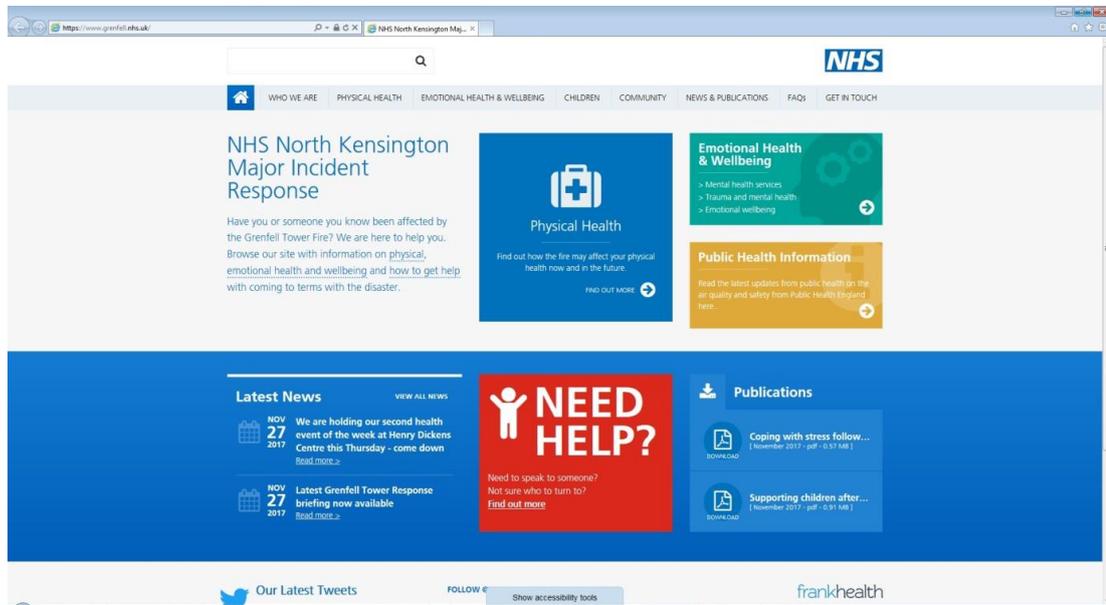
and decide how it influences the approach we are taking. Lastly, the forum will help us to further develop our communication and engagement approach.

- 4.3 Examples of engagement and how the NHS has responded have included updating Making Communities Grow and Work on their current response to Grenfell as well as wider self-care messages. At the meeting the CCG was able to hear direct from Tower survivors as well as from those living in the surrounding areas and local people that had been volunteering on the ground.
- 4.4 During a conversation with a representative of the Ethiopian Women's Empowerment Group, with whom we already had strong links, we were advised that many of their members were finding it difficult to cope as a result of the fire. We explained about the IAPT service and access to 1:1 support and were told members would prefer a group setting and not 1:1. As a result we contacted CNWL who in turn mobilised members of the team to set up a stress management course for the group which started in late September.
- 4.5 Over 120 people have attended four community events for local residents to discuss their health concerns including air quality and respiratory issues. Health professionals from Public Health, Imperial Healthcare Trust, local GPs, CNWL and third sector community groups have been on hand to receive information, advice and sign posting into local services. Residents were also able to take part in complementary therapies, hand and head massage and breathing exercise session to support the health and wellbeing offer. Community Champions were also on hand to help. Future events will be shaped in part by the feedback we received at these events and we welcome suggestions and ideas from the community as well.
- 4.6 Meeting held with Community Champions to gather local intelligence from those directly affected, especially those in and around the walkways. Feedback received will be used to further improve the NHS offer.



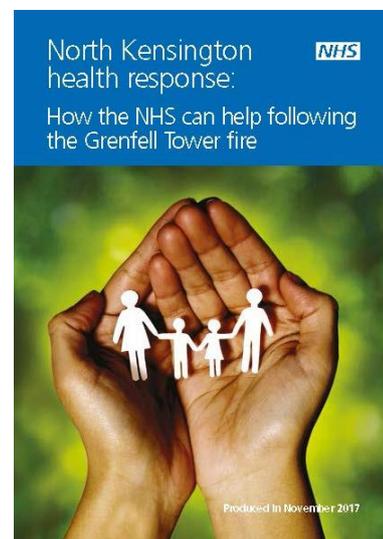
### **Communications activity**

- 4.7 We know that ensuring people are aware of our services is an area that needs constant attention. We have heard feedback from our community members that people don't know about our services – where they are or how to access them. We are committed to continuing to listen to feedback and develop new ways of sharing this information and making services more accessible.
- 4.8 Our leaflet '[Coping with stress following a major incident](#)' for those who have been involved in or affected by a traumatic incident was immediately made available to all residents and also translated into 13 different languages. This is a nationally developed leaflet that was produced with evidence gathered from other similar events that have happened globally.
- 4.9 Local MP Emma Dent Coad and broadcaster Sir Trevor McDonald are supporting Flu campaigns for West London. We are using our channels including the website and Twitter to encourage residents to have the flu vaccination which is now free to those affected by the Grenfell Tower fire. There will be further proactive campaigns and we will ask the community what they would like us to focus on.
- 4.10 The NHS Grenfell Tower Fire Response website went live in September 2017 can be found at [www.grenfell.nhs.uk](http://www.grenfell.nhs.uk). The site features health and wellbeing advice, updates on NHS activity, news stories, and our publications. It also includes all contact information for the NHS. Visitor data for the site are encouraging and design updates are being made based on analysis of the data. We will also use community feedback to inform future updates to the site.



4.11 Twitter has been a very useful tool for promoting our services and our account is very much on the radar of the community. Our pinned tweet promoting the recent engagement events was re-tweeted 49 times with a reach to 4,000 Twitter accounts.

4.12 A poster signposting to NHS services was displayed at Latimer Road and Ladbroke Grove Underground stations throughout October. The design was tweaked based on community feedback and will be displayed again throughout December.



4.13 A new NHS leaflet 'North Kensington health response: How the NHS can help following the Grenfell Tower fire' has been published. The leaflet describes all of the support available from the NHS and includes the contact details residents will need should they require our services urgently or in non-urgent settings.

4.14 A pack containing information and advice for adults, children and young people was produced by the local authority.

- 4.15 During the emergency phase, over 8,000 packs were distributed to the community via keyworkers, key settings (such as schools, youth clubs and GPs) and volunteering activity.
- 4.16 The pack contained:
- Details of key services to support adults
  - Details of key services to support children and young people
  - NHS advice and guidance regarding coping with stress
  - Advice and guidance for adults who are talking to and supporting children who have been affected by the incident
  - Details of support regarding drug and alcohol misuse.
- 4.17 This has supplemented the promotion of mental health support via traditional and online methods (including a dedicated section of the RBKC Local Offer website – [www.rbkc.gov.uk/localoffer](http://www.rbkc.gov.uk/localoffer)) as well as inclusion in the Grenfell Newsletter, which is distributed widely across the community.
- 4.18 All partners still hear, however, that not all people are aware of the range of support that is available and can struggle to navigate the system to find the options that they have for support. We are continuing to work with the community to understand how we can improve this, as outlined later in this report.

## **5 WHAT WE HAVE LEARNT AND HOW WE ARE RESPONDING TO FEEDBACK**

- 5.1 The response needed after the tragedy is unprecedented and all parties involved in the mental health response would reflect that needs have not always been met as quickly or responsively as needed. Where the service has not met needs we apologise and reiterate our commitment to evolve and develop how we work to be as responsive as possible.
- 5.2 Following an unprecedented tragedy such as this, we recognise that it is not possible to rely on a 'traditional' needs analysis, which can be baselined and then used to inform commissioning decisions. Need is not static and all partners are reliant on a combination of live data analysis, structured surveillance and feedback from the community and professionals to continually develop our joint response.
- 5.3 Throughout the response all partners have received valuable feedback from key representatives of the community including Grenfell United, the bereaved and their families, Residents Associations, local voluntary sector organisations and faith groups, those accessing the Curve and those in receipt of services.

- 5.4 This feedback has helped the NHS and the local authority to develop and test a range of innovative, targeted responses, which have helped us to engage more people and support them with their needs.
- 5.5 We recognise that there is a need to continue to work at pace to set up new responses – but then assess whether approaches are working – getting feedback from those in the community before making decisions to adapt, stop or replace. All partners also need good data to inform decisions, and we are continually working to improve the quality of information that we are able to collect, share and analyse.
- 5.6 Some of the key lessons that have been learnt during the emergency phase are outlined in this section.

### **There are concerns that not everyone has been reached**

- 5.7 There have been concerns raised that victims and survivors may not all have been contacted directly by the NHS to see whether support is needed.
- 5.8 Various approaches have been implemented to try to reach people through schools, the voluntary sector and the NHS outreach team and partners are now working together to consider how enhanced data-sharing arrangements will support us to contact those who may need support.
- 5.9 If it is identified to us that someone hasn't been reached by any of the services on offer, we respond immediately and ensure that we follow up these reports of need (often they are second hand or third hand) to put in place the right support as quickly as possible.
- 5.10 We understand that not everyone who could need additional health support has been contacted directly by health partners - some have chosen not to use the services on offer and others live in areas where the expanded services are not delivered. We will continue to try to improve our links with these groups and reach into these areas to deliver solutions that are appropriate to all.

### **NHS services can sometimes feel impersonal**

- 5.11 Whilst many people have praised the NHS response, feedback from the community has indicated that engaging with NHS services can often be jargon heavy and can feel impersonal, limiting people's ability or willingness to continue to access support.
- 5.12 To help address this, the NHS are moving towards a 'case-management' model for residents affected by the incident, commencing with former tower residents and bereaved families, and then expanding to the wider community. This will mean that people will have one NHS worker who is the key point of contact for that

individual. They will help to support and navigate them through services – both NHS and voluntary sector. This case manager will be able to work with the local authority key worker to join up health and wider needs more effectively.

- 5.13 NHS staff are being advised to avoid jargon and to ensure that services are welcoming and accessible.

**There is a continuous need be innovative and to respond to community feedback**

- 5.14 In recognising that needs are not static, partners have built on the initial Health and Humanitarian Assistance Impact Assessment to maintain a responsive and iterative approach to identifying and meeting reported need. This recognises that some needs are greater than predicted, some are different, and some have not yet emerged. Individuals and communities are a key source of information regarding this and we actively seek to listen to their advice on how to engage people with specific needs and perspectives.
- 5.15 An example of this is: in the weeks following the tragedy and during the emergency response period, the local North Kensington community identified the need to support people who were struggling to sleep and were often found walking and sitting in the local area around the tower.
- 5.16 In response to this, two specific offers of overnight support were mobilised – mental health outreach delivered by Hestia from a converted 'listening bus' situated on Kingsdown Close and an outreach offer delivered by Total Family Coaching from the Baseline Studios.
- 5.17 More recently, a multi-agency outreach service was put in place following requests for NHS Services to be available to those who are accessing support under the Westway and reports from overnight outreach workers that there were potentially community safety problems overnight, including drug and alcohol misuse.
- 5.18 We have also responded to feedback to quickly test mobilise a range of overnight counselling support for displaced families in hotels, which has been delivered by the NHS, the Samaritans, Total Family Coaching and Hestia.
- 5.19 For each of the examples outlined above, joint working between key partners (Local Authority, NHS and local organisations) has been productive and responsive. We need to maintain this momentum and level of partnership work as the scope of programme broadens to incorporate wider determinants of health and wellbeing.

## **The universal and targeted offer is complex and can be difficult to navigate**

- 5.20 We have received feedback that the range and number of support offers available in the voluntary sector is confusing and it can be difficult to know what is there, what it delivers and to whom it might be helpful.
- 5.21 In order to help to address this, the local authority is developing a directory of local services that will be available both online and in a printed format. All partners will continue to promote services and the NHS and RBKC will provide signposting and support so that people don't have to navigate the system themselves. We welcome all the offers from local groups to help share information and will continue to act on feedback where this could be done better.
- 5.22 Further to this, the first meeting of the local authority-led Mental Health Network took place on Tuesday 7 November. The network provides an opportunity to bring together all local providers who are delivering mental health and emotional wellbeing services to ensure that they have the opportunity to share insight and learning as well as receive talks from experts in particular fields and take part in shared training sessions. This will result in closer working between all organisations, ensuring that everyone is better able to support people with finding the support that is most appropriate to their needs.
- 5.23 Finding ways to bring together the range of local groups is important. In addition to the Mental Health Network the NHS is supporting a multi-agency panel of the established voluntary sector groups working in the area to provide advice and guidance to development of future models in a coherent way. The Residents Associations' voice is key and it will be important to find a way to work with them individually and together to shape future models of support.

## **There are concerns about the quality of some of the provision**

- 5.24 The emergency grants process ensured that money was distributed quickly to enable services to continue to respond locally and meet gaps in need as they arose.
- 5.25 Following this initial response, the local authority is now reviewing the support provided by grant funded organisations. This will enable us to understand which services are having the greatest impact, and will inform the discussions required to co-produce an effective longer-term offer in North Kensington.
- 5.26 However, we recognise that there are also groups providing support to the local community who are not commissioned by or in receipt of grant funding from the statutory agencies.

- 5.27 Through our links with community groups, all partners may sometimes be made aware of an organisation that is causing concern. This is expected and has been evidenced in the aftermath of other tragedies.
- 5.28 In these circumstances, partners will seek to meet with the organisation to understand the root of the concerns, explore whether the issues with the community are reconcilable, consider the group's activities in the context of clinical safety, evidence of impact to wellbeing, the safety of the organisation in totality and connectivity with the community.
- 5.29 This discussion will be led by the Clinical Director for the NHS Mental Health Response and will be undertaken jointly with local authority commissioners and relevant safeguarding leads.
- 5.30 Following the discussion, officers will reach a conclusion about the operations of the organisation and the impact that they are having locally. If there are any concerns of significance the relevant safeguarding processes will be invoked.

### **Bereaved individuals will continue to be identified**

- 5.31 Since the tragedy, partners (the local authority, police, voluntary sector and NHS agencies) have supported bereaved families through a Friends and Family Assistance Centre.
- 5.32 Cruse Bereavement Care provides support at the centre and, in recognising that some of the bereaved were also residents or witnesses, CNWL is also offering support in addition to the screen and treat programme for PTSD.
- 5.33 In a recognition of the continued need for support, all partners are committed to ensuring that appropriate services are provided for all bereaved individuals as they are identified.

### **We need to consider those who are not resident in Kensington and Chelsea**

- 5.34 We know that some people who need additional support are not resident in Kensington and Chelsea or are at school outside the borough and we have worked with neighbouring agencies to ensure that the same level of support is available to all.

### **There is a need to plan for key events and work with the community**

- 5.35 We know that there are dates and times where an enhanced offer of mental health and emotional wellbeing support is needed – for example, extra provision during school holidays and the Notting Hill

Carnival and the specialist commissioning to support residents to visit their homes in the Tower.

- 5.36 Partners work together to anticipate key events and plan how we can support people through them. These will include the winter holidays, key dates in the public inquiry and anniversaries of the tragedy.
- 5.37 In preparation for the winter holiday period is approaching and, a multi-agency workshop has been held to understand what services are closing / scaling down, what additional provision is planned and where there are likely to be gaps in the offer and how these can be addressed. The offer over this period is likely to include the provision of social spaces for those families who remain in hotel accommodation as well as the delivery of positive activities throughout the weeks before and after Christmas from a central hub such as the Curve. As per the summer holidays, the local authority is also funding extra activities and is creating a brochure which will be widely distributed to schools and community venues.
- 5.38 As the Inquiry process proceeds we anticipate the need for additional emotional support. The NHS have allocated a mental health worker from the outreach team to plan for and to identify the resources needed to support people during this time.

**Staff and volunteers need more support.**

- 5.39 There is a risk that staff and volunteers who are (or have been) involved in the response to the tragedy experience a traumatic response. Partners are working together to ensure that employed staff across the statutory sector can access appropriate debriefing, counselling, and trauma screening.
- 5.40 Volunteer training is in place and will be required as part of the standards we expect for all commissioned services going forward. We want to hear from people and groups what training they need so this can be delivered.

**There is continuing concern around possible toxins, air quality and effects on the environment**

- 5.41 Staff from Public Health England have been available at specific sessions at the Curve to respond directly to any individual concerns about air quality or effects on the environment. They have also attended all of the public meetings to address wider concerns. Public Health England staff have been on hand at the drop-in sessions arranged by the CCG and will continue to do this at similar events planned in schools and in the wider community.

## **All partners need to be working with the community differently in the longer-term**

- 5.42 The voluntary and community sector has been central to the emergency response, both for the work that they have undertaken directly with the community and for the feedback they have given to health partners and the local authority regarding the services that we have been providing and commissioning. This has enabled us to work in partnership to quickly amend our offer and trial new approaches to meeting need.
- 5.43 Furthermore, in recent months the local authority and partners have begun to be approached by community groups of various kinds with an interest in taking a more proactive role in shaping and delivering health and wellbeing services in the longer-term.
- 5.44 This is a positive development which will enable all partners to build on the good working relationships that we are developing and ensure that the community is at the centre of a co-produced future offer of health and wellbeing services in North Kensington.

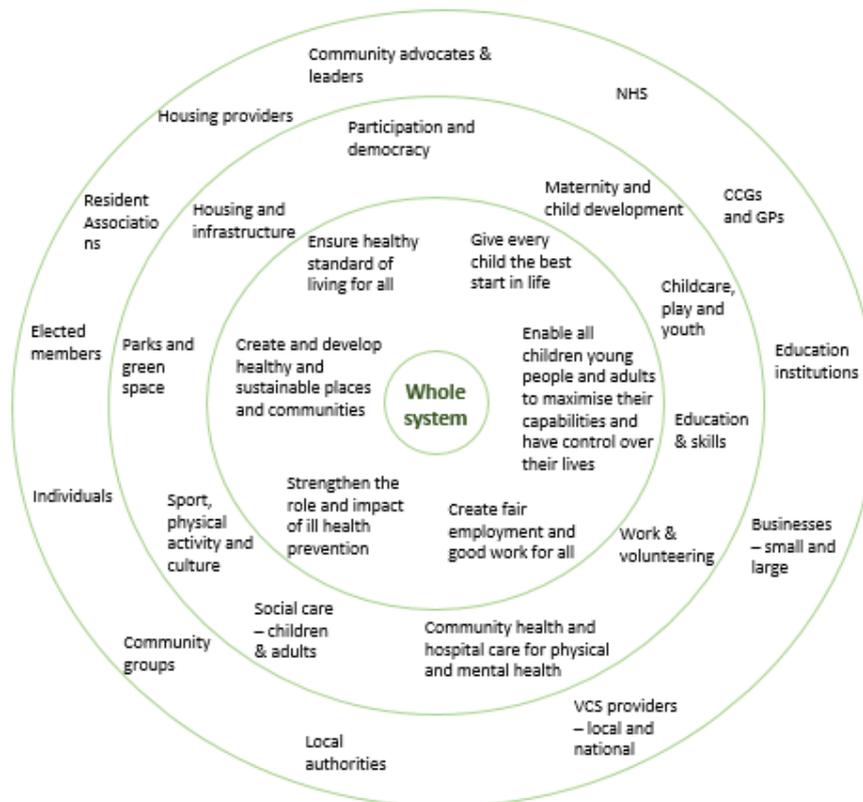
## **6 HEALTH AND WELLBEING IN THE LONGER TERM**

### **Continuous Needs Analysis**

- 6.1 Over the longer-term, partners are committed to working together, applying the learning from previous disasters and their recovery, and from residents and those working on the frontline, to put in place the foundations for best supporting the health and wellbeing of the many residents effected by the tragedy.
- 6.2 Public Health are leading on the launch of a needs assessment to support this process of recovery. Its purpose is to articulate the health and wellbeing of the local population, and to assess the way in which the social and physical environment, the civil society and context supports or hinders good health and wellbeing. It will also identify forces which will influence health over time and, in the context of the tragedy, the way in which the health impact is likely to change over time will be a key driver of need. It can act as a reference point and catalyst for long term change.
- 6.3 The Needs Assessment will be carried out in participative manner that there are many ways for people right across the community to feed in their perspectives. All the evidence gathered will be made widely accessible.
- 6.4 Conversations will need to find a balance between fostering the longer-term thinking while not neglecting immediate concerns, ensuring that insights about what is needed in the immediate are being fed into relevant discussions.

## **Developing a wider Health and Wellbeing Programme will be central to the recovery plan**

- 6.5 All partners recognise that the emergency response outlined in this paper will not in itself create the conditions for longer-term recovery and leave the lasting and sustainable legacy which the community expects.
- 6.6 Internationally there is clear evidence of the importance of the community being in the centre of rebuilding its own infrastructure and its future. We are fortunate that the community of North Kensington are very resilient and multi-talented and have been involved in supporting each other since day one.
- 6.7 The local authority is therefore leading on the development of a Health and Wellbeing Programme, which will focus on a much broader and longer-term set of public health objectives and principles. This will form the basis of a recovery plan that will put the community at the heart of the development and delivery of future services in North Kensington.
- 6.8 Built around the Marmot principles, we believe that the longer-term recovery in North Kensington will need to consider how to sustainably build capacity across all of the social determinants of health:
- Give every child the best start in life
  - Enable all children young people and adults to maximise their capabilities and have control over their lives
  - Create fair employment and good work for all
  - Ensure healthy standard of living for all
  - Create and develop healthy and sustainable places and communities
  - Strengthen the role and impact of ill health prevention



6.9 Marmot, in his analysis of the role of health and wellbeing systems recognises that health and wellbeing is:

- A broad and inclusive concept for social development.
- A holistic and system wide approach to transforming life outcomes

And critically,

- That effective health and wellbeing systems are designed and delivered **with** local people and communities

6.10 Since the tragedy, local people and community organisations have been central to the immediate response, and we have already received initial approaches from emerging organisations that have proposals for various forms of resident-led health and wellbeing services. We are working in partnership with these groups, providing support to build their capacity to refine their models and find appropriate space to prototype elements of their proposals using iterative, design-led processes.

6.11 We are clear that, through the Health and Wellbeing Programme, it is essential for the local authority and health partners continue to work alongside colleagues in community development to identify the best ways to work alongside the communities of North Kensington, enabling them to be central to the design and delivery of health and wellbeing services that over a period of time, will work towards

addressing all of the areas above and contribute to the long-term recovery of the area.

**FOR DISCUSSION**

**Background papers:** None

**Contact officer:** Steve Comber, Health and Wellbeing Programme **Tel:** 07739 317 307 **E-mail:** [steve.comber@rbkc.gov.uk](mailto:steve.comber@rbkc.gov.uk)