North Kensington Health and Wellbeing Strategy review

Background and Introduction

The North Kensington Health and Wellbeing Strategy (HWS) was published in September 2020, its development began in the aftermath of the Grenfell Tower fire and prioritised hearing from people. As a result, the work was informed by people directly affected by the fire, as well as the wider community, to put in place services for identified health needs.

The original strategy had built in a review function to ensure relevance and identify changing health needs; however, no-one could have predicted that within three years, this same community would experience the unparalleled challenges of the Coronavirus (SARS Cov-2) pandemic. Our work with communities during the pandemic has been reviewed by an independent consultant and found that:

"The respondents overwhelmingly felt that the partnership had made a difference to both mental and physical health opportunities during the pandemic"

The pandemic highlighted long standing issues of health inequalities that had been raised by communities in 2019/20 and these were made worse during the pandemic. With this in mind the NHS thought it would be timely to refresh our strategy to:

- Review progress since the publication of the HWS to further and better understand how effectively the health needs of the survivors, bereaved and the wider communities were being met;
- Establish whether there were any emergent or differing health service requirements for the impacted communities;
- Consider what we have heard through engagement and formal feedback from communities on our services as to whether the strategy is relevant for the remaining years of the health recovery programme;
- Outline changes to the strategy and delivery that maybe required for the future

Not all the achievements outlined in this document can be attributed to health services as disaster recovery is multi-factorial, involving a range of statutory agencies, and, more importantly, the drive and tenacity of the community and those most impacted by the fire.

The context of the review also required consideration of the need to align the strategy to the NHS long Term Plan which brings about structural changes and the creation of Integrated Care Systems aiming for closer working at a local level. This is because the North Kensington Recovery Programme was originally based within the NHS West London Clinical Commissioning Group (CCG).

On the 1 April 2021, NHS West London CCG became part of the NHS North West London Clinical Commissioning Group (NWLCCG), which is working to set up the Integrated Care System with local place-based services being central to meeting community needs

In July 2022, the North West London Integrated Care System (ICS) will replace the NWL CCG as the organisation responsible for local health service provision. The ICS has set out its purpose as "**reduce inequalities, increase quality of life and achieve outcomes on a par with the best of global cities**". Borough based Health and Care Partnerships are being developed and they will use population health data to target care where it is needed most.

Important to understand that the North Kensington Recovery programme retains its responsibilities for providing additional health services to the local community, as part of the additional £50 million over 5 years provided by NHSE in 2018. Alignment of the programme with the new structures and partnerships has already started, and will become an increasing feature as we transition towards the final years of the Programme. This alignment will be transparent and the services provided will ensure that communities remain central to the Programme.

The Review

It is intended that the review should have two parts. The first is an internal NHS review described below and the second is the sharing of the results of the review with survivors, bereaved and communities to hear their assessment, identifying gaps, shortcomings and changing health needs. At the conclusion of this the review will set out our future priorities taking us towards the 5-year period.

The review has involved using insights (2021/22) that the survivors, bereaved and the local communities have shared with us as to whether our vision and aims require refreshing to reflect changes, gaps and emergent themes. The insights were gained through a range of engagement and listening events.

1.0 Vision

The **vision** stated in the Health and Wellbeing Strategy for North Kensington, published in September 2020, was:

"The provision of high quality and appropriate health and wellbeing services, that meet the needs of the residents of North Kensington as well as survivors and bereaved, and contributes to building resilience."

The vision remains pertinent today and going forward, it recognises the longstanding impact of health inequalities on people. It is in this context that community feedback stated "that recovery should not be about taking us back to 2017 prior to the fire but to a better place".

2.0 Aims

Community conversations, workshops and online engagement in the process of developing the Health and Wellbeing Strategy for North Kensington influenced, shaped and led to the development of the four programme aims. Each of which is integral to achieving the strategy's vision.

The review examines how well we have translated each of our statements of intent into action below. Each section contains the actions that are in the original Health and Wellbeing Strategy.

2.1 Commission and ensure the provision of health and wellbeing services required by the communities, survivors and bereaved is in place.

Provision made for the following additional services:

- Primary Care
- Children and Young People
- Self-Care- Emotional Health
- Grenfell Health and Wellbeing Service
- NHS Dedicated Service and Specialist Services
- Engagement

Primary Care



In addition to normal GP services, practices across North Kensington provide:

- Enhanced health checks these are appointments of where patients are able to have a range of physical health checks blood pressure, blood sugar, urinalysis as well as time to discuss feelings, anxiety and concerns. **3,215** health checks were undertaken in 2019 to 2021.
- Extended appointments appointments with GPs of up to an hour, at which a range of concerns can be discussed. Some GPs offer longer as required. **12,497** were taken up between July 2018 and 2021.

These services can also be accessed by Survivors and Bereaved registered with practices outside North Kensington.

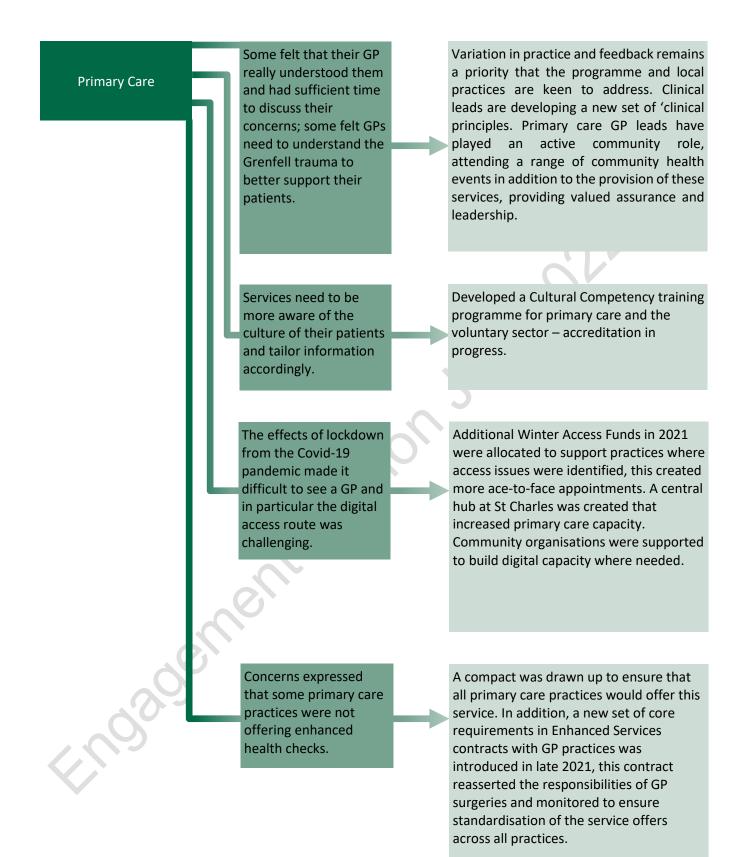
Insights and actions

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"It is not usual that you go to the GP to talk about emotions. To me they are there to deal with physical health. I never thought they (GPs) would care for this sort of things."

"My GP is there whenever I need her. She has done her best to support me and my family. She has referred me to get counselling. She has referred my child to a specialist. But most important is that she listens to me."

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During lockdown enhanced services adopted digital and virtual access. The option of face-to-face appointments have returned, although new guidelines around spirometry mean those with a clinical need are now referred into new community respiratory hub lets to complete tests.

Children and Young People



The Grenfell Health and Wellbeing Service (GHWS) provide specialist support for those aged 0-18 years old who have experienced trauma as a result of the Grenfell Tower fire. GHWS offers several different types of support. This can include either individual therapy (where a child meets with a therapist on a one-to-one basis), group therapy (where the child is part of a larger group of children who are having therapy at the same time from a therapist) or we may also work with whole families together. There is also collaborative working with established groups within the community in conjunction with other stakeholders, support is provided within schools and other locations by other providers. To date, the service has had over **1,300** referrals for children and young people

Specialist Paediatric clinics continue to undertake developmental assessment and annual follow-up for child survivors and bereaved. During the pandemic a consultant was able to offer some support using digital media, clinics have resumed since November 2021.

Child Health consultant led clinics for survivor and bereaved children give consideration to respiratory function but also wider child development working in conjunction with child psychotherapy

Insights and actions

Parents and carers are GHWS continue to work with children. Children and Young concerned about the young people and their families, including People workshops for parents on how to support future health of their children. their children. Self-care support services provided to families as well as individuals (see self-care section). Plans in development for a CYP CYP services not communicated in an apprenticeship to support development of social media access. age-appropriate way. GHWS recruited a range of staff reflecting CYP services were not the diversity of the population. Cultural culturally appropriate. consultation sessions are regularly run and a mandatory part of the training provided to staff within the GHWS. More attention needs The programme recruited a CYP to be given to the needs commissioning lead in 2021, this was of children and young delayed from 2020 due to the pandemic people. Children were response. As a result, a range of experiencing problems workstream priorities have been with their sleep. established. Investigating the possibility of developing a children's social prescribing link worker role, including responsibilities for working alongside paediatric services. ,030 Invested in Children's organisations to provide non-clinical support through art therapy.

2.2 Commission and ensure that we have services in place that help build community resilience and enable greater self-care.

SELF CARE - EMOTIONAL HEALTH AND WELLBEING



There are now a range of services within the NHS, local authority, voluntary, community and faith sectors with foundations in building individual resilience and self-care. However, many of these services were adapted to support the pandemic response, which may have delayed or interrupted delivery of the intended aims of some services.

An important next step is for services to be even more coordinated, and support existing and developing community-based groups and ideas.

The voluntary sector was commissioned during 2020- 2022 to lead on delivering selfcare services for the communities. A range of services have been made available via a grant funding scheme that can be accessed by the whole community. These are known as the 'Healthier Futures' self-care services.

Services currently available for individuals include complementary therapies, health cooking classes in local community venues, delivered by local chefs using local produce; exercise and wellbeing services to encourage increased levels of physical activity through walking, boxing and yoga.

Group services include: information and advice sessions; peer support and the use of volunteering for young adults to gain new skills to improve their employment opportunities. Group training has also been delivered to empower and built resilience through health coaching; breath work; mental health first aid and digital champions. Further examples below;

The Men's Shed concept has also been supported to enable men to have a safe space where they could meet, learn skills and develop a support network.

Art psychotherapy for older adults was able to reach **526 people**, who reported positive changes in mood, reduced isolation and a better sense of connection to others

Insights and actions

Self-Care	Access to services that would increase their knowledge of self-care.		Many of the 'Healthier Futures' self-care services were repurposed through the pandemic, this included welfare phone calls; mediation and self-massage 1:1 education sessions; social distance walks and door step visits. Worked with providers to find alternative delivery routes whether online or, in the case of Men's Shed, delivering component parts so that individuals could grow plants at home. Since 2021, the number of self care services have continued to increase, with a mix or face-to-face and virtual delivery.
	The community requested information on how to become fitter and help with fitness regimes.	0	Women's yoga sessions were offered for a period of time in order for participants to learn the key techniques to aid individual's ability to deal with stresses and anxiety on a daily basis. The sessions also enabled participants to build confidence and join additional community-based sessions. Yoga is now one of the range of self-care services made available, including women only sessions.
E-1030	Residents want to be able to help themselves through strong networks and shared community spaces.		Employment of a social prescribing link worker for North Kensington specifically, to enable signposting to the wider range of services available both within the North Kensington Recovery Programme and pre-existing. Outreach support for men to access counselling and activities. Commissioned befriending services to support and give confidence in accessing a range of community-based services.

Grenfell Health and Wellbeing Service



The Grenfell Health and Wellbeing Service (GHWS) delivers a wide range of interventions and groups, as well as collaborating with communities to develop and delivery community-based projects which promote wellbeing to the North Kensington Community including survivors and bereaved.

The service has had over 5,300 referrals.

There is no limit to the number of sessions a person can have, unlike traditional IAPT services.

Support is tailored to an individual's health needs, culture and language spoken wherever possible.

Insights and actions

"I spoke to this therapist in Arabic. She was very kind and understood my feelings. I could express how I felt emotionally about my daughters. I could share my feelings in my language. I could see that she (therapist) could feel my pain. I told her everything in my heart."

"We are people of the heart because the heart is everything. Quran mentions that the creation of the heart was first. Mind was created later. It is the heart that needs healing." Grenfell Health and Wellbeing Service Request for the offer of unique therapies which fall outside normal NHS models.

Request for reduced and equitable waiting times for mental health support in the GHWS – a difference in waiting times was perceived by some individuals.

Waiting times for therapy may vary based on the time of therapeutic intervention required (e.g., mother-tongue therapy). The GHWS have made some significant changes to the way we process referrals to improve the waiting times to our service which has dramatically reduced the waiting list. It should also be noted that those on the waiting list are often patient driven. The service continues to proactively check-in with anyone on the waiting list to ensure they are kept up to date on the progress of their referral.

GHWS has been undergoing a transformation of the service. The service was initially set up to identify and support those who had trauma as a result of the Grenfell Tower fire, however as time passed the focus for the community and the service has moved from a screen and treat model to one of community resilience building.

The service is now focused on the following key 5 areas which are culturally informed, culturally adapted, culturally responsive, culturally sensitive and culturally aware:

- Information and Self-Care;
- Early Intervention and Prevention;
- Collaboration;
- Interventions;
- Community Issues and Event responses.

The principals of this new model include having:

- A diverse and culturally responsive offer;
- Clear communication both internally and externally;
- Integrated teams and ways of working;
- Staffing compliment which is representative of the local population;
- Visibility in the community and reaching unmet need;
- Clear team structure and pathways.

Although the therapeutic offer is expanding, it is also recognised that the NHS is also required to ensure that there is an evidence base that supports particular therapeutic approaches, and this can be a challenge for those therapies that fall outside usual models.

Increased offers of group therapy requested.

GHWS have increased group therapy provision in a variety of communitybased venues. Groups are being codesigned, co-produced and co-delivered with service users.

Self-Care - Emotional Health and Wellbeing	More Mental Health first aid training for locally-based community groups.		Mental health first aid training is available via the voluntary sector and via the Grenfell Recovery College.
	Training and skills to aid self-recovery, providing the ability to help others (peer support).		Work with community organisations and other partners continues to provide a range of free services including peer support via the Grenfell Recovery College.
L	Greater cultural appropriateness of services including faith based and mother- tongue therapy provision.		CNWL has been working on the development of cultural competency training for staff and has developed 'cultural conversation space' where staff are able to work through challenges and learn from each other.
L	Outreach support for men to access counselling and activities.	0	A number of services have been provided for men through social prescribing and self -care – The Men's Shed is one such example A number of support services for men have also been provided by community and voluntary sector organisations.
	Residents are able to help themselves through strong networks and shared community spaces.		There have been a number of excellent examples of this to date. Developing community networks has also been a key principle of the self-care and engagement work streams.
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Dedicated service

For the survivors, bereaved and Grenfell Walk residents, developed with the community.

Actions

- _ Enhanced Health Checks
- _ Specialist Respiratory assessment
- _ Specialist paediatric clinics
- _ Annual review clinics for adults, children and young people
- _ Training in cultural competence

NHS Dedicated Service

The NHS Dedicated Service was designed to support and coordinate access to a range of emotional and physical wellbeing health services. It provides a safe and caring space to help clients cope with and come to terms with what has happened.

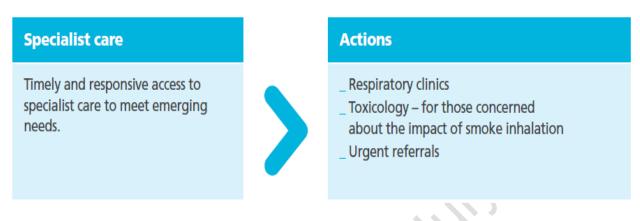
The service is in touch at least annually to remind clients of the NHS Dedicated Service offer.

It can help clients to:

- Access the appropriate treatment and care for pre-existing or new health issues, both emotional and physical. For example, diabetes, asthma, anxiety or low mood.
- Use the Grenfell Health and Wellbeing Service and all of the therapeutic treatments that are on offer.

 Access their GP as well as specialist health services such as respiratory and paediatric services, to support and monitor their physical and emotional health now and into the future.

Access local community groups and activities to support their emotional health and wellbeing and keep them fit and active.



Adult respiratory annual clinics including lung function tests for survivors working with respiratory physiotherapy and psychotherapy where possible.

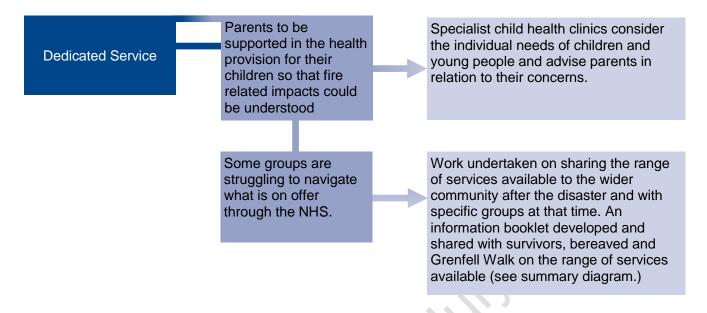
Timely access to community respiratory clinics for the bereaved and wider community

Referral to specialist toxicology services for those survivors with specific concerns

Insights and actions

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Dedicated Service	The NHS should offer the dedicated service to all survivors and bereaved.	It was confirmed in September 2021 that the Health Dedicated Service would be offered to all bereaved and survivors at least once every 12 months, unless they have explicitly asked not to be contacted. A handbook has been
		created to explain the Dedicated Service offer and this has been shared with those eligible for the Dedicated Service.
	There should be a	The Dedicated Service are undertaking
	named Dedicated Service worker requested for every	a co-developed health review and plan with active clients where there is consent to understand individual needs
	– rather than several workers interacting with each person.	so that health workers can be allocated. All survivors and bereaved will still be able to contact the service as health needs change
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	The work of the NHS dedicated service workers was highly	Recognising that improvement is a continuous process and the need to collect feedback.
	survivors, bereaved and Grenfell Walk recipients.	
03.09	Ability to seek help with health needs through the Dedicated Service provided by RBKC, improved integration between the two dedicated services.	Training for RBKC DS staff to understand some of the specialist services being scheduled to ensure that those who decline the health Dedicated Service also understand the specialist health offers available.
	Health records should not be shared unless specifically consented to or requested by recipient of service.	The Health Dedicated Service record all those who decline services – consideration is being given to how this is reported to enable understanding of service take up by survivors and
		bereaved.
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	Support with smoking	Specialist services and Enhanced Health Checks offer advice and guidance for smoking cessation.



2.3 Work in partnership with the North Kensington community to ensure that services are culturally appropriate and have been developed together

Engagement



Our commitment to ensure that recovery is community led has enabled -

- Direct voices form the community to influence and to shape health services;
- Insight into health needs of the community;
- Reactive and proactive planning with key community-based organisations through the development of the Health Partners Programme;
- Access to seldom heard groups particularly during the pandemic.

Over the period of time, we have developed a good understanding of cultural demographics within North Kensington community and further work is ongoing to better understand its impact on health. This has led to the development of an approach to health services that can demonstrate cultural competence and increase the relevance of our services. Training on this has been co-developed and designed

with local communities and will be delivered initially for a range of NHS staff focussed on primary care, and the voluntary sector.

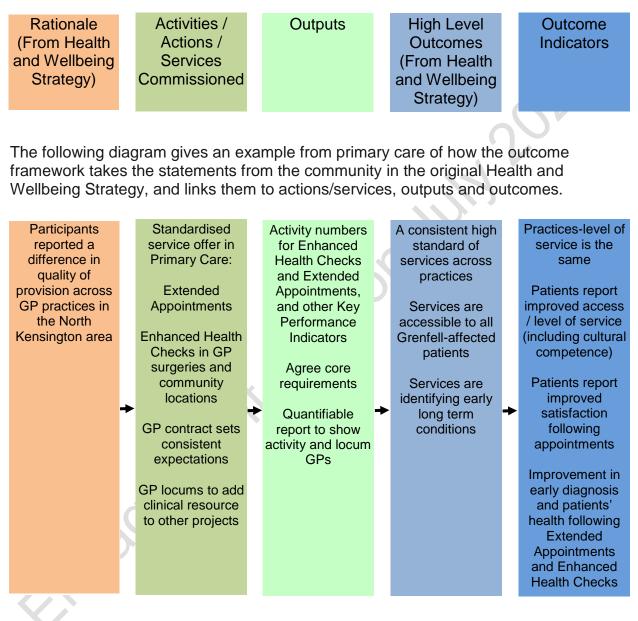
The pandemic has limited the ability of the NHS to undertake co-design work with communities in service development, although virtual and some in person workshops have taken place. Developing non-traditional models of care has been a community led request and it is important that statutory organisations consider how this could be achieved whilst ensuring that services are safe and meet standards required for patients.

Insights and actions

	Understand and respond to the community's changing needs.	The NHS North Kensington Recovery Programme continues to listen and respond to the community, including the Health Partners programme, in developing appropriate services in recognition that health needs may change and such changes are fed into service commissioning. Insights from the Grenfell 5th Anniversary will aid in this understanding.
	Health Education tailored to those whom English is not their first language.	Understanding of services available and signposting to services have improved as a result of engagement – for example smoking cessation and weight management programmes are available as part of routine provision.
	Issues of cultural competence, faith- based provision and mother tongue therapy provision.	Culturally appropriate approaches to health are being embedded within commissioned services. Application for accreditation has been submitted to RCGP for cultural competence training Other specific training requests made by Health Partners have been delivered,
	'Grief is ongoing it does not end with therapy' Commitment to Long term funding so that these health issues are addressed.	The NHS recognises that the route of recovery is different for different people and that further conversations with the community need to happen to better understand what additional services may be required and how best these could be delivered in a targeted manner.
	More needs to be done on health inequalities for recovery to be meaningful.	An approach to health equity has been developed to ensure that health services commissioned are addressing inequalities working actively with local community groups.

2.4 Ensure that we measure the impact and the outcomes of the work undertaken at individual and community level.

Work on health outcomes was delayed due to the COVID-19 pandemic and it has now commenced. This has involved developing an outcomes framework so that we are better able to apply measures, assess outcomes and resulting impacts.



The framework has been developed, but it will undergo further iterations and will be adapted based on feedback and any changes to services. One area being worked on as a result of community engagement is the need to demonstrate impact on health inequalities linked or exacerbated by the fire and the aftermath, though it is acknowledged that impacts may be an accumulation of different factors, for example housing, health and economics.

Vision and Aims - Progress

Partners and communities have expressed the view that the programme vision and aims outlined above remain relevant. However, it is clear from the evidence outlined above that this aspiration has not been met consistently throughout all services, all the time and there is a need to reflect changing health needs over time.

Working with Communities to Make Further Progress

The sections above have identified a number of areas for focus, which will be incorporated in to programme and work stream action plans. The key priorities for further action, in partnership with communities and other partners are:

- Developing a better understanding of changing health needs and how to meet these needs sustainably;
- We need to do more work in effectively communicating with communities about the services on offer, access routes and how best they could feedback on their experiences of the service;
- Widespread delivery of the cultural competency training initially staff in Primary Care and voluntary sector providers;
- Extend our reach and engagement with the objective of raising awareness of our services and addressing access issues;
- Working with partners to set out our approach to addressing social determinants of health;
- Co-developing with communities a programme of support to further develop community assets, individuals and partnerships. Including:
 - Exploring non-traditional models of care,
 - Group based services,
 - > Services that don't require a formal diagnosis for access, and
 - Enhancing the cultural appropriateness our service offers;
- Implement plans within the CYP work stream to improve understanding of health needs Children and Young People impacted by Grenfell and how these needs should be met;
- Address other perceived inequalities in access to health services or understanding of health needs in partnership with the community;
- Coordinate with partners to support community resilience and develop community assets already in place;
- Further development of the approach to measuring local health outcomes from the communities' perspective

Conclusion

The HWS was created with communities as a way of looking to the future with the aspiration of the additional services and interventions identifying and addressing existing and emerging health needs. It is too early to state that these needs have all been identified however what was important to those with whom we engaged was creating sustainability and resilience as an outcome, this would be a lasting legacy.

It is clear much has been done but there is still much to do to deliver sustainability, and resilience this must be delivered working through and with the diverse communities of North Kensington and beyond where individuals and families have settled outside the area.

In working in this way with the Grenfell impacted communities at the heart of decisions, we will be able to support transition to what is required in the medium and longer term.

Over the next year we will establish what sustainability looks like from the communities' perspectives and work in partnership to ensure that this can be delivered. This will in part be based on the tremendous resilience we have witnessed within this community, learning what will further develop and support community assets, individuals and partnerships to carry on.

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