Grenfell Health Recovery Network
Tuesday 13 October 2026
5.30pm – 7.30pm
Unity Conference Room, the Westway Trust, 1 Thorpe Close, London W10 5XL

Minutes

Participants in Attendance

North Kensington Residents and Voluntary Community Faith Organisations Representatives	
Abdurahman Sayed	Network Chair, and Chief Executive Officer, Al Manaar Muslim Cultural Heritage Centre
Abbas Dadou	Resident and Vice Chair Lancaster West Resident Association
Abdullahi Nur	Director of Baraka Community Association, Resident and Councillor of Royal Borough of Kensington and Chelsea
Arantxa Gaba	Our Power Hub
Claire Simmons	Resident and Councillor of Royal Borough of Kensington and Chelsea
David O'Connell	Resident
Kimia Zabihyan	Grenfell Next of Kin
Marie Tamzee	French African Welfare Association (FAWA)
Marwan Elnaghi	Resident
Mary White	Latymer Community Church
Melanie Juno-Wolfe	Founder, North Kensington Community Kitchen
Nour-Eddine Aboudihaj	Chief Executive Officer, Grenfell Tower Trust
Portia Thaxter	Resident and Councillor of Royal Borough of Kensington and Chelsea
Teresa Meekings	Community Massage London
Tom Fitch	Resident
NHS and Other Organisational Officers	
Cameron Hill	Deputy Director, North Kensington Recovery Transition, NHS West and North London Integrated Care Board
Krishna Sarda	Head of Communities, North Kensington Recovery Transition, NHS West and North London Integrated Care Board
Muskaan Khurana	Head of Service (Health Equity and Engagement), Bi Borough Public Health
Olivia Patten	Senior Community Engagement Officer, Grenfell Memory Project, London Fire Brigade
Radhika Howarth	Engagement Manager, North Kensington Recovery Transition, NHS West and North London Integrated Care Board
Rita Thakaria	Co-Chair of North Kensington Recovery Committee, and Managing Director of Bi Borough Place Based Partnership

Robyn Doran	Director of Transformation, Central and North West London NHS Foundation Trust
Sabrina Phillips	Managing Director, Jameson Division, Central and North West London NHS Foundation Trust
Teeresh Bundhun	Deputy Managing Director, Jameson Division, Central and North West London NHS Foundation Trust
Chats Malalasena	Business Lead, North Kensington Recovery Transition, NHS West and North London Integrated Care Board

Apologies	
None Received.	--

Discussion Items

1. Introductions and Welcome

The Chair welcomed the attending residents, representatives of Bereaved families and Survivor residents, voluntary community and faith sector organisational representatives, Resident Association representatives, elected representatives, the NHS and Local Authority colleagues to the second meeting of the Network, following its inaugural meeting on 11 August 2026.

Introductions were invited, including from participants joining remotely.

The Chair reiterated that the Network is an open and accessible forum for Bereaved families, Survivor residents and local residents of North Kensington, as well as community organisations. It is intended to provide a two-way conversation with NHS partners: participants can share lived experiences, concerns and proposals related to their health affected by the Grenfell tragedy; NHS representatives should listen, provide understandable explanations and report back on how the feedback has been considered. The Network does not itself make commissioning decisions, but is intended to influence Grenfell-specific health policy, service design and formal governance of the North Kensington Recovery (NKR) programme.

The Chair set out expectations for respectful participation, constructive challenge focused on issues and ideas, sensitivity to trauma and confidentiality of personal experiences. Participants were encouraged to identify whether they spoke as individuals or on behalf of a group. A mapping exercise was proposed to understand which groups are represented, how representatives gather views and where outreach should be strengthened. Participants were invited to identify people and organisations not yet being reached.

The meeting was arranged in two parts: initial Network business, including feedback from the previous meeting and an update on the NKR Committee, followed by discussion with Central and North West London NHS Foundation Trust (CNWL) senior colleagues on the developing future Grenfell mental health and wellbeing service model.

2.

a. Minutes of Meetings Dated 11 August 2026

The Chair reviewed the commitments arising from the August meeting under a “you said, we did” approach. These included inviting senior CNWL colleagues to explain the aforementioned model directly to the Network, clarifying the Network’s purpose and ways of working, showing how feedback travels to the NKR Committee, and improving transparency of documents and responses.

An FAQ had been prepared and shared, and a Chair's report conveying Network views had been presented to the NKR Committee on 8 October 2026.

The August minutes were considered. A correction was noted to be made to the description of a participant's erroneously represented relationship with Lancaster West Residents Association.

Meeting minutes are publicised within a two-weeks period of Network meetings.

b. Actions Log

It was explained that the log records matters raised, the response or action and supporting evidence, and would be published alongside the meeting documents.

The Chair emphasised that the Network's credibility depends on visible feedback to residents: what was raised, what was taken to the Committee, what changed and why a suggestion could not be progressed where applicable.

c. Frequently Asked Questions (FAQ)

The FAQ also has been publicised. The Chair emphasised that the FAQ is intended as an evolving document, to be updated to address further questions or gaps identified by meeting participants, as the future Network meetings progress.

3. North Kensington Recovery Committee of 8 October 2026

a. Network Input Provided to Committee

The Chair outlined that 2026–27 is a transition year for Grenfell-specific health arrangements, with a future Grenfell service model under development for April 2027 onwards. The importance of using current engagement opportunities to influence the model before decisions are made was emphasised. Participants were reminded of the community engagement sessions held since August 2026 up to now.

Krishna Sarda provided an update on the 2026 – March 2029 three-year (non-clinical) community wellbeing funding offer by NKR programme. Following a formal procurement process, Westway Trust has been appointed to administer the grant programme and was expected to announce the available grant streams and application arrangements by latter part of November 2026, subject to final contractual arrangements with NKR. Small grants were expected to be introduced ahead of other funding rounds. NKR will be sharing relevant findings from recent community engagement activities, with the Westway Trust to help inform wellbeing activities complementary to the non-clinical community elements of the future service model.

Participants asked how this funding would relate to valued non-clinical activities previously delivered or supported through the Grenfell Health and Wellbeing Service, including therapeutic and community-based activities. It was acknowledged that the detailed CNWL model and grant arrangements were not yet finalised, and that clearer explanations of the respective offers are part of the model considerations.

b. Update from Committee Discussions

Rita Thakaria explained the development of local NHS Place Based Partnership arrangements intended to improve coordination across local health and care organisations, reduce fragmentation and duplication and enable services to work around residents' needs. She outlined the relationship between the Place Based Partnership, the NKR Committee and the Network, including the importance of ensuring meaningful community influence rather than a tokenistic representative place in formal governance.

It was acknowledged that the NKR Committee had begun meeting prior to the Network was established. The Chair of the Network participates in Committee discussions and maintains contact with the Committee leadership, with a commitment to share relevant Committee business and responses back to Network participants. The Committee had met four times, most recently on 8 October 2026.

The Committee had considered the CNWL developing service model and the evidence from community engagements since August 2026. It had not endorsed a final model. Further model iterations and evidence that supports the iteration were awaited, and the existing service arrangements remained in place during the transition period of 2026-27. Particular attention was drawn to the feasibility of the transition timescales and the significant importance of safe, well-planned transitions for residents who currently receive support.

It was explained that the local Integrated Care Board (ICB) retains commissioning and financial responsibilities and that a decision gateway was anticipated in December 2026 to assess whether proceeding with transition would be safe and sufficiently prepared, or whether further work or time was required. This would sit alongside the wider Place-Based oversight arrangements. The Network was encouraged to raise questions so that its views could inform the continuing NKR governance process.

Learning from nine years of services and programme evaluation
A participant questioned why a new model was being developed without a sufficiently visible assessment of what had been delivered, how previous models had worked, what had been learned and how resources had been spent during the nine years since the Grenfell Tower fire. The view was expressed that community engagement should build on this accumulated experience rather than repeatedly re-visit questions already discussed.

NKR colleagues acknowledged the importance of using previous outcomes and experience to inform the future model. CNWL colleagues would be able to describe relevant reviews and evidence considered in developing the proposal model further being developed, including considerations given to international disaster evidence. Cameron Hill explained that a broader evaluation of the programme was planned for later this financial year. The proposed scope and terms of reference would need to be developed and shared for discussion, including with the Network, to establish what had worked well, what had not and what should inform future provision.

Funding transparency, allocations and future resource requirements
Participants raised concerns about the apparent change of NHS England allocation from the current overall annual Grenfell health budget of approximately £8 million to approximately £3 million from 2027–28. Questions focused on the basis of the allocation, how decisions was reached, whether community needs had been assessed first, and whether the NHS and other responsible bodies were making a sufficiently robust case for continued support. A line-by-line account of past and proposed expenditure was requested.

Cameron Hill explained that published programme expenditure was previously publicised for past financial years up to March 2025 (Here), and that detailed 2025–26 information is due to be published. This includes expenditure across primary care, voluntary-sector activity and mental health services. Cameron further clarified that the approximately £3 million figure for April 2027 to March 2029 was an allocation received through the ICB, not a confirmed total cost or final financial ceiling for all future Grenfell health services. Further work was required to cost the future services, with greater clarity expected over the following months, informed by outcomes of community engagements. The need to consider funding beyond April 2029 period was acknowledged.

Robyn Doran, Sabrina Phillips and Teeresh Bundhun joined the meeting and introductions were made.

4. Future Grenfell Health and Wellbeing Support – Mental Health Service Model Discussion (Here)

CNWL representatives reiterated that the future model was being developed in response to assessed needs and community engagements, rather than simply fitted to the financial allocation referred to in above discussions. The resulting service requirements and costs would be used to support further discussions and an evidence-based case for additional resources request from the Government. CNWL referred to the allocation currently indicated for its service element, but stressed that this did not establish the final service offer.

Participants expressed the view that the timing of a possible reduction was particularly difficult, given the Tower take down, anticipated criminal justice / prosecution service developments and residents' continuing emotional and practical effects of the fire. Several asked that the NHS, ICB and relevant public bodies actively seek adequate funding rather than place responsibility for funding-advocacy on residents. CNWL confirmed that the NHS would pursue discussions on the resources needed; the community voices remain important.

Questions raised in the room on the process through which Westway Trust had been selected to administer the community wellbeing grant funding and that community organisations did not have sufficient clarity about the selection process, the rationale for the appointment, or the funding opportunities and arrangements that would be available. It was suggested that some further transparency and timely communication would be helpful to enable community organisations and residents to understand the arrangements and how they could access the funding. Further communications are expected as the grant programme is being finalised by Westway Trust.

Robyn Doran introduced CNWL's model developing approach and emphasised that the purpose of attending today was to listen and test the emerging proposals with the Network. CNWL explained that the Grenfell Health and Wellbeing Service had evolved since its establishment, with community feedback informing changes to how support is delivered. The experience of the existing service, including its community relationships, flexibility and cultural responsiveness, was described as important learning for future mainstream and specialist services.

CNWL explained the history of time-limited funding and subsequent business case development. Earlier planning had envisaged a specific offer for Bereaved families and Survivor residents, alongside a greater role for mainstream services in supporting the other local community. Community engagement feedback has so far highlighted concerns about moving directly from established Grenfell-specific relationships into mainstream provision, and the changing context of criminal justice proceedings had strengthened the need for flexible support.

The developing model therefore includes a dedicated service for Bereaved families and Survivor residents, a proposed transition or "bridge" element for the local community, and mainstream mental health services. The bridge was described as an intermediate offer intended to retain some expertise and staff from the existing Grenell service, support continuity of therapeutic care and respond flexibly to needs arising during the criminal justice process. CNWL clarified that therapists would be available to support the local community through the bridge; detailed access criteria and operating arrangements are still under development.

CNWL explained that these elements did not necessarily imply physically separate services or separate front doors.

The aim was to coordinate access and support, preserve trusted relationships where possible, and develop mainstream services to be more culturally competent, flexible and responsive to Grenfell-affected residents. The proposal remained subject to community engagement, further design and approval; it was not presented as a settled final service specification.

Criminal justice proceedings, continuity and timing of transition

Residents and community representatives emphasised that the forthcoming criminal justice process could bring renewed distress over an extended period, with individual needs changing as justice related decisions, hearings and other developments unfold. They questioned the timing of major service change during this period and highlighted the additional impact of the Tower take down and the future Grenfell memorial. Participants stressed that support must remain available for those whose Grenfell specific needs re-emerge or who seek help for the first time.

Community representatives spoke about the value of long-standing relationships with Grenfell Health and Wellbeing Service staff, community connectors and local organisations. Concerns were raised that reductions in staff or the fragmentation of services could weaken trust and transfer responsibilities back to already stretched local voluntary and community groups. Participants also emphasised that some Bereaved relatives and Next of Kin had not accessed trauma treatment despite longstanding need, and that privacy, stigma and relationships within the community could affect whether those residents seek support.

CNWL acknowledged the anticipated duration and complexity of a criminal justice proceedings and explained that the current resource offer would not allow the service to provide all the flexibility believed as necessary during such a proceeding. CNWL and NHS partners intended to seek additional funding, including engagement with criminal justice partners, to support an appropriate resources-response. The future service would need to flex over time and, where required, provide support linked to proceedings as well as in community settings. CNWL drew on experience of supporting residents during the Grenfell public inquiry as an example of adapting where and how services were provided.

Participants emphasised that support should be sustained across the full period of Grenfell-need, rather than tied only to a particular hearing or stage of the proceedings. CNWL confirmed that flexibility, continuity and responsiveness to changing needs were central considerations in the model's further development.

Specialist trauma treatment, mainstream services and referral pathways

Participants sought a clear distinction between specialist trauma therapy and trauma-informed care. CNWL explained that specialist trauma treatment is delivered by appropriately trained therapists using different modalities to address traumatic experiences, which may include Grenfell-related trauma alongside trauma existing in lives from pre-Grenfell experiences. Trauma-informed practice refers to the way staff in a broad range of settings recognise and respond sensitively to trauma; it does not, by itself, mean that specialist trauma treatment is being provided.

CNWL explained that some people experiencing acute mental illness may first need stabilisation before trauma therapy is appropriate, and that specialist treatment may subsequently be delivered for example on an outpatient basis. CNWL stated that mainstream services include trained trauma therapists and longer-term therapeutic interventions, alongside shorter interventions such as CBT. When asked whether individuals would have to request trauma therapy by name, CNWL said that appropriate needs should be identified through Grenfell services' assessment and triage of a patient.

Participants nonetheless expressed concern that mainstream services might offer shorter interventions, have lengthy waiting times or lack the cultural understanding and continuity that had developed within Grenfell-specific support.

They asked how referrals and transfers to mainstream services would work in practice and how appropriate specialist input would be assured. CNWL described an ambition for a coordinated or joint front door and joint assessments, reducing the risk of patients falling between services or having to repeatedly explaining their experiences. These arrangements remained proposals requiring further development.

Children and young people and needs emerging later

Participants highlighted the position of children who experienced the fire at a young age and may only now be recognising or seeking help for its psychological impact within them. An example was raised of a young person who had been a child at the time and had approached services years later. Participants noted the potential effects of stigma, lack of awareness of available support and delayed readiness to engage in therapy.

Concern was expressed for younger generations, including the effects of trauma on their education, social inclusion, employment prospects and wellbeing. Participants asked how services would remain available for residents whose needs may emerge after the proposed service transition and whether support would be sufficiently accessible and appropriate for children and young people.

CNWL acknowledged that the example was not isolated and recognised the need to plan for future generations and residents who had not previously come forward, and, described discussions about bringing child and adolescent mental health service colleagues into the Grenfell site through outreach or in-reach, and the importance of working with education, youth, employment and local authority partners. The need for better communication about what help is available was also recognised.

Partnerships, voluntary and community organisations, joined-up support

Participants asked what role voluntary, community and faith sector organisations would have in the future model, including how their existing relationships, cultural knowledge and community-based activities would be retained. Concerns were raised that separate services or funding streams could lead to fragmented Grenfell-specific service provision, with residents having to repeat their stories or navigate unclear service pathways.

CNWL said that continued collaboration with Resident Associations, faith organisations, community groups and other third-sector partners would be essential. It recognised that the NHS is not best placed to deliver every form of social or wellbeing support and that community organisations have distinctive expertise. The future model would need to dovetail with Westway Trust grant-supported activities and with statutory clinical provision.

CNWL also described the importance of stronger relationships with Local Authority departments, particularly housing, in light of the effect that housing and other wider determinants can have on mental health. RBKC's W11 Team's housing representatives had been involved in one of the model development related recent community engagement sessions. Participants stressed the need for clear and practical pathways between different organisations and for coordination that reduces duplication and improves residents' experience.

Further engagement, model validation and scrutiny

CNWL confirmed that feedback from today's Network meeting, August to October 2026 community engagement sessions and the surveys closing today 13 October 2026, would inform further development of the model. CNWL committed to returning to the community with a further developed proposed model, showing what had been heard during community engagements, how community views have influenced the development of the model and where suggestions could not be accommodated, with explanations. The purpose would be to allow residents to check whether their views have been understood prior to formal consideration of a final model.

Further face-to-face community sessions were advised to be taking place on 27 October 2026 evening, and ,7 November 2026 early afternoon, ahead of the CNWL Board meeting on 18 November 2026 when a final model will be signed off.

Wider communications confirming these dates will be confirmed by CNWL and NKR.
Written and electronic materials would also be made available and that visual diagrams and discussion-based formats were preferred to lengthy presentations.

The Chair asked how participation would be supported for residents with physical disabilities, language requirements or other access needs. CNWL said venues are usually physical-disability access facilitated and that individuals or organisations could contact the team in advance to arrange appropriate support (Email contacts: grenfell.wellbeingservice@nhs.net / nhsnwl.nkrt@nhs.net)

For model validation by the community, online and in-person hybrid option was discussed; CNWL noted practical challenges with hybrid group discussions and undertook to consider accessible ways to share material and receive feedback.

CNWL and NHS colleagues also referred to a planned joint attendance at RBKC Health Scrutiny in early December 2026, where the community engagement process, feedback, and developing future Grenfell model arrangements could be discussed.

5. Any Other Business and Close

The Chair reiterated that the Network would ordinarily meet every two months. The date of the next meeting would be confirmed and circulated by email, together with the minutes and links to relevant documents. Participants asked that the record of this meeting be made available quickly enough to inform the continuing service-design and funding discussions.

The Chair's sincere thanked were conveyed to the participants, NHS and Local Authority colleagues for their contributions to helpful discussions today. Participants were invited to contact the Network Chair or NKR colleagues between meetings should any further questions, issues or suggestions arise (Email: nhsnwl.nkrt@nhs.net)

The meeting was concluded at 7.10pm.