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Title of paper	North Kensington Recovery: progress report (January 2018)
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Confidential	No (items are only confidential if it is in the public interest for them to be so)

The Governing Body is asked to:

Note the update on the response of West London Clinical Commissioning Group and (WLCCG) Royal Borough of Kensington and Chelsea (RBKC) working with the NHS, third sector and other relevant partners in the community.

Summary of purpose and scope of report

Support has continued to be delivered in primary care, mental health services, and community sites (including the Curve) and continues to be refined to respond to the needs of the community.

We continue to 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. Partners have also 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.

This report provides a further update of this activity and the on-going support that will be required to support this community into the future.

Quality & Safety/ Patient Engagement/ Impact on patient services:

The NHS is keen to make sure that any services we create or expand to support the people affected by the fire are based on what the community tells us they need.

NHS West London CCG is clinically-led but community guided, and particularly in light of the strong feelings that still exist in the community, we recognise that there is a greater need than ever for active listening and meaningful public accountability that can be evidenced clearly through everything we do.

This means that we are engaging with community representatives, local organisations, faith groups, charities, and individuals living in the area on everything we do, from signposting materials and public information, to designing the services themselves. The NHS will play a role not only in planning and providing services to meet the complex needs of the local community.

Financial and resource implications

Since the last GB update, we have been allocated £6.6m for 17/18 by NHS England. We are working with them to ensure funding is available in 18/19 in consideration for the fact that we will require an additional £8.8m. As yet no formal confirmation of funding for 18/19 has been received and the CCG has raised this as a risk at this late stage in Q4.

Equality / Human Rights / Privacy impact analysis

None that is relevant to this report.

Risk

Additional resources and capacity required by the CCG in order to meet the needs of the residents in the local area.

Supporting documents

North Kensington Recovery progress report: January 2018

Governance and reporting (list committees, groups, or other bodies that have discussed the paper)

Committee name	Date discussed	Outcome
RBKC Health and Wellbeing Board	10/01/2018	H&WBB noted the report.

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1 Overview

- 1.1 Partners have continued to work collaboratively across agencies to respond to need 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. A recent example of this is the need to develop one-stop shop multi-agency surgeries twice a week in the community to address on-going cross-cutting housing/RBKC or health issues.
- 1.2 It is recognised, however, that not everyone has still yet to receive the support they need and we are continually responding to how we can access those affected. We are incorporating lessons learned, and the challenges we need to overcome during the continual development of the offer.

2 Physical and mental health provision updates

- 2.1 Last figures indicate that there are still 91 displaced families residing in B&Bs and hotels. Consequently, GPs are seeing deterioration in this cohort with long-term conditions and those who are exhibiting trauma are reluctant to engage due to the instability in their housing circumstances. The CCG are undertaking a health risk assessment on these individuals based on the environment they are residing in. Currently we are not clear as to how long they will remain in their existing environment.
- 2.2 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. To date 26 patients have been fast tracked into specialist services. Imperial are soon to be offering additional respiratory screening training to our local GPs in order to detect less obvious signs of respiratory illness.

- 2.3 The Mental Health team has been particularly flexible over the Christmas and New Year period. The team have attended funerals of loved ones lost as a consequence of the fire to offer support to the bereaved; staff have flexed their personal leave as additional support was required in the community on Christmas Day; the team has been knocking on doors of local residents to find out if people need support who may not have attended their local GP practice. The community response to the team has been very positive. We have received excellent feedback about the visibility of NHS staff in the community at this difficult time of year.

3 Update on the health and wellbeing response: joint approach

- 3.1 GPs practices who have been offering extended appointments have had an excellent uptake, giving space and time to look at the physical and emotional health needs of patients. 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.
- 3.2 Central & North West London NHS Foundation Trust (CNWL) has employed a GP to work in their outreach team, who has been working closely with the CCG's clinical lead, and supporting 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 support practices in providing care to their patients.
- 3.3 The North Kensington Suicide Prevention Strategy and action plan is in place and is being rolled out. A key component of this is providing training for local people to identify those at risk of suicide. The Samaritans and Journey of Hope have been two key organisations instrumental in supporting the delivery of our local Suicide Prevention Plan.
- 3.4 CNWL have been offered counselling rooms at the Curve alongside the Royal Borough of Kensington & Chelsea (RBKC) to offer sessions to local community members. The uptake has been positive and we are anticipating this will activity levels will continue to increase throughout the winter.
- 3.5 As a consequence of feedback from Councillors, the CCG and CNWL will be hosting an event for parents with children under the age of 5 who are struggling to cope with their children's response to the tragedy. CNWL are looking into alternative ways we may engage these families and direct feedback from them will be critical.
- 3.6 As we plan for the longer term, we are considering wider needs that are expected to arise following a tragedy such as this. The wider social determinants of health and wellbeing will be central to recovery in North Kensington. To this end, we are working closely with Public Health on a North Kensington needs assessment, and services being designed in collaboration with the community, recognising the mutual support that community provided, and continue to provide locally.

4 Engagement

- 4.1 Following on from the Workshop West London CCG held on 27th October 2017 the CCG undertook a call out for expressions of interest to voluntary and community sector organisations across North Kensington to join a new North Kensington Multi Agency Forum. 13 organisations had expressed their interest in joining the Forum. In addition to the

13 voluntary and community organisations, the Forum has members from Royal Borough of Kensington and Chelsea and Central and North West London NHS.

- 4.2 The aims of the Forum are to use the members' knowledge, skills and experience of working with local communities across North Kensington to:
- Contribute to the on-going co-design of an emerging model of service delivery (in terms of impact and outcomes) to ensure that the end product is an agile service that caters for the diverse and evolving needs of users and frontline staff
 - Provide support and advice to newly established groups through hearing their proposals and ensuring that proposals are appropriate, sustainable and work effectively with current provision
 - Act as a sounding board for future service developments whilst being a place to receive and discuss feedback from local communities.
- 4.3 The first meeting of the North Kensington Multi-Agency Forum took place on Tuesday 19th December. It was attended by representatives from 11 voluntary and community sector organisations from across North Kensington as well as representatives from statutory organisations. We discussed the aims and purpose of the Forum and the current provision of voluntary and community services across North Kensington following the fire at Grenfell Tower.
- The Forum will continue to meet monthly with the next meeting taking place on Monday 22nd January 2018 where the Forum will agree its work plan for the next 3-6 months..
- 4.4 A rapid review of engagement activity to date will be completed by 22nd January 2018. The purpose of the review is to understand what has worked well, what needs to stop and any potential gaps in terms of community voice.
- This review will be used to inform the approach for engagement for 2018/19.
- 4.5 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, we are consulting an international expert on engaging traumatised diverse communities to support our approach to how we need to diversify our Mental Health offer where local community members may not want to receive cognitive behavioural therapy (CBT) or eye movement desensitization and reprocessing (EMDR) treatment for trauma.
- 4.6 This month the CCG and CNWL had their first meeting with a number of North Kensington Resident Association Chairs to commence a critical narrative about how we may work closer together to develop renewed place attachment. Our next meeting will be an away day to establish joint ambitions, timescales and roles.
- 4.7 The Director of North Kensington Recovery has arranged to meet with the Kensington & Chelsea Member of Youth Parliament this month to gain his feedback on how we improve our services for young people.

5 Health and wellbeing in the longer term

- 5.1 All agencies are working together to agree a future vision that has resonance with local communities and the Health and Wellbeing Board is invited to contribute to this process in coming months. We will make sure the community voice is heard and is central to the work we

are doing to plan for the future needs.

- 5.2 The CCG is running a second round of Emergency Planning training at the end of the month. The Director of North Kensington Recovery is working alongside the NWL Emergency Planning Manager to update the NWL Emergency Planning Strategy.

6 The emerging health and wellbeing recovery model

- 6.1 Central to the successful roll out of this model will be the way that services are coordinated. On December 21st the CCG hosted a multi-agency meeting including RBKC, CNWL, the Metropolitan Police, and Public Health to plan how we may deliver our joined-up emerging model so the focus is for services to be wrapped around an individual and their family. This was very successful, and a series of meetings have been planned to continue to shape the recovery model.
- 6.2 It was agreed that we would build on the design principles of the CCG's existing My Care My Way model of care (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. RBKC will additionally incorporate the Marmot Principles from a social care perspective.
- 6.3 Residents have told us that they wanted a single named case manager within services that supports their needs and the NHS is ensuring this is in place for tower residents and those who are bereaved.
- 6.4 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.
- 6.5 We have commenced delivery of care through multidisciplinary teams (MDTs) established around the need of the patient. Membership of each team 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.

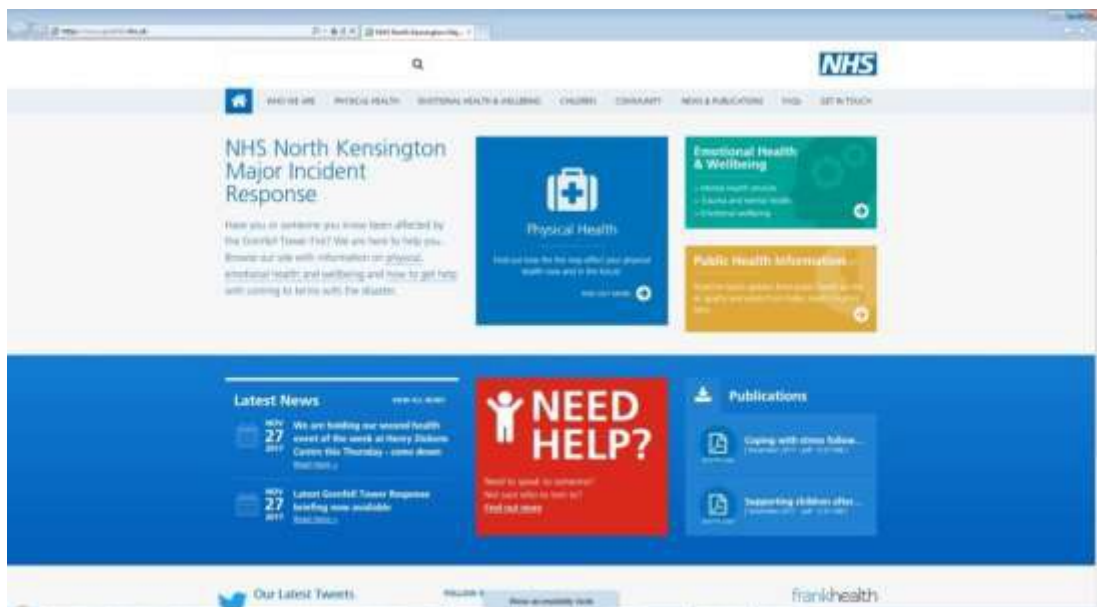
6.6 Depending on the needs identified, one of the above professionals lead for an individual or family, coordinating their care, reducing duplication (telling their story over and over to different health professionals) and giving continuity.

6.7 Multi-agency meetings are on-going to shape the emerging model and there is still much work to be done to develop the model and gain the approval of the community based on outcomes.

7 Communications

7.1 Our leaflet '[Coping with stress following a major incident](#)' for those who have been involved in or affected by a traumatic incident has been 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.

7.2 The NHS Grenfell Tower Fire Response website, which went live in September 2017, continues to be a course of information for the community. 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.



7.3 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.

7.4 The poster signposting to NHS services was displayed at Latimer Road and Ladbrooke Grove Underground stations throughout October and December is being updated. We are asking community members to input into the future design of these posters.

- 7.5 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.

8 Contracting

- 8.1 The CCG has a Memorandum of Understanding with CNWL for services provided up until the end of December 2017. This was an interim arrangement whilst the contract teams develop a bespoke contract for the on-going North Kensington Recovery offer.
- 8.2 The CCG has taken the decision to have a separate North Kensington Recovery contract that will be an addendum to the wider Foundation Trust contract. There were concerns from both parties that oversight of this programme of work could have been diluted or absorbed by the wider contract.

9 Finances

- 9.1 Since the last Governing Body meeting, we have been allocated £6.6m for 2017/18 by NHS England. We are working with them to ensure funding is available in 2018/19 in consideration for the fact that we will require an additional £8.9m. As yet no formal confirmation of funding for 2018/19 has been received, and the CCG has raised this as a risk to NHS England at this late stage.
- 9.2 The CCG have commenced formal Finance & Performance Meetings with CNWL.

10 Contact

For further information regarding the North Kensington Recovery programme of work, please contact Mona Hayat, Director of North Kensington Recovery on mona.hayat@nw.london.nhs.uk until 29th January or mona.hayat1@nhs.net thereafter.