Grenfell Health Recover Network
Tuesday 11 August 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
Carrie Hurst	Chief Executive Officer, Dalgarno Trust
David O'Connell	Resident
Melanie Juno-Wolfe	Founder, North Kensington Community Kitchen
Nour-Eddine Aboudihaj	Chief Executive Officer, Grenfell Tower Trust
Zina Serageldin	Kensington and Chelsea Social Council
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
Mamnun Rahman	Roya Borough of Kensington and Chelsea
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
Chats Malalasena	Business Lead, North Kensington Recovery Transition, NHS West and North London Integrated Care Board

Apologies	
Abbas Dadou	Vice Chair, Lancaster West Resident Association
Deborah Lauder	Bay 20 Community Centre
Fiona Flaherty	Bay 20 Community Centre
Mary White	Latymer Community Church

Discussion Items

1. Introductions and Welcome

Mr Abdurahman Sayed as the Chair of the Network, welcomed attendees to the first meeting of the Grenfell Health Recovery Network and invited introductions from those in attendance.

The Chair explained that this was an introductory meeting and an opportunity for attendees to begin considering the purpose of the Network, its relationship with the North Kensington Recovery Committee and how the Network should work in practice.

It was acknowledged during the meeting that attendance was relatively small, including because the inaugural meeting had been arranged during August 2026. However, the importance of beginning the Network's work was also recognised, given that the North Kensington Recovery Committee had commenced its work and a number of important discussions about the future of Grenfell health services are commencing.

Attendees were encouraged to contribute openly, including by raising questions and challenges about both the proposed arrangements for the Network and the wider 2026-27 Grenfell-specific health services' transition work.

2. Context of the Network – Transition Year and Community-Led Recovery

An overview was provided of the background to establishing the Grenfell Health Recovery Network.

The meeting heard that, during the years following the Grenfell Tower fire, a range of arrangements had been developed to enable the Bereaved, Survivors, people with Grenfell-affected health needs, Voluntary Community Faith Sector organisations and other partners to contribute to discussions about Grenfell-specific health and wellbeing support. While these arrangements had enabled considerable participation, previous feedback had identified areas where the approach could be strengthened.

In particular, local communities had wanted clearer evidence showing how their views had influenced decisions and resulted in action, alongside greater accountability and transparency about the North Kensington Recovery programme, including how resources were being used and how Grenfell-affected communities were benefiting.

The Network had therefore been developed as part of a strengthened governance approach and as one of the mechanisms through which Community-Led Recovery could be put into practice. The intention was to establish a stronger connection between Grenfell-affected communities' experience and the formal governance and decision-making arrangements for North Kensington Recovery and the local NHS.

The meeting heard that the Network should provide an opportunity for the Bereaved, Survivors, people with Grenfell affected health needs and voluntary and community organisations to raise issues, influence priorities and help shape future services. It was emphasised that the success of the Network would depend upon meaningful participation from both Grenfell-affected communities and health and care partners.

It was also recognised that Grenfell-affected communities need sufficient time to understand and respond to information. NHS timescales and the pace at which organisations sometimes need to work should not prevent meaningful community participation. Opportunities to contribute should therefore not be restricted to attendance at formal Network meetings, and communities should also be able to provide views through other means.

The meeting heard that the Network would be independently chaired by Mr Abdurahman Sayed and supported by an North Kensington Recovery programme secretariat.

3. Setting the Scene – Relationship Between the Grenfell Health Recovery Network and North Kensington Recovery Committee

The meeting received an overview of the wider health and care governance arrangements and the relationship between the Network and the North Kensington Recovery Committee.

It was explained that changes were taking place across the NHS and local health and care system, including a greater focus on strategic commissioning and neighbourhood health. The North Kensington Recovery programme nevertheless remained within the ICB and continues to have responsibility for commissioning Grenfell-specific enhanced health services.

The North Kensington Recovery Committee had been established within the wider place-based governance arrangements to provide oversight of the North Kensington Recovery transition programme. The Network will work alongside the Committee and provide a clearer route through which community views, concerns and priorities could influence its work.

The importance of a two-way relationship was emphasised. The Network should be able to identify issues and priorities for consideration by the Committee, while the Committee should provide feedback about decisions, progress and how matters raised through the Network had been addressed.

It was explained that Network and Committee meetings were intended to be arranged in a way that enabled forthcoming Committee business to be shared with the Network sufficiently early for members to comment, identify concerns and suggest additional matters requiring consideration.

The Chair would also provide a direct connection between the Network and Committee and would be able to raise significant issues identified by the Network through the Committee governance arrangements.

4. Working to Influence and Shape Services – Proposed Ways of Working

A substantive discussion took place about the extent to which the Network would genuinely be able to influence decisions.

A Network attendee welcomed the establishment of a clearer route between Grenfell-affected communities and decision-makers but questioned whether the Network would ultimately remain an advisory forum, with formal power continuing to rest elsewhere. The attendee asked whether this went sufficiently far to meet the principle of Community-Led Recovery and suggested that the community should experience a meaningful change in the balance of influence over decisions affecting Grenfell recovery.

In response, it was explained that the Network would have the ability to influence decisions considered by the North Kensington Recovery Committee. Where recommendations made through the Network could not be taken forward, the intention was that an explanation should be provided.

It was acknowledged that there would be limits to community influence in some areas, particularly where decisions related to matters of clinical practice and evidence-based clinical pathways. However, there were other important areas — including access to services, approaches to delivery and how support responded to different groups and needs — where community lived experience could and should have significant influence.

The discussion recognised that one area requiring improvement was demonstrating clearly what

had changed as a result of community involvement. The Network therefore needed mechanisms through which people could see the connection between matters they had raised and subsequent actions or decisions.

A further Network attendee emphasised the importance of transparency, integrity and making participation worthwhile. Community participants brought significant experience and knowledge and needed confidence that the time and information they contributed would lead to meaningful consideration and, where appropriate, action.

Questions were raised about the membership of the North Kensington Recovery Committee, which organisations were represented, how the wider governance arrangements worked, and how Network participants could engage positively with different parts of that structure.

The meeting also discussed the importance of Grenfell population-health information being accessible to Grenfell-affected communities and the potential for stronger two-way conversations between communities and relevant clinical and professional experts.

The meeting acknowledged previous community experience in which terms such as co-design and co-production had been used without Grenfell-affected communities necessarily seeing how their involvement had changed the eventual outcome. It was therefore considered important that these principles could be demonstrated through practice rather than terminology alone.

The Grenfell Health and Wellbeing Service was identified as a particularly important opportunity for this approach. It was suggested that a future Network discussion should enable detailed consideration of the emerging service model and meaningful challenge and discussion with relevant CNWL (Central and North West London NHS Foundation Trust) colleagues.

However, some attendees subsequently stressed that the Network itself first needed greater clarity about its own role, participation arrangements and expectations before moving immediately to a detailed health-provider discussion.

5. Questions and Discussion – Governance, Participation and Accountability

Further discussion took place about the composition and operation of the Network.

Concern was expressed that the relatively small number of community participants attending the inaugural meeting was not representative of the breadth of Grenfell-affected communities. It was acknowledged that holding the first meeting in the month of August had contributed to this difficulty, despite invitations having been circulated widely.

An attendee questioned whether moving immediately to a substantive discussion with CNWL at the next Network meeting could risk progressing too quickly before the Network had established how it wished to operate.

The meeting therefore considered what participation in the Network should mean in practice.
The Chair clarified that the Network was intended to operate as an open platform for engagement and influence rather than a conventional membership organisation. Local residents, and, organisational representatives can attend Network meetings, contribute to agendas and raise issues. It was also confirmed that, where requested, meetings specifically for the Bereaved and Survivors could be facilitated.

At the same time, attendees identified a need for greater clarity about the operational arrangements. Questions included what participants could expect from the Network, what responsibilities might accompany participation, how continuity between meetings would be maintained and whether some form of core participation could provide continuation / memory while preserving the Network's open character.

No final model for this was agreed. It was recognised that the Network was at an early stage and its arrangements should be able to evolve in response to experience and feedback.

It was noted that engagement is not be confined to Network bi-monthly meetings. Contact with secretariat would provide a route through which suggestions, priorities and proposed agenda items could be raised between meetings.

The importance of publishing meeting records and making previous discussions available to future attendees was also recognised, both for transparency and to provide continuity as participation changed between meetings.

6. 2026–27 NKR Transition – Process, Present Position and Next Steps

The meeting received an overview of the 2026–27 NKR transition programme.
It was confirmed that the NHS commitment to Grenfell and North Kensington Recovery remained in place and that current key Grenfell health and wellbeing services would continue during the transition year through to the end of March 2027.

The transition year was described as a period during which revised arrangements for April 2027 onwards future Grenfell health services would be developed, with a continuing focus on Grenfell-specific health needs, particularly the needs of the Bereaved and Survivors, alongside consideration of the potential impact of proposed changes on different resident groups.

The meeting heard that future arrangements should remain trauma-informed, culturally competent and capable of providing personalised support where necessary rather than assuming that one model would meet everybody's needs.

An overview was provided of engagement undertaken earlier in the year and the next phase of joint engagement concerning future Grenfell health services. A series of engagement sessions would provide opportunities for Grenfell-affected communities to hear about current enhanced services and consider the CNWL's proposed future service model.

Feedback from these conversations would be captured and used to inform development of the model, with further opportunities for Grenfell-affected communities and partners to consider proposals before decisions are taken on what the final model would be.

7. Grenfell Health and Wellbeing Service – Transition and Continuity of Support

A significant part of the discussion concerned the Grenfell Health and Wellbeing Service and uncertainty within the community about what transition would mean in practice.

Network attendees raised concerns about information circulating regarding possible tapering or closure of existing community cases and whether new community referrals would continue to be accepted.

It was reported that some residents and community organisations were hearing different accounts from different sources, including Grenfell Health and Wellbeing Service clinical professionals. Attendees emphasised that this created considerable difficulty for trusted community organisations and individuals who were themselves being asked questions by Grenfell-affected residents.

It was stated that no decision had been made to close the Grenfell Health and Wellbeing Service in September 2026 and that the service was being redesigned through consultation and engagement with Grenfell-affected communities.

However, attendees stressed that this did not fully answer the specific questions about how

transition and tapering would operate in practice, including whether referrals might cease at a particular point and how existing caseloads would be managed.

The meeting recognised that clearer information was required about the transition process, including:

- What any winding down or tapering of existing arrangements would mean;
- Whether and when changes to new referrals would occur;
- The timescales for moving towards a revised service model;
- What support would remain available to residents whose Grenfell health needs continued; and
- What alternative or wider health services would be available where individuals were no longer supported through the Grenfell-specific service.

It was particularly emphasised that local organisational representative attending the Network needed accurate information before being expected to explain changes to residents, or, participate effectively in wider engagement conversations.

The meeting acknowledged that there was currently a mismatch between information being heard within Grenfell-affected communities and the formal description of the transition process i.e. today. This required clarification and corrective action.

It was confirmed that information describing the proposed CNWL model had been published and been communicated through NKR communication channels. Website links to proposed model have been communicated however would be re-shared following the meeting.

The meeting also heard that the forthcoming Grenfell Health and Wellbeing service proposed model specific engagement events represented the beginning of an ongoing conversation rather than a single engagement event, and that the model was expected to evolve as community feedback was received, prior to a final future model is confirmed.

8. Maintaining Clinical Expertise and Community-Based Grenfell-Specific Wellbeing Support

A Network attendee raised an important concern about the relationship between clinical services and future community-based wellbeing support specifically for those who are Grenfell-affected.

The attendee welcomed greater partnership with community organisations and opportunities to strengthen local skills and support. However, they cautioned that responsibilities requiring clinical or specialist professional expertise should not inadvertently be transferred to community organisations that were neither commissioned nor appropriately equipped or skilled to undertake them.

It was stressed that community-based provision should enhance and complement, rather than simply replace, access to appropriate clinical and specialist support.

The meeting recognised the importance of maintaining clarity about the respective roles of Grenfell-specific clinical services, wider NHS services and community-based wellbeing support as the transition progressed.

9. Future Community Grenfell-Specific Wellbeing Support and Procurement

The meeting discussed the future non-clinical community wellbeing offer.
It was explained that approximately £300,000 per year during 2026-2029 financial years had been identified within the Grenfell-specific enhanced services budget for community-based wellbeing support and that a procurement process for a lead provider was nearing completion.

The intention was for the lead provider to support delivery through Voluntary Community Faith

Sector organisations, recognising previous feedback that maintaining health and wellbeing does not always require a clinical intervention.

Attendees asked how local organisations would become involved, how priorities would be established and how the impact of funded services would be monitored.

It was explained that the selected provider for administering the annual £300,000 budget and commissioning wellbeing services, would be expected to set out appropriate arrangements for monitoring and demonstrating impact while ensuring that disproportionate administrative requirements did not reduce the resources available for commissioned services delivery.

There has been high level of engagement activities seeking Grenfell-affected communities' feedback, the analysis of which demonstrates what are some of the wellbeing priorities that the selected provider would require to focus on. Further details including engagement feedback analysis reports, can be found Here

The meeting also heard that a community-sector representative without a direct conflict of interest in the procurement had been included in the tender procurement panel arrangements alongside clinical and procurement expertise.

It was suggested that, once appointed, the lead provider should engage with the Network so that attendees could understand the approach, ask questions and contribute to discussions about priorities.

10. Financial Envelope and Transparency

Network attendees requested greater clarity about the financial resources available for Grenfell-specific health services during and following transition.

It was explained that the allocation for the current 2026-27 transition year was £8 million, reflecting the existing range of Grenfell specific services, and that the planned allocation for Grenfell enhanced services from the following financial year 2027-28 was approximately £3 million per financial year until March 2029.

It was clarified that these figures related specifically to Grenfell enhanced services and did not represent the entirety of NHS provision that inevitably support Grenfell-affected residents through other health services.

The meeting heard that longer-term funding beyond the current business-case period until March 2029, would require further work with the ICB and national-level partners.

A Network attendee specifically asked whether Grenfell funding was ring-fenced, expressing concern that organisational changes within the NHS should not result in Grenfell-specific resources being redirected elsewhere. It was confirmed that the funding received for Grenfell health services was specifically ring-fenced for that purpose and would not be used for unrelated activity.

Attendees stressed that financial transparency should be a routine feature of the new Network arrangements rather than information that communities repeatedly had to request. The importance of publishing clear information about allocations, expenditure and future funding plans was therefore emphasised.

It was noted that end of financial year North Kensington Recovery programme expenditure publications take place.

11. Update from Previous North Kensington Recovery Committee Meetings

The meeting received an overview of the first two North Kensington Recovery Committee meetings, held in May and July 2026 on a bi-monthly basis.

The May 2026 meeting had principally considered the reshaping of North Kensington Recovery programme governance arrangements, Community-Led Recovery and the transition plan, including the importance of understanding what changes might mean from the perspective of residents.

The July 2026 meeting had reviewed progress with the transition programme, future Grenfell health services, resident experience and the establishment of the Grenfell Health Recovery Network.

It was acknowledged that the Committee had commenced its work before the Network had formally met. This had created a degree of mismatch between the intended two-way governance arrangements and the sequencing that had occurred in practice. The purpose of providing Committee updates to the Network was therefore not simply to report what had happened, but to enable Network participants to identify issues, challenges and priorities that should inform future Committee agendas.

The discussion reinforced the importance of explaining future service arrangements in ways that made sense from a resident perspective — including clearly describing what was continuing, what might change, what new support was being introduced and how people would continue to access help.

This approach would enable the Network to influence future Committee discussions rather than simply receiving retrospective information.

12. Frequency of Meetings and Future Ways of Working

It was confirmed that Network meetings were expected to take place bi-monthly, aligned as far as practicable with bi-monthly meetings of the North Kensington Recovery Committee.

The Network would remain open to community participation and would not rely solely upon attendance at formal meetings. Residents would be able to communicate with the Network and secretariat between meetings and suggest matters for future agendas.

Attendees returned to the question of how continuity could be maintained within an open Network. The possibility of developing a core group of regular participants was discussed, while recognising concern that creating formal membership could unintentionally change the nature of the Network.

It was therefore agreed that further consideration should be given to explaining the Network's arrangements more clearly, including:

- Why it had been established;
- How people could participate;
- What participants could expect from the Network;
- How matters raised would be taken forward;
- How feedback would be provided;
- And, how continuity would be maintained between meetings.

Attendees suggested that this explanation should use clear community-facing language and, where possible, be developed with input from those participating in the Network.

Related information already published online and been communicated, can be found Here

Network's future meeting dates will be communicated by the secretariat.

13. Publication, Communication and Continuity

The meeting confirmed the importance of maintaining a transparent record of Network discussions.

Notes from Network meetings would be published online and shared with attendees. Previous meeting records could also be included with future meeting invitations so that new or returning participants could understand what had previously been discussed without requiring each meeting to begin again from the same point.

The meeting recognised that effective communication would be fundamental to the Network's credibility. Information about governance, transition, funding and service changes should therefore be proactively communicated wherever possible rather than requiring community members repeatedly to request it.

The Network also recognised that communication needed to reach beyond organisations and existing networks to individual residents including the Bereaved and Survivors.

14. Any Other Business and Close

In concluding the meeting, attendees reflected that establishing the Network provided a valuable new space in which different perspectives could be brought together and openly discussed.

It was acknowledged that the Network did not yet have all the answers about how it should operate and that there were areas requiring further development. However, attendees also recognised the value of having a forum and platform, in which difficult questions could be raised and the relationship between community experience and formal decision-making could be strengthened.

For example, the attendees raised issues that they were identifying about access, and, experience of, Grenfell-specific health services.

The importance of developing shared priorities in accessible language was highlighted so that the Network could increasingly become a space in which Grenfell-affected communities and health partners worked towards common objectives, rather than being perceived as an NHS-led forum to which Grenfell-affected communities were invited.

The Chair thanked the participants for their valuable time and contributions to the discussions. The meeting was concluded at 7.35pm.