



**North West London**

**North Kensington Recovery Programme  
Quarterly Outcome Report  
Q2 2023/24**

**[www.grenfell.nhs.uk/outcomes](http://www.grenfell.nhs.uk/outcomes)**

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## 1.0 Introduction

On the night of Wednesday 14 June 2017, a fire occurred in Grenfell Tower where 72 people lost their lives, many were injured and a whole community was significantly affected.

**We would like to remember all the lives lost in the tragedy and pay tribute to the survivors, bereaved and the North Kensington community for their ongoing support in the years since and going forward.**

On the 19 September 2018, Dr Fiona Wilcox, HM Senior Coroner – Inner West London, published a Regulation 28 (report to prevent future deaths) regarding the Grenfell Tower fire. The Coroner noted eight concerns within the report requiring action to prevent future deaths. In response, the NHS Chief Executive announced that NHS England would be investing £50m to fund long term health screening and health support for those affected by the Grenfell Tower fire over the course of five years.

In December 2018, West London Clinical Commissioning Group (CCG) submitted a five-year business case to NHS England to address the health needs of the survivors, bereaved and wider North Kensington community, as outlined in the Regulation 28 report, in the aftermath of the fire, underpinned by the Health and Wellbeing Strategy (HWS).

The HWS was developed by engaging and listening to the community aimed at addressing both immediate, medium-term and longer-term health needs that would support the recovery process. It detailed how the NHS will contribute to improving the health and wellbeing of the local community and building its resilience so it can be more self-reliant moving forward.

It identified four aims one of which was:

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

The strategy gave clear expectation of NHS services and outcomes by detailing high level expected outcomes for each service area.

This report presents

- information about activities and services that contribute to the NHS delivery of regulation 28
  - There is no detail about the areas that are not the responsibility of the NHS
- detail on the achievement of the programme against the health outcomes indicators and measures, and status on reporting against these outcomes

If you have any comments or questions about this outcome report, then please email [nhsnw1.nkrt@nhs.net](mailto:nhsnw1.nkrt@nhs.net)

## 2.0 Summary

### 2.1 Dedicated service for survivors and bereaved

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
<p>Bereaved: people who lost a close family member in the tragedy</p> <p>Survivor: people whose main residence at the time was in Grenfell Tower</p> <p>Those residing in Grenfell Walk</p> <p>Wider Community</p>	<p>Dedicated service provides caseworker to link with the family and coordinate health needs</p>	<ul style="list-style-type: none"> <li>• 159 survivors (35%) and 132 bereaved (42%) actively using service</li> <li>• 70% have used service at some time</li> </ul> <p>In total <b>96%</b> of eligible clients have been offered the service.</p> <p>Q2 had a very slight decrease in the numbers of adults and children active compared to the previous quarter</p>	<p>Health needs identified and physical, emotional and wellbeing services are in place and sufficiently flexible to meet community needs</p> <p>Clients are empowered to self-manage their health needs, along with awareness of asset based community offers to support self-reliance.</p>	<p>People are offered and navigated to the correct services depending on their individual circumstances, to increase awareness of the services available to them as part of the North Kensington Recovery offer.</p> <p>People improve their health literacy and are confidently able to access relevant health services independently</p>	<p>CNWL report:</p> <p>a. How many people from the active year have moved to inactive. How many remain active? How many move back into active? How many have remained consistently in the service?</p> <p>b. Questionnaire to be developed with clients to see if service has helped to meet with their health goals, confidence with accessing service, etc.</p> <p>c. Case studies and client feedback</p>	<p>CNWL share a quarterly qualitative report which includes detail on the GHWS and DS. It includes case studies and client feedback.</p> <p>It has not been possible to include case studies for this quarter as to make the study meaningful it made it possible to identify the clients. There was no email and verbal feedback included in the report this quarter</p> <p>PEQs were officially launched on the 16<sup>th</sup> March but here were no DS specific PEQs completed in this quarter but some DS clients made had completed a PEQ as</p>

						<p>part of the GHWS feedback week.</p> <p>The issue of the lack of feedback or outcome data has been raised with the provider.</p> <p>The Aquamotion collaboration with Kensington Leisure Centre which is led by the Dedicated Service has had very positive feedback from the women taking part.</p>
	CLCH Wider Grenfell Case Management	<p>Activity in Q2</p> <ul style="list-style-type: none"> <li>• 16 referrals</li> <li>• 1073 Contacts</li> </ul> <p>This is a slight increase in the number of contacts in the last quarter, the referrals numbers have stayed very similar.</p>			<ol style="list-style-type: none"> <li>1. PREMS (feedback survey)</li> <li>2. Care plan reviews</li> <li>3. Case studies</li> <li>4. Use of ONS4 form</li> </ol>	<p>The first reported outcomes from this service are reported this quarter.</p> <ol style="list-style-type: none"> <li>1. PREMS feedback is limited but positive.</li> <li>2. Care plan reviews This quarter gave a baseline, the next report will include comparative data between baseline and review care plans.</li> <li>3. Case studies</li> </ol>

						<p>A number of case studies were included which detailed positive outcomes from the service.</p> <p>4. ONS4 The service included a number of statistics around ONS4, showing an increase in usage and an overall improvement in ONS4 scores across the service for those patients with multiple scores. Future reporting will aim to show specific correlation between ONS4 scores and referrals.</p>
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## 2.2 Primary Care

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
Participants reported a difference in quality of service provision across GP practices in the North Kensington Area	Standardised service offer in Primary Care	<p><b>Since January 2019 EHC Activity numbers</b> 5967 EHC in total, 1288 for survivors and bereaved and 4679 for the rest of the community</p> <p><b>EHC Survivors and Bereaved**:</b></p> <ul style="list-style-type: none"> <li>• 66% of adults have had at least one Enhanced Health Check an increase of 4% from last quarter</li> <li>• 58% of Children have had at least one Enhanced Health Check an increase of 6% on the last quarter.</li> </ul> <p>There has been an increase in activity with 589 EHC completed this quarter compared with 425 last quarter.</p> <p>The work stream lead has been working with practices and two additional practices started undertaking EHC this quarter which led to a marked increase of GP EHC this quarter compared to the previous quarters.</p>	A consistent high standard of service across all practices	Practices level of Service is the same	Agreed core requirements (includes clinical review of notes) KPIs for Grenfell Related Appointments have been agreed.	Grenfell Related Appointment KPIs are included in this report. An email has been sent to each practice highlighting the achievement against each KPI. Where they are not achieving support has been offered. The majority of the KPIs have been achieved, there were 3 practices that were not achieving outcome 1 and 9 that were not achieving outcome 4.
				Patient Feedback on level of Service	Patient Engagement Questionnaire (PEQ)	
				Annual GP Patient Survey	Annual Report – next report Q1 2024/25.	
Understanding by primary care of the longer term impact of the fire on survivors, bereaved	Specific training to understand the impact, identification and management of		Skilled in identifying mental and physical impact of the	Improvement in health following EHC or EA	Reporting of health activity linked to EHC and EA. Improvement	Onward referrals and improvement in health following an EHC is one of the areas that will be investigated as part of the

and the wider community	trauma and other allied conditions	<p><b>Extended Appointments have been reviewed and are now called Grenfell Related Appointments, not necessarily longer appointments:</b></p> <ul style="list-style-type: none"> <li>To acknowledge the additional complexities to North Kensington Community and that this requires additional appointments and resource.</li> <li>To provide additional clinical time/appointment, if needed to patients worried and affected about their health as a result of the Grenfell Fire.</li> <li>To support the key principles from North Kensington Recovery Plan</li> </ul> <p>Key Performance Indicators have been identified and have been reported in this report</p> <p><b>Cultural Competency Training has been continuing with Online training commencing in June.</b></p>	<p>fire on the local population</p> <p>Patients reporting services culturally sensitive and appropriate</p>		in patient health	clinical and quality audit. This is planned for Q4 of this financial year.
				Staff upskilled following training	Evaluation of training	Limited training this quarter. Two GP training sessions with 11 attendees. Session for Social Prescribers with 12 attendees, all gave very positive feedback. The training has gone through the renewal process for the accreditation of the training for another year.
				Patients report improved level of service (including cultural competency)	PEQ Community Engagement	See above See engagement section
Alternative therapies(massage) provided by some GP practices appeared to help people with their wellbeing	Alternative sources for the provision of complementary therapies and other services to address wellbeing needs	See Self-care and Emotional Wellbeing section	** Survivors and Bereaved as coded in the GP system			

## 2.3 Specialist Services

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
<p>Concerns in relation to the toxins from smoke inhalation and its impact on individuals particularly children</p> <p>Specialist services that are easy for people to access</p> <p>Concerns regarding the impact of the fire on survivors, born to survivors and those who were in proximity to the tower on the night of the fire,</p>	<p>Specialist Toxicology Service</p>	<p>54 survivors from inside the tower have been referred into the service.</p>	<p>Assurance and peace of mind for service users that health has not been negatively impacted as a result of smoke inhalation, and debris/fallout of building materials</p>	<p>Awareness of any health conditions which are considered abnormal against usual population health baselines</p>	<p>Report detailing: PH epidemiologist team reviewing general health concerns raised by service users via toxicology service</p> <p>Results of second phase soil sampling to inform need to recall patients for further investigation</p> <p>Immediate treatment, investigation or onward referrals to other services for conditions categorised as abnormal.</p>	<p>So far the service has not identified any clinical indicators of poor health that could be caused by poisoning. Most issues found so far have been either respiratory or mental health related and the service has recommended to GPs onward referrals to those services where applicable.</p>
	<p>Services to be provided locally for people to ensure ongoing annual health monitoring</p>	<p>The work stream lead will be contacting the providers, who have agreed to provision for OOA patients,</p>	<p>Ensure local offer within North Kensington is mirrored for those who are no longer in-area</p>	<p>Uptake of services for displaced people who have moved elsewhere ensuring they have equity of service Improved sharing of health outcomes across providers to</p>	<p>Report: Assurance that local providers maintain oversight of health outcomes for all those affected by the fire, regardless of their physical location</p>	<p>The work stream lead has begun linking in with the DS to understand the location of the OOA patients and to understand the take up of services OOA.</p>

including bereaved		to confirm if any patients have been seen. This piece of work will be finished by the end of this financial year.		inform commissioning decisions	Findings which could trigger concerns to be fed back at local level	
Requirement to meet Regulation 28						
Concerns in relation to the toxins from smoke inhalation and its impact on individuals particularly children  Specialist services that are easy for people to access  Concerns regarding the impact of the fire on survivors, born to survivors and those who were in proximity to the tower on	Adult and Paediatric long term monitoring commissioned	Adult Respiratory Long Term Monitoring As at July 2023: 168 of survivors (93%) had been offered the service by the Dedicated Service, and 109 (61%) have had their 1st Lung Function Test.  The activity over the last quarter has been for second or third appointments.  A piece of work is being undertaken by the NKR Analyst and	Any short or long term impacts are identified, information shared with providers and services commissioned.  Patients are better equipped to manage physical health conditions, build confidence to access local services	Improvement in peoples' health as it is monitored long-term to ensure improvement and maintenance  Better capturing of those with poor health issues to ensure they are higher prioritised for early treatment  Improved self-management of health  Young people are supported with transition to adult health services	Report from Imperial Adult long-term respiratory service detailing: • Adult lung function tests demonstrate that year-on-year lung capacity across patients has no notable deterioration • Number of patients with abnormal results are referred to urgent services for further investigation. • Monitor link between trauma and breathlessness. Increased uptake of breathing exercises • Patient Experience data.	A service evaluation is to be undertaken by the Adult Long-Term respiratory service.

<p>the night of the fire, including bereaved</p> <p>Requirement to meet Regulation 28</p>	<p>staff at imperial to understand the pathways of all eligible patients.</p>				
	<p>Paediatric Long Term Monitoring As at September 2023: 84 survivors, including Grenfell Walk, (67%) have been referred to the service by the Dedicated Service, of which 72 (58%) have been seen, and</p> <p>Of the 43 Tower Survivors:</p> <ul style="list-style-type: none"> <li>• 42 (98%) have been offered</li> <li>• 40 referred</li> <li>• 2 declined,</li> </ul>			<p>Report from the Imperial Paediatric long-term monitoring service detailing: To be agreed.</p> <p>CYP lead has initiated conversations with Imperial Paediatric Long Term monitoring team, to finalise and agree what they can report to support the quarterly outcome report within the parameters of their IG and data sharing protocol.</p> <p>Data Task and Finish group will commence in October 2023, the outputs from this group will support the Paediatric Long Term Monitoring outcome reporting and will feed into the work around the OOA children.</p>	

		<ul style="list-style-type: none"><li>• 1 is not contactable</li><li>• 35 have been seen by the service</li><li>• 5 have deferred</li><li>• 1 is booked to be seen</li></ul> <p>1 patient has moved to adults service</p> <p>54 bereaved children (53%) have been referred of which 34 have been seen.</p>				
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## 2.4 Self-Care

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
The trauma and emotional upheaval caused by the fire had an impact on their motivation and willingness to engage in self-care	Specific self-care programmes commissioned  Grant programme developed, menu of self-care options to be made available	The Q2 reports from Kensington and Chelsea Social Council (KCSC) and ACAVA (Men's shed) report a number of diverse services including offers targeted at specific ethnic groups or communities.	Increased self-care and self-management opportunities taken up and initiated by the community  Increased access to culturally appropriate self-care options	Increase in self-care options and activity numbers	Number of options, number referred, number of activities, number attending	The Q2 reports from Kensington and Chelsea Social Council (KCSC) and ACAVA (Men's shed) report a number of diverse services including offers targeted at specific ethnic groups or communities. There was an overall increase in the number of services offered from 6 in April 2021 to 21 in April 2022. The number of services has now stabilised and the focus has been to increase awareness of these services in the community.
People were looking for activities that were culturally relevant and based in the community  Enable greater self-care. Providing information support and access to non-medical activities and	Social Prescribing link worker	<b>KCSC</b> 100 individual referrals which is a decrease on the 123 in Q1 254 people accessing 1:1 services which again is a decrease on the numbers in Q1 588 sessions including 1:1, group and community,	Improved Quality of life  Improved feeling of wellbeing  Reduced loneliness	Improvement tracked whilst accessing self-care programme, self-reported improvement from patient feedback	a. Appropriate outcome questionnaire b. Case Studies	<b>KCSC</b> has supplied quarterly activity numbers but the outcome measures are being developed and these, as well as the core measures, will be available for the next report. Case studies are reported twice a year and will be available for the next report. The massage service supplied a report showing the positive outcomes and feedback for the service.  The <b>Maxilla Men's Shed</b> and NKR agreed to align contract monitoring and reporting with the Healthier Futures contract which is quarterly. It was also agreed that in addition to the quarterly report, The Men's Shed would deliver two creative evaluation sessions that would work with regular Shed members to focus

<p>services in the community</p>		<p>again a decrease on Q1 The lower activity numbers for this quarter are to be expected as these are over the summer months</p> <p><b>Men's shed</b> Since opening in October 2019 to June 2023, Maxilla Men's Shed has welcomed over 391 unique individuals through its doors. In Q2 2023 it provided 488 places, over a number of sessions and workshops, for local people to come and work on projects, share and learn skills or simply socialise. The numbers are slightly down on the last quarter.</p>				<p>on health and wellbeing outcomes of the service using general questions and the ONS4.</p> <p>The next evaluation report will be available for the next report. Men's shed did supply positive feedback on their make and reuse creative workshops.</p> <p>They also supplied a number of case studies which reported positive outcomes.</p> <p><b>Grenfell Social Prescriber</b> reported for the first time this quarter. They gave information on their activity, referrals and also supplied a number of positive case studies. The report demonstrates the referrers have grasped the concept of an appropriate referral. Patients are getting what they need from the service, they are empowered and handheld through the journey of social prescription into the right services and overall, they are experiencing a good service.</p>
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## 2.5 Emotional Health and Wellbeing

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
<p>Culture significantly influenced the way people experienced loss and grief. The language of trauma and the ways in which they expressed these feelings differed across cultures.</p> <p>The language used by people to express their grief focused more on their emotions and feelings. They talked about the pain in their heart. They did not associate it with the mind and therefore could not relate to the western therapies that appeared to be targeting their thoughts and mind. Therefore,</p>	<p>Working with the local community to develop a Cultural Competency Framework</p> <p>In house work by CNWL to develop services that are culturally appropriate eg. Community connector roles created, informal partnerships with community groups to support the development of groups such as Older peoples group</p> <p>Focused work with CNWL to provide appropriate services eg. Provision of non-therapeutic interventions, supervisory/pathway links to other community-based therapy services</p>	<p>CNWL and North West London ICB Cultural Competency Framework: NWL ICB Cultural Competency training has begun to be delivered to Practices.</p> <p>GHWS Services have been redesigned to offer more diverse services. The quarterly report details workshops, collaborations, interventions (incl. therapy and group work) and the community issues and events showing the range of services offered.</p> <p><b>GHWS Therapy Activity numbers:</b> In September 2023 there were 537 open cases, of these 135</p>	<p>Level of trauma, anxiety, depression and distress to be reduced</p> <p>Emotional health does not get in the way of daily life to a disproportionate extent for those who have suffered as a result of the fire</p> <p>Improved Access to culturally appropriate services and self-care programmes</p> <p>Options for accessing other services for the community are not dependent on statutory agencies</p>	<p>Improvement in self-reported Health and Wellbeing</p> <p>Improvement in mental health - Central and North West London NHS Foundation Trust (CNWL) Grenfell Health Wellbeing Service outcome measures and feedback</p> <p>Patient reported improvement in access to culturally appropriate services</p>	<p>1. Qualitative report for Grenfell Health and Wellbeing Service (GHWS) including goal based outcome measures for current therapy services, detail and outcome measures of transformed services, Patient Engagement, feedback and case studies</p>	<p>A Quarterly report is produced by GHWS which details activity, feedback and case studies for the services provided. These are all positive.</p> <p><b>Information and Self-Care</b></p> <ul style="list-style-type: none"> <li>No detailed information about communications requests and outcomes for this quarter due to a pause in reporting until a new communications manager is appointed.</li> <li>A new communications manager will join GHWS in October and reporting will resume</li> </ul> <p><b>Early Intervention and Prevention</b></p> <ul style="list-style-type: none"> <li>Workshops – A robust reporting mechanism is still being developed. <ul style="list-style-type: none"> <li>The feedback received for the workshops during the quarter was predominantly positive. They detailed encouraging outcomes within the</li> </ul> </li> </ul>

<p>health services and related activities to support people's healing need to be culturally meaningful to be effective</p>	<p>and group based wellbeing services</p> <p>Self-Care work stream</p> <p>Regular and ad hoc collaboration and engagement sessions</p>	<p>were survivors and bereaved. The numbers were slightly less than at the end of June when there were 558 open cases.</p> <p>Overall, 96% of survivors and bereaved have been offered the service by the Dedicated Service with 71% accepting and 64% seen.</p> <p>See section 2.4 for the Self-Care work stream</p> <p>In addition to the therapy interventions a number of other services are in place to support clients.</p> <p>Including Workshops, Community collaborations, Community issues and event support.</p>		<p>Reduction in number of service users suffering crisis / in need of emergency support</p>	<p>feedback from the participants.</p> <ul style="list-style-type: none"> <li>• Employment Support – There were 16 referrals to the employment service in this quarter</li> <li>• Community Connectors – The report template is being updated to better reflect the activity of this service. Reporting was expected for this quarter but no details have been provided, reporting is now expected next quarter.</li> </ul> <p><b>Collaborations</b></p> <p>A robust reporting mechanism is still being developed. In Q2 there were:</p> <ul style="list-style-type: none"> <li>• 5 collaboration requests received which is a drop from the 10 received in Q1.</li> </ul> <p>A number of ongoing or completed collaborations were reported in the full report. These include:</p> <ul style="list-style-type: none"> <li>• The Aquamotion group is a project for Dedicated Service women in collaboration with Kensington Leisure Centre is very popular.</li> <li>• Kina Mama Post Anniversary Event – DS staff and one of the community Connectors attended the annual</li> </ul>
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						<p>community gathering which took place on the 9<sup>th</sup> September. GHWS staff supported by offering art activities to children and emotional wellbeing support to families that attended on the day.</p> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Client Feedback</li> <li>• PEQs – Limited response. Over the last quarter GHWS has: Reviewed PEQs with staff and service users, which were officially launched in September 2023 and are available as hard copy and online. Promoted feedback collection among clients. Planned and implemented GHWS Feedback week, which took place between 11<sup>th</sup> and 15<sup>th</sup> September.</li> <li>• Feedback week. Clients from across the service were asked for feedback via email, SMS and through informal conversations with service user consultants. Total Feedback completion numbers for the week (all modes of feedback): <ul style="list-style-type: none"> <li>• PEQS: 64 in total</li> </ul> </li> </ul>
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						<ul style="list-style-type: none"> <li>• Digital feedback device: 34 responses</li> <li>• Comments books: 4 comments left by clients</li> <li>• From the feedback gathered clients were happy with the support given by GHWS are likely to recommend to others.</li> <li>• A number of text and verbal email was received which was all complimentary.</li> <li>• Outcome Measures Goal based measures – a large improvement in number of open cases with goals but still no analysis of adult outcomes – this will be included in next quarters report. Three adult case studies which show some of the positive outcomes from this service.</li> <li>• Group Work A number of different groups ran in Quarter 3. Whilst additional reporting and outcome measures are being developed, there was a great deal of positive feedback detailing the positive impact that these groups are having on individuals.</li> </ul>
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						<ul style="list-style-type: none"> <li>• <b>Community Issues and Event responses</b></li> </ul> <p>GHWS actively supported a number of events during the quarter including:</p> <ul style="list-style-type: none"> <li>• GHWS Staff supported Survivors, Bereaved and the wider community at the Tate to unveil Grenfell inspired artwork.</li> <li>• Grenfell: In The Words of Survivors play at the National Theatre.</li> </ul> <p>Both the gallery and the theatre provided feedback thanking the service for the support.</p>
<p>Some older people displayed a delayed emotional reaction to the fire. There were also some who were experiencing possible re-traumatisation</p>					<p>2. Self-care work stream outcomes and services-improvement in access to culturally appropriate services and improvement in self-reported health and wellbeing. Options for accessing services not dependent on statutory agencies</p>	<p>In addition to the services offered as part of the GHWS - See Section 2.4</p>
<p>Many were unable to understand the reasons for the change in their sleeping patterns, feelings and health condition. They were</p>						

<p>unsure about how to deal with this change in their condition</p>						
<p>Some people living on their own were isolated from the wider community and local services, and remained disenfranchised</p>					<p>3. A&amp;E data, referrals to crisis services</p>	

## 2.6 Children and Young People

Definition or statement by community	Activities/ Actions/ Services Commissioned	Update on Activity and Reach	High Level Outcome	Indicator	Method of Measurement	Update on Outcomes
<p>Parents were extremely concerned about the long-term psychological effects of the fire on YP, particularly those living in the vicinity of Grenfell</p> <p>Parents had observed a change in behaviour of their older children (teenagers) after the fire, and assumed that this was perhaps a delayed response to the fire.</p>	<p>Collect information on a regular basis from engagement with young people</p> <p>Jointly fund trauma informed training to support workforce supporting families and CYP</p> <p>Mobilise training and support for parents and providers to manage changes in behaviour presented by older children</p>	<p>There were no CYP specific engagements this quarter. There are a number planned for next quarter including a CYP Health Partner subgroup.</p>	<p>The voice of children and young people impacted by the fire influences the design and delivery of health and wellbeing service provision</p> <p>Parents feel better supported by health and social care services to manage their children's emotional needs</p>	<p>Better and improved understanding of CYP needs following collaboration and engagement</p>	<p>Production of reports based on engagement and how information is used to inform decisions</p>	
				<p>Increase in number of parents who feel they can adequately support their child's emotional and behavioural issues</p>	<p>Feedback from parents and professionals who attend specialist training</p>	<p>None this quarter.</p>

Working with children, young people and their families to provide services that support their needs	<p>Closer working with third sector organisations to ensure that appropriate services are commissioned</p> <p>Support commissioned providers to arrange more MDT meetings</p> <p>Produce service pathway map Dedicated service case worker</p>		Improve health literacy and knowledge of health provision and benefits so CYP and families can confidently access a consistent model across the PCNs delivered through a range of providers	To be developed	To be developed	<p>The CYP Social Prescribing Link Worker project is due to start in December 2023 and will include development of monitoring and evaluation to measure health literacy.</p> <p>The NKR CYP Lead is speaking with Imperial Child Health Advice and Tips (CHAT) team to support the Grenfell recovery programme with CHAT sessions. This started in September 2023 and the service has been offered to partners. Unfortunately, there has not been any uptake so far but we will continue to promote,</p>
Regulation 28 report recommended ongoing proactive treatment and signposting for physical and mental health including monitoring of long term conditions	<p>Commission CNWL for mental health</p> <p>Primary Care Enhanced Services</p> <p>Paediatric health reviews and long term monitoring</p>	<p>GHWS Services have been redesigned to offer more diverse services. The quarterly report details workshops, collaborations, interventions (incl. therapy and group work) and the community issues and events showing the range of services offered.</p> <p><b>GHWS Therapy Activity numbers:</b> In September 2023 there were 96 open cases, of</p>	CYP and families are better equipped to manage long-term physical and mental health conditions, self-manage simple illness and improved confidence to access local services	<p>Improvement in CYP health</p> <p>Better capturing of those with poor health issues to ensure they are prioritised for early treatment with appropriate referrals</p>	<p>Reporting of health activity linked to Primary Care EHC and EA for CYP patients. Improvement in CYP patient health following access to enhance primary care offer.</p> <p>Report from the Imperial Paediatric long-term monitoring</p>	<p>This will be investigated as part of the Primary Care Audit</p> <p>See Specialist Services</p>

		<p>these 16 were survivors and bereaved, additionally 25 clients are open to the DS CYP Therapist. This is slightly less than the 99 open at the end of June</p> <p>Overall, 97% of survivors and bereaved have been offered the service by the Dedicated Service.</p> <p>There are additional services offered to CYP clients including workshops and community connectors.</p> <p>Survivors and Bereaved <b>EHC</b> uptake is 58% which has increased by 6% since June 2023.</p> <p>Paediatric Long Term Monitoring As at September 2023: 84 survivors, including Grenfell Walk, (67%) have been referred to the service by the Dedicated Service, of which 72 (58%) have been seen, and</p>	<p>Short or long term impacts are identified, information shared with providers and services commissioned</p>	<p>Improved self-management of health</p> <p>Young people are supported with transition to adult health services</p> <p>Children gradually require less need for acute mental health services and able to develop coping strategies</p>	<p>service detailing: To be agreed</p> <p>Qualitative report for Grenfell Health and Wellbeing Service (GHWS) including goal based outcome measures for current therapy services, detail and outcome measures of transformed services, Patient Engagement, feedback and case studies</p>	<p>A Quarterly report is produced by GHWS which details feedback and case studies for the services provided. These are all positive.</p> <p>Grenfell service has officially been using goals since October 2021 for CYP clients and they have been set up for current open cases, when appropriate.</p> <p>Goals have been defined for 58 out of 123 (47%) cases, which is a slight increase on last quarter</p> <p>Where there are goals recorded with multiple scores over 61% have shown improvement or achieved the goal.</p> <p>There is positive feedback reported for the Creative and Developing Resilience workshops that were held in this quarter and the CYP Gardening Group and there were a number of case studies included this quarter.</p>
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		<p>Of the 43 Tower Survivors:</p> <ul style="list-style-type: none"><li>• 42 (98%) have been offered</li><li>• 40 referred</li><li>• 2 declined,</li><li>• 1 is not contactable</li><li>• 35 have been seen by the service</li><li>• 5 have deferred</li><li>• 1 is booked to be seen</li></ul> <p>1 patient has moved to adults service</p> <p>54 bereaved children (53%) have been referred of which 34 have been seen.</p>				
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## 3.0 Main reports

### 3.1 Dedicated Service

#### 3.1.1 NHS Dedicated Service [Regulation 28]

The NHS Dedicated Service (DS) is designed to support and coordinate eligible clients to access a range of emotional and physical wellbeing health services.

The NHS Dedicated Service (DS) aims to provide:

- a coordinated integrated physical and emotional wellbeing care and support
- Support for clients to access NHS and non-NHS support services
- Multiagency case management support for complex cases

The DS team have been proactively offering and facilitating access to the appropriate NHS and non-NHS physical health services contained in the NHS Dedicated Services portfolio, to all those who are eligible for the service and whose contact details it has;

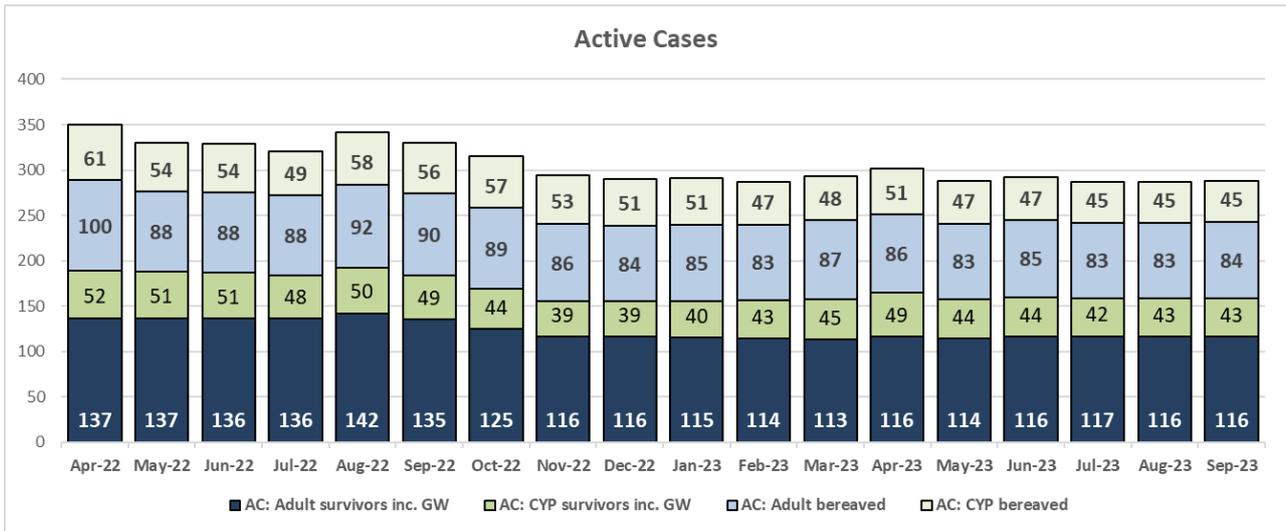
- Clients who take up the offers are classified as 'Active'
- Clients who do not take up the offer or who are not contactable are classed as 'Inactive'

All 'Active' clients are offered a health review which is carried out by their Dedicated Service health worker to understand what they feel their health needs are, and navigate them towards the relevant services.

##### 3.1.1.1 DS Activity

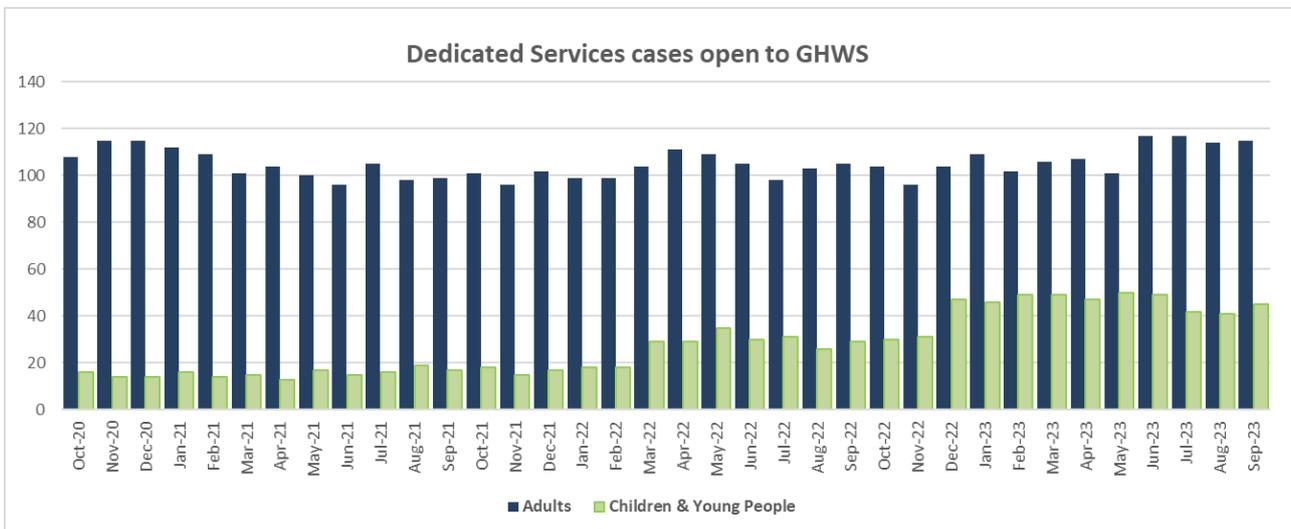
	Cohort	Number in cohort	Accessing DS Sept 2023	% Accessing
Survivors (including residents of Grenfell Walk)	Adults	330	116	35%
	CYP	121	43	36%
	Total	451	159	35%
Bereaved	Adults	218	84	39%
	CYP	100	45	45%
	Total	318	132	42%
Total	Adults	548	200	36%
	CYP	221	88	40%
	Total	769	288	37%

At the end of Sept 2023 there were 159 survivors and 132 bereaved actively using the DS, a total of 37% of those eligible. In total **96%** of eligible clients have been offered the service at some time with 70% accepting.



All survivors and the bereaved are open to the NHS DS. Initially where a case has been reviewed or a single interaction with a client had taken place these were counted as an 'open' cases, since April 2022 the service has reported cases as 'active' and 'inactive' to more accurately reflect the level of demand on the service. Active cases are indicated in the graph above from April 2022 onward.

Q2 has shown a slight a very slight decrease in the numbers of Adults and Children active with the NHS DS compared to the numbers accessing at the end of Quarter 1 2023/24.

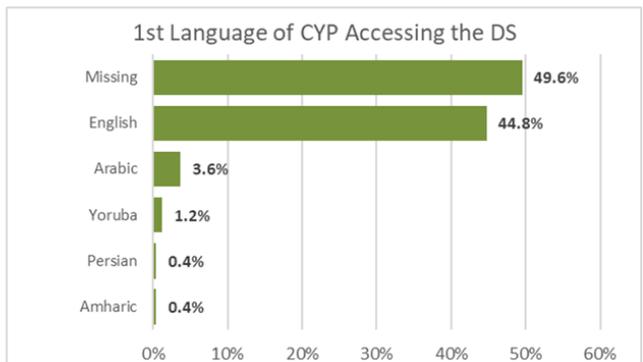
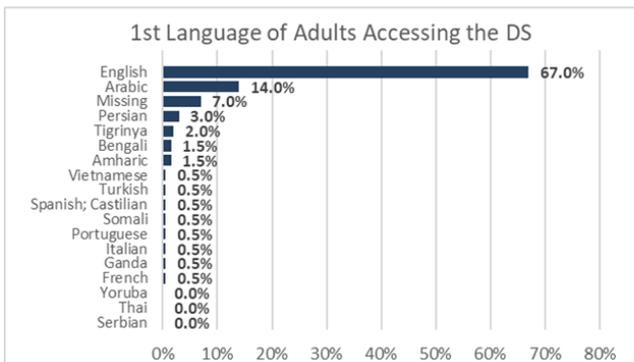
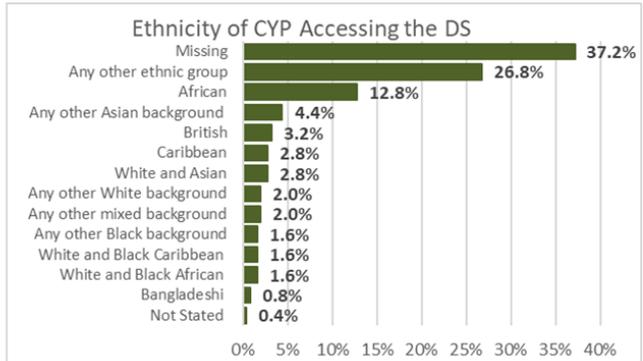
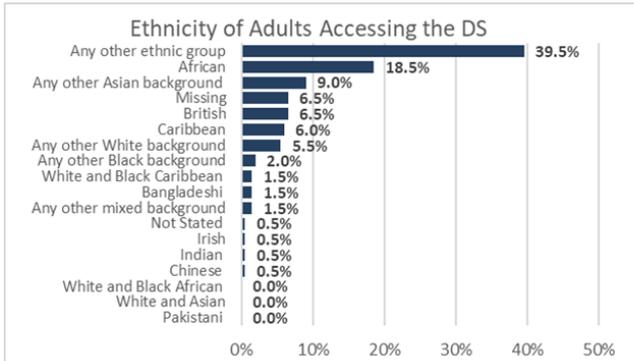
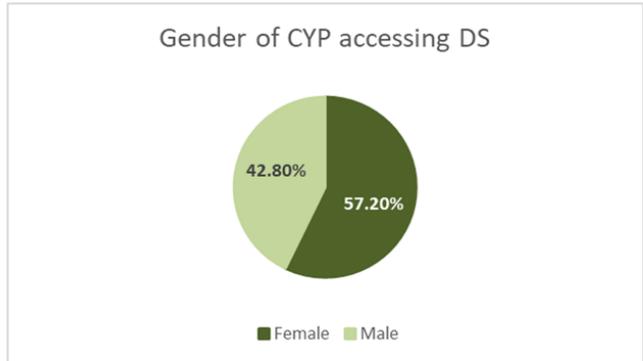
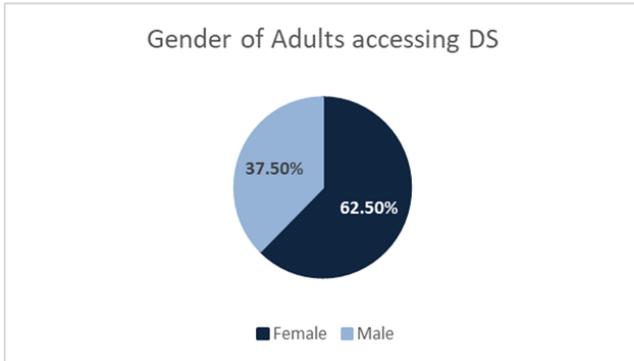
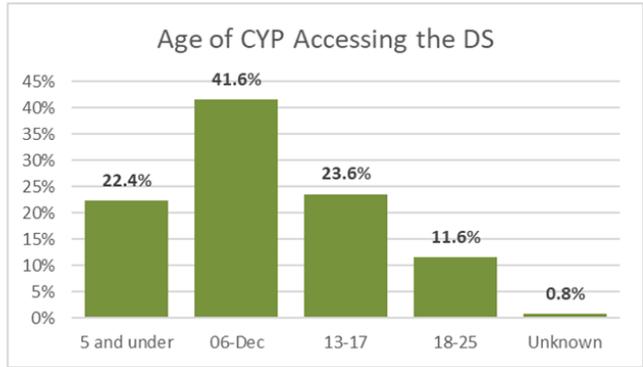
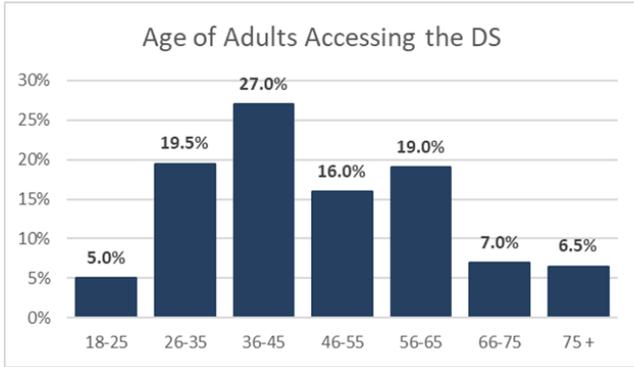


(The proportion of children also open to the GHWS increased notably from 33.7% in M8, to 52.2% in M9, as figures now include those open to a DS CYP therapist.)

### 3.1.1.1.1 Demographics

Basic demographic information is collected for the DS service users. These numbers represent clients who are actively receiving support from the DS Team. These are shown below.

A piece of work to see if there are any communities that are not accessing the service along with drop out and disengagement is currently being undertaken.



### 3.1.1.2 Outcomes and Feedback

#### 3.1.1.2.1 Patient Engagement Questionnaire

The DS has developed a PEQ specific for this team to ascertain whether or not the clients feel they have met their health needs. This PEQ proposal was reviewed by the DS Service User Consultants and further changes implemented based on the suggestions that were received. It was officially launched on 16<sup>th</sup> March.

The PEQ was made available as hard copy and electronically via Survey Monkey, so clients could provide feedback through different routes.

There were no DS specific PEQs completed from July to September 2023.

In order to increase the numbers of PEQ's completed, the service has sent a text to all active clients on the DS system with a link to complete a PEQ online. This has resulted in an initial uptick in completion and we will continue to monitor progress.

Additionally, the team is:

- Exploring the translation of the DS PEQ to other languages besides English.
- Reviewing the best approaches to request DS clients' feedback.

#### **3.1.1.2.1 Case Studies and Feedback**

The Grenfell Health and Wellbeing Service (GHWS) Quarterly report details qualitative details of the service with feedback for both the GHWS and the DS.

It has not been possible to include case studies for this quarter as to make the study meaningful it made it possible to identify the clients.

There was no email and verbal feedback about the service included in the report this quarter.

#### **3.1.1.2.2 Collaborations - Aquamotion**

- Project for Dedicated Service women's in collaboration with Kensington Leisure Centre that offers Aquamotion classes followed by a wellbeing session - an informal coffee and chat.
- The project aims to provide an opportunity for the ladies to form new relationships that can reduce social isolation and increase their social networks in the community whilst also taking care of their physical and mental health.
- This is a safe space that women have used to discuss topics of interest to them. The group has also provided a social network space for the women, which allowed them to form relationships outside the group as a support network.
- The women from the group have reported Aquamotion has improved their general flexibility, increased strength and improved mobility and has help to boost their mood and reduce their stress levels.
- It commenced on 27<sup>th</sup> January 2023 as a 6 weeks' pilot trial. This collaboration turned out a huge success and clients were quite happy with it, as shown on the positive feedback shared in the previous Quarterly report (Jan-Mar 2023).
- This collaboration restarted on 6<sup>th</sup> June for a 12-weeks period. The first six sessions took place from 6<sup>th</sup> June to 11<sup>th</sup> July 2023, followed by a summer break, and the second group of six sessions started on 12<sup>th</sup> September and ended on 17<sup>th</sup> October 2023.
- The sessions took place at the Kensington Leisure Centre every Tuesday from 12 to 2 pm:
  - 12-1 pm (swim session)
  - 1-2 pm (wellbeing session)
- This is a safe space that women have used to discuss topics of interest to them. The group has also provided a social network space for the women, which allowed them to form relationships outside the group as a support network.

- The women that took part in the group have shared quite positive feedback, which is highlighted below:
  - “Group leaders are very helpful; the exercise is very beneficial to my physical health and wellbeing as I cannot do physio therapy because of my back pain but with Aquamotion its easier because doing exercise in the water relieves the pain. It would be helpful if we can have more than one day a week”.
  - “Having supportive staff, my physical health is improving and getting better understanding of my feelings”.
  - “The group motivates me to come regularly and I enjoy very much to socialise with the members of the group and the facilitators”.
  - I would like the group to continue as it helps me to look after my physical health since I have some medical problems. They ease up with regular exercise especially in the water”.

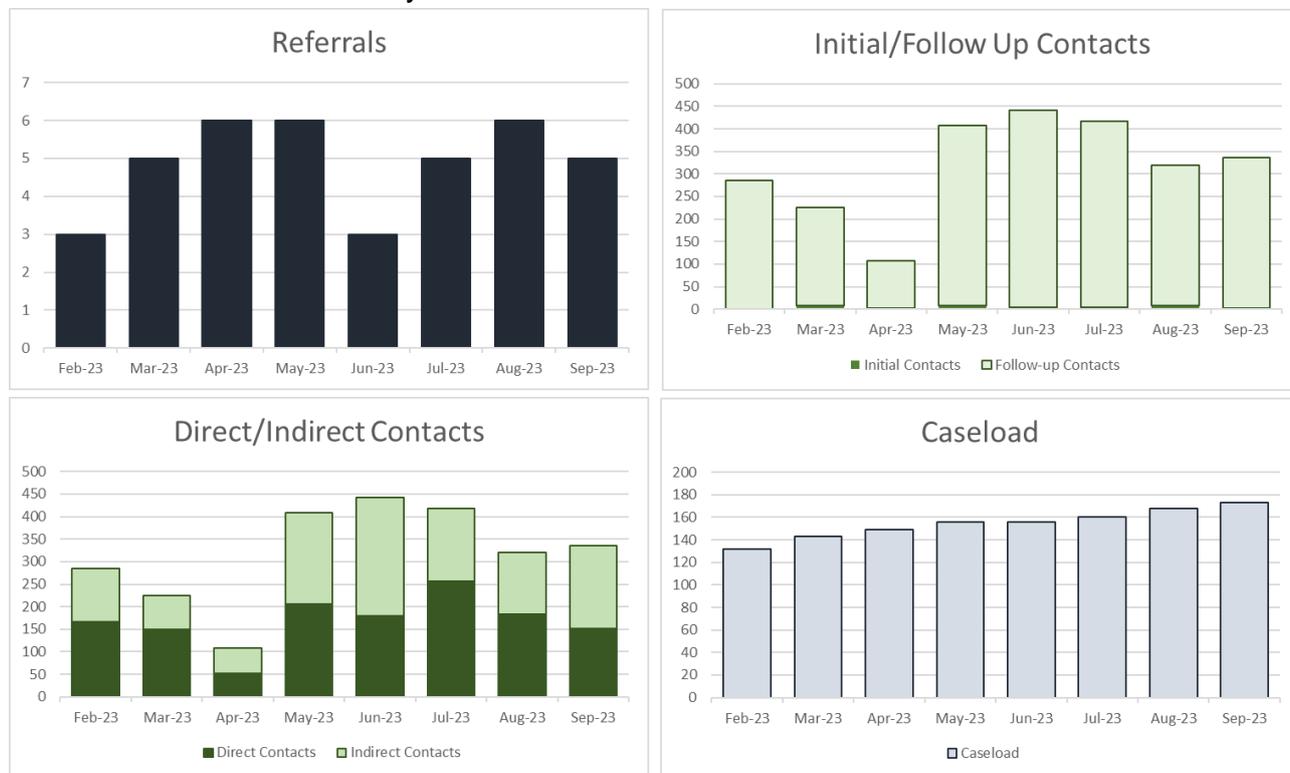
### **3.1.2 CLCH Wider Grenfell Case Management**

In addition to the NHS Dedicated Service which is accessible to the bereaved and survivors, the NHS also commissions a separate case management service for the wider community who have been impacted by the fire.

- Case Management of complex cases. Physical health focus, however, signpost and support with mental health and social care needs.
- Joint care planning with patients to focus on their goals and priorities utilising health coaching techniques and motivational interviewing.
- Support the service users to achieve their individual health goals
- Work collaboratively with GP’s, mental health services and voluntary sector to ensure patients’ needs are met
- Chronic disease management and health promotion
- Arrange multidisciplinary team meetings and professionals’ meetings, as required
- Signpost patients to NHS and non-NHS services such as the self-care offer from Kensington and Chelsea Social Council

### 3.1.2.1 Activity data

Activity was reported from October 2022, there were known discrepancies in the data. The data is correct from February onwards.



### 3.1.2.2 Outcomes

The following outcome measures were agreed for the MCMW Grenfell Service.

5. PREMS (feedback survey)
6. Care plan reviews
7. Case studies
8. Use of ONS4 form

#### 3.1.2.2.1 PREMS

A Grenfell MCMW specific patient feedback form was completed and came into use in August. Initial cascading of the questionnaire to patients was undertaken via bulk sending of the link and QR code or directly by text message.

There has been a very low response rate to date, only 4 patients have given feedback.

Of those 4 patients:

100% of patients are satisfied with the support they have received from the team.

Feedback was particularly positive about staff attitude; some of the comments include:

“Staff really care for your wellbeing”

“The staff are there for my own good”

Direct verbal feedback from patient is also encouraged by staff and this too, has been totally positive, with some patients commenting:

“Due to your help and intervention, the support has been ongoing, and I have been able to take care of my wellbeing both physically and mentally - I started to paint my flat”

“I just wanted to say a massive thank you to you for all the help- I’ve been receiving the food vouchers every week - bless you”

Efforts to rectify the low response rates are underway; postal questionnaires have now been sent to capture feedback from patients likely to face challenges with providing digital feedback. Staff also aim to start collecting feedback during face-to-face contact where appropriate.

### **3.1.2.2.2 Care Plan Reviews**

- Every patient referred to the service will have a comprehensive assessment followed by a care plan comprised of goals based on the clinician’s and patient’s agreed priorities.
- The service aims to carry out the initial assessment and care planning at the first appointment with the patient and have a review every 6 months or when the patient’s circumstances change, for instance following hospital admission.
- At the review period, the service aims to ascertain goals met as well as the impact of intervention. However, due to some patients being referred with immediate needs requiring urgent intervention, assessment and care planning is often deferred to prioritise patient’s needs.

In this quarter a total of 15 care plans were undertaken

- 10 (67%) were initial care plans carried out at initial assessment, this is consistent with an increase in new referrals for the period and the preceding months where patients were not assessed within the month they were referred
- 5 (33%) were care plan reviews

Further plans for improving on reporting in this area include establishing comparative data on patient’s care plan outcomes between baseline and review care plans.

The next report will also include the total number of care plans against total case load to ascertain the number of patients without a care plan.

### **3.1.2.2.2 Case Studies**

A number of case studies were shared by the service and include a non-verbatim transcript from a patient story to enhance the credence of reporting. For all case study, verbal consent was obtained to be shared with Stakeholders to provide an insight into how Grenfell Wider Community work and the benefits of MCMW Care planning (Holistic Approach). All patients have been anonymised.

#### **Case Study 1: Case Manager (Exploratory)**

History

Mr x is a 54-year-old man who was referred by his GP for support with his multiple social and health concerns. Mr x. previously worked as a heavy goods driver but is now unemployed, receives Universal Credit and always struggles to afford food, and utilities at the end of each month. Mr x has a long history of recreational drug use; currently uses heroin, smokes and reports having started smoking Cannabis at age 7. He has been prescribed Methadone on several occasions but has not remained concordant with the treatment. He is under ongoing investigation for lung Cancer, (RUL cavity suspicious for lung cancer). At the time he presented for MCMW assessment, Mr x. was living in a mould infested flat with no heating. He attributes his respiratory problems to mould and general state of disrepair to his flat.

Mr x lives alone in a one-bedroom council flat with secure tenancy. His partner died 3 months ago and his mother 10years ago. Mr x does not drive and has struggled to attend his follow up Appointments. He has a brother who is a cocaine and heroin user. He has a son but not in contact at moment. He started taking recreational drugs at the age of 25, after a relationship breakdown which also rendered him homeless.

### **Problems/ Goals**

Upon assessment, Mr x was at risk of becoming unwell due to a chronic physical health problem. Mr x was experiencing problems with finance, housing, and lifestyle.

We have improved his housing situation now by working with partners such as RBKC and Gas company provider. We got funding from local charities to clear outstanding Gas bill. We collected some warm clothing from Age UK and sleeping bags.

We accompany and organise transport so that Mr x, does not miss his investigation Appointments. We also organise and liaise with MDT, team for his Respiratory care.

We are also in the process of helping him get a suitable housing via RBKC.

We encouraged Mr x, to take responsibility with engaging with other health professionals such as the Drug and Alcohol team.

### **Case manager care plan**

For Mr x, particular focus was placed on early mental health support, debt and benefits, social isolation, and Cardiovascular health -including smoking cessation and access to physical activity. We saw Mr x, as part of a marginalised risk group who, without intervention or support, was at risk of developing further chronic conditions. We believed that with that a proactive, personalised intervention would offer him an opportunity to make significant improvements and improved Wellbeing.

### **Health and Social Prescribing co-ordinator plan**

Assessed areas of strength and challenges, including his perceived ability to self-manage.

Sign posted to appropriate agencies (Housing)

Provided ongoing personalised support.

Rapport building and establish trusting relationships.

Health education and Advice focussed on:

- Benefit advice and support
- Sign posting to local voluntary organisations.
- Cardiovascular health (Smoking cessation still under the care of Drug and alcohol team)
- Social isolation

- Information gathering.
- Support signposting around Financial and legal affairs.
- Housing
- Bereavement support

## **Case study 2: Health and social prescribing coordinator (Exploratory)**

### **Background**

An 18-year-old who required Grenfell MCMW case management after being referred to us from GHWB. She has now turned 19, lives with father and sister, has a good relationship with her sister however the age gap means that are mainly separated socially – mainly since she graduated from university and does not always stay with the family. She lost people she knew in the fire followed closely by her mother dying from a terminal illness. Most Thursdays she still attends GHWB and has her 1-2-1's - mainly talking therapy and open discussions about current livelihood. Works at a restaurant and continued to do so whilst studying art, sociology, and photography. Now graduated, she has begun a culinary course to pursue her interest in food. Plans to travel to East Asia with her friends.

Medical concerns – Asthma and low vitamin D levels.

### **Assessment**

Low physical activity levels – patient mentioned how her friend managed to source funding in order to pay for their gym membership. Patient also indicated she wanted to roller skate. Body image is important – patient often limits her dietary intake in order to maintain her bodyweight and not gain any unnecessary weight. All things that negatively impact her anxiety levels. - Does not engage with services – main reason being she was extremely busy with studying and did not have time to engage. - Social interaction – finds it difficult to engage with professionals, slight phobia of doctors etc. Has issues when communicating with employees at work, mainly because she does not intend to be working there for much longer.

### **Care plan/intervention**

Exhausted funding options for patient eventually creating an account on Buttle UK – which provides financial support for ages 2–18-year-olds who have suffered a traumatic event and was asked questions about the patient's history and why they would need support. Unfortunately, I heavily relied on cooperation from the patient which was sometimes lackadaisical. As soon as she turned 19 I was unable to source funding in order to pay for gym memberships or contribute towards study equipment etc. I continued to find ways to encourage activities such as pay-as-you-go at Kensington Leisure Centre and other 'affordable gyms'. However, her passion is no longer for physical activity.

Engaged with nutrition & cooking classes upon referral. - I wanted to ensure the patient had the opportunity and support to engage with health services and promote greater physical activity. I thought if funding could be provided for someone in her position, it might encourage her to want to join the same gym as her friend. Only as it seemed as if this was her main goal – to exercise with her friend. - I aimed to improve the patient's social interaction but encouraging F2F appointments and give her the responsibility to negotiate her own goals and initiative

### **Outcomes**

Unfortunately, the patient did not receive any funding support. We could not get the application completed on time, which was another lesson learnt for our young patient as upon reflection she concluded its important to engage with services.

Originally intending to start a career in real estate but decided to engage with cooking classes and now has enrolled on a culinary course at a local College.

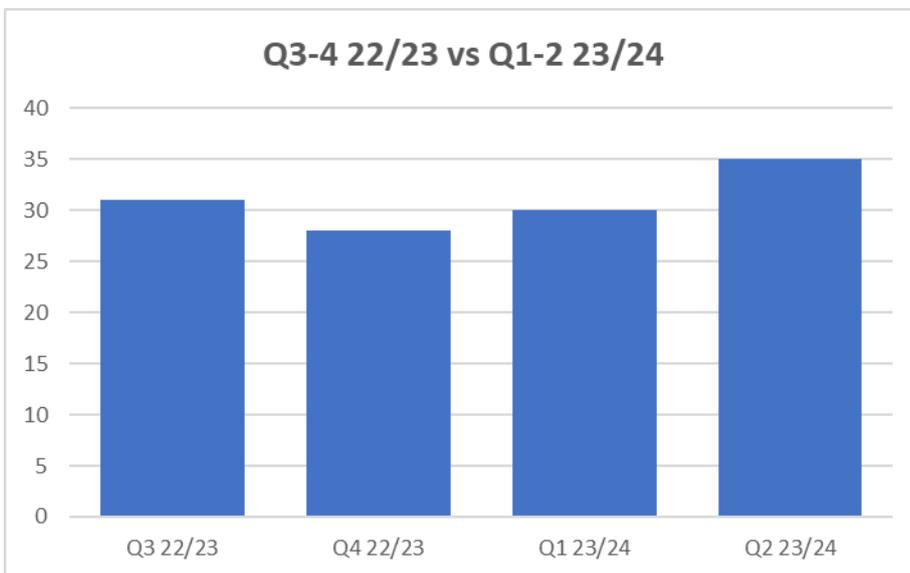
Benefits: The ability to change career path, improved self-care and the ability to engage with services.

### 3.1.2.2.1 ONS4

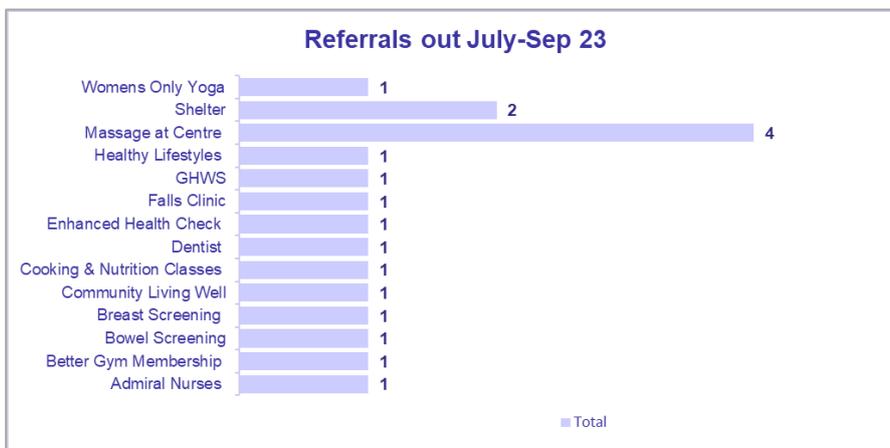
Grenfell My Care My Way activity has a significant social prescribing component as identified from analysis of activity data and health needs assessment.

The service acknowledges that social prescribing decisions are based on various aspects of holistic assessment, however, the focus on ONS4 scoring was deemed to provide the most statistical verification. They aim to undertake ONS4 assessment at every initial assessment, and thereafter every 6 months or as determined by significant events/factors affecting a patient’s wellbeing.

The graph below shows the number of ONS4 Assessments undertaken this year compared to last year – showing an 10.1% increase.



Below shows a breakdown of the referrals out of the service which gives an indication of some of the interventions following the assessment.



67% of referrals were to social prescribing activities/services aimed at improving patients wellbeing.

Future reporting will aim to show specific correlation between ONS4 scores and referrals arising.

It is possible to track patients self-reported wellbeing from initial ONS4 scoring to the 6 months’ review score, or earlier, as appropriate.

Patients w/multiple ONS4s, proportion experiencing improvement, decline, or no change numbers are shown in the tables below.

Category	Total	Percentage
Improvement	14	47%
Decline	13	43%
No change	3	10%

Patient	ONS4 #1	ONS4 #2	ONS4 #3	ONS #4	Increase/decrease
1	24 (Mar 23)	30 (Oct 23)	N/A	N/A	↑ 6 points
2	19 (Oct 22)	21 (Aug 23)	N/A	N/A	↑ 2 points
3	16 (Nov 22)	16 (Jul 23)	N/A	N/A	No change
4	25 (Sept 23)	N/A	N/A	N/A	No change
5	23 (Apr 23)	20 (Oct 23)	N/A	N/A	↓ 3 points
6	31 (Feb 23)	27 (Jun 23)	27 (Oct 23)	N/A	↓ 2 points
7	19 (Mar 22)	10 (Oct 23)	N/A	N/A	↓ 9 points
8	12 (Oct 22)	18 (Mar 23)	25 (Aug 23)	N/A	↑ 13 points
9	36 (Oct 22)	20 (Jul 23)	N/A	N/A	↓ 16 points
10	28 (Dec 22)	15 (Jul 23)	N/A	N/A	↓ 13 points
11	32 (Aug 22)	24 (Jul 23)	17 (Oct 23)	N/A	↓ 15 points
12	16 (Oct 22)	23 (Oct 23)	N/A	N/A	↑ 7 points
13	17 (Mar 23)	35 (Jun 23)	N/A	N/A	↑ 18 points
14	18 (Nov 22)	14 (Aug 23)	N/A	N/A	↓ 4 points
15	10 (Nov 22)	26 (Jun 23)	N/A	N/A	↑ 16 points
16	26 (Feb 23)	27 (Mar 23)	27 (May 23)	39 (Oct 23)	↑ 13 points
17	27 (Dec 22)	38 (June 23)	N/A	N/A	↑ 11 points
18	15 (Nov 22)	19 (Jul 23)	N/A	N/A	↑ 4 points
19	16 (Aug 23)	6 (Oct 23)	N/A	N/A	↓ 10 points
20	26 (Jul 22)	35 (Aug 23)	N/A	N/A	↑ 9 points
21	21 (Oct 22)	27 (Aug 23)	N/A	N/A	↑ 6 points
22	17 (Apr 22)	18 (Jun 23)	N/A	N/A	↑ 1 points
23	19 (Jan 23)	20 (Mar 23)	N/A	N/A	↑ 1 points
24	23 (Feb 23)	19 (Jul 23)	N/A	N/A	↓ 4 points
25	23 (Apr 23)	25 (Sept 23)	N/A	N/A	↑ 2 points
26	27 (Nov 22)	26 (Jun 23)	24 (Nov 23)	N/A	↓ 3 points
27	22 (Mar 22)	19 (Apr 23)	N/A	N/A	↓ 3 points
28	17 (Nov 22)	14 (Aug 23)	N/A	N/A	↓ 3 points
29	21 (Dec 22)	26 (Jun 23)	21 (Oct 23)	N/A	No change
30	8 (Oct 22)	5 (Jun 23)	N/A	N/A	↓ 3 points

Net improvement among all patients w/multiple ONS4s

Points increased	Points decreased	Net total
109	88	"↑+21"

## 3.2 Primary Care

The Primary Care Enhanced services were provided as part of the NHS response to the Grenfell Tower fire.

These enhanced services were designed to support patients whose existing conditions may have been exacerbated due to the impact of the fire and those who may have developed new health issues as a consequence of the fire, as well as provide assurance to the communities regarding their health.

The Primary Care Enhanced Services consist of:

- **Enhanced Health Checks (EHC)**  
GP practices are offering Enhanced Health Checks which give people an assessment of their current health and wellbeing, with a focus on lung function, breathing and emotional wellbeing. If anything is identified and requires further investigation, they are referred on to a specialist service.
- **Community Enhanced Health Checks (CEHC)**  
Enhanced Health Checks are also available at local community venues for those people who do not want to attend a clinical setting
- **Grenfell related appointments**  
You can arrange a time with your local doctor to discuss any health concern you may have. Ask your local GP surgery for help, say you have been affected by the Grenfell Tower fire.

### 3.2.1 Primary Care Enhanced Services Activity [Reg 28]

#### 3.2.1.1 Enhanced Health Checks

The following additions to the Adult EHC were agreed by CRG and NKR SMT and communicated to all practices:

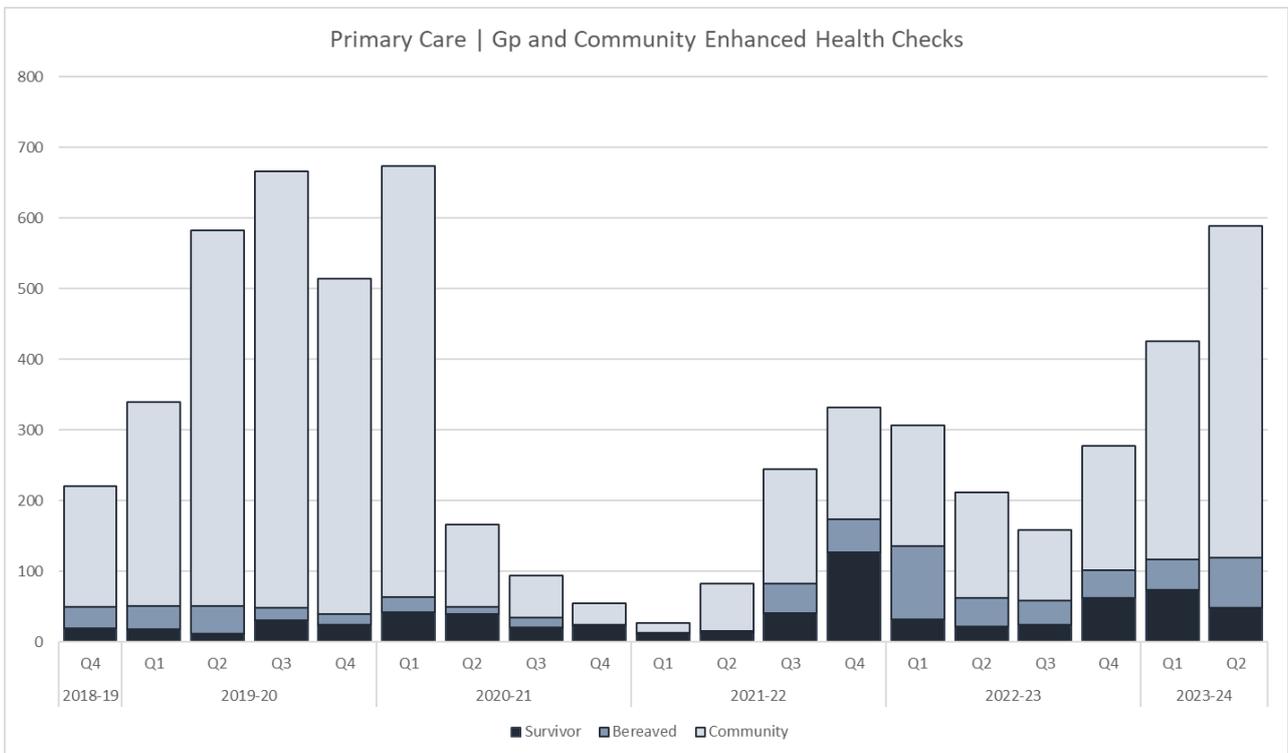
Test offered	Clinical explanation
<b>Urine dip</b> (haematuria / proteinuria)	Accessible test in primary care.  To screen for renal/bladder disease, diabetes.  Urine dip is also offered in the 3 yearly firefighter health screen.
<b>Annual bloods</b> (HBA1C, glucose, diabetes, thyroid, kidney function, liver function, LFTs, FBC, cholesterol)	This annual blood test will be able to check for a number of conditions providing reassurance to those Grenfell affected patients whose concerns may be impacting on their health and wellbeing and to provide screening for diabetes, cholesterol and other conditions.
<b>Spirometry</b> (referred through accelerated pathway for asymptomatic patients, chest x-ray not needed to be done prior to referral)	For wider community/Bereaved during EHC (Survivors are referred to Imperial long term monitoring) if clinical indication or patient has concerns due to smoke exposure then you can offer spirometry.

	<p>This follows discussions with Dr Laura Martin, Grenfell clinical respiratory lead -There are continuing concerns within the community about the long-term effect of harmful smoke exposure.</p>
<p><b>Chest x-ray</b> (use normal ICE pathway)</p>	<p>For wider community/Bereaved during EHC (Survivors are referred to Imperial long term monitoring) if clinical indication or patient has concerns due to smoke exposure then you can offer a chest x-ray <b>at baseline</b>.</p> <p>This follows discussions with Dr Laura Martin, Grenfell clinical respiratory lead -There are continuing concerns within the community about the long-term effect of harmful smoke exposure. Chest x-ray has low radioactive uptake and paired with spirometry, can check if there are any issues and provide reassurance.</p>

There are some other minor changes that have been made to the SystmOne template.

A similar review has been done for Children’s Enhanced Health Check. A lead from I.T. has been identified to help with the changes in SystmOne.

Since January 2019 there have been 5967 Enhanced Health Checks (EHC) completed across practices and the community.



The EHC are available to survivors, bereaved and the community and are delivered in General Practice and in the community (CEHC).

The following table provides a breakdown of EHCs completed, categorised by patient type and whether it was their initial EHC or a follow up.

Patient Type	1st EHC	Yearly EHC	Total EHCs	% 1st EHC
Survivor	9	39	48	19%
Bereaved	13	58	71	18%
Community	368	102	470	78%
<b>Grand Total</b>	<b>390</b>	<b>199</b>	<b>589</b>	<b>66%</b>

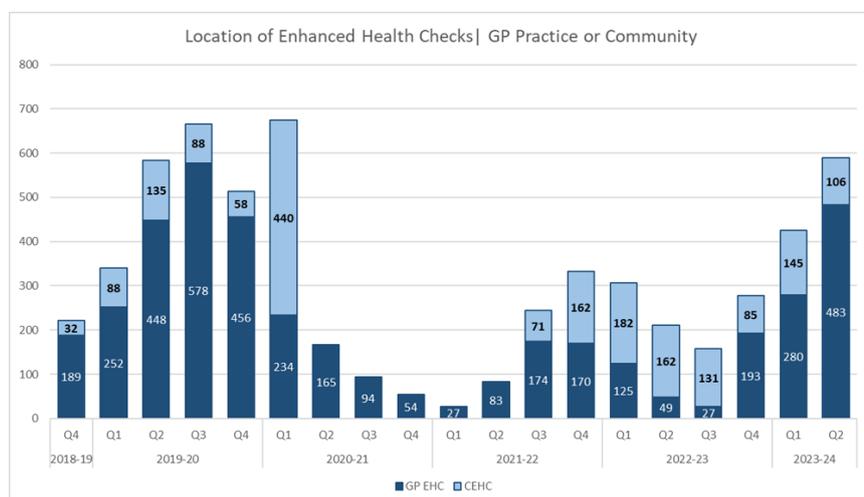
It shows that of the 390 patients who had their initial EHC, 9 were survivors, 13 were bereaved, and 368 were from the wider community.

When analysing quarterly EHC activity, we see a notable increase, with 589 completed this quarter compared to the previous quarter's 425. The rise in EHCs can be attributed to increased participation among patients from the wider community cohort.

			1 <sup>st</sup> EHC	%
Survivors (including residents of Grenfell Walk)	Adults	348	255	73
	CYP	89	54	61
	Total	437	309	71
Bereaved	Adults	449	270	60
	CYP	40	21	53
	Total	489	291	60
Total	Adults	797	525	66
	CYP	129	75	58
	Total	926	600	65

Note: The numbers of bereaved and survivors reported in this table are the numbers as recorded in the Primary Care system (SystemOne) not from the Dedicated Service.

- 309 (71%) of survivors have attended at least one EHC, over 242 survivors have attended a second.
- 291 (60%) of bereaved have attended at least one EHC with over 300 attending a second. In addition, over 3700 patients from the community have attended at least one Health Check.



Community Enhanced Health Checks are now being sited in additional community locations with the location rotating between the sites, with the community clinics offering one evening and one weekend session. They are also running home visits for especially vulnerable Grenfell

Two practices have started undertaking EHC during this quarter, Golborne Medical Centre (RAZAK) and The Good Practice. This has led to a marked increase of GP EHC in this quarter compared to the previous quarters.

### 3.2.1.2 Grenfell Related appointments

#### Service Aim

- To acknowledge the additional complexities to North Kensington Community and that this requires additional appointments and resource.
- To provide additional clinical time/appointment, if needed to patients worried and affected about their health as a result of the Grenfell Fire.
- To support the key principles from North Kensington Recovery Plan.

A number of key performance indicators have been identified for the practices. The detail can be found in section 3.1.2.5.

### 3.2.2 Consistent High Standard of service across all Practices

A number of measures have been put in place to evaluate the standard of services across all practices.

#### 3.2.2.1 Patient Engagement Questionnaires (PEQ)

From July 2022 Patients have been sent a text link inviting them to complete an online questionnaire following a EHC or GRA.

Feedback from the questionnaires is primarily positive.

The questionnaire now has a dropdown for the practice where the EHC or GRA took place, so any feedback, good and bad, is fed back via the meetings the work stream lead holds with each practice quarterly.

In Q2 there was a response rate of

Service	Texts Sent in Q2	Responses in Q2	Response Rate
GRA	209	8	4%
EHC	353	21	6%

The response rate has dropped by 4% for both the Grenfell Appointments and the Enhanced Health Checks. The work stream lead is looking at ways of improving the response rate, including sending the PEQs out more regularly.

### 3.2.2.1.1 Enhanced Health Check responses

Of the 21 responses 3 did not consider that they had had a recent EHC,

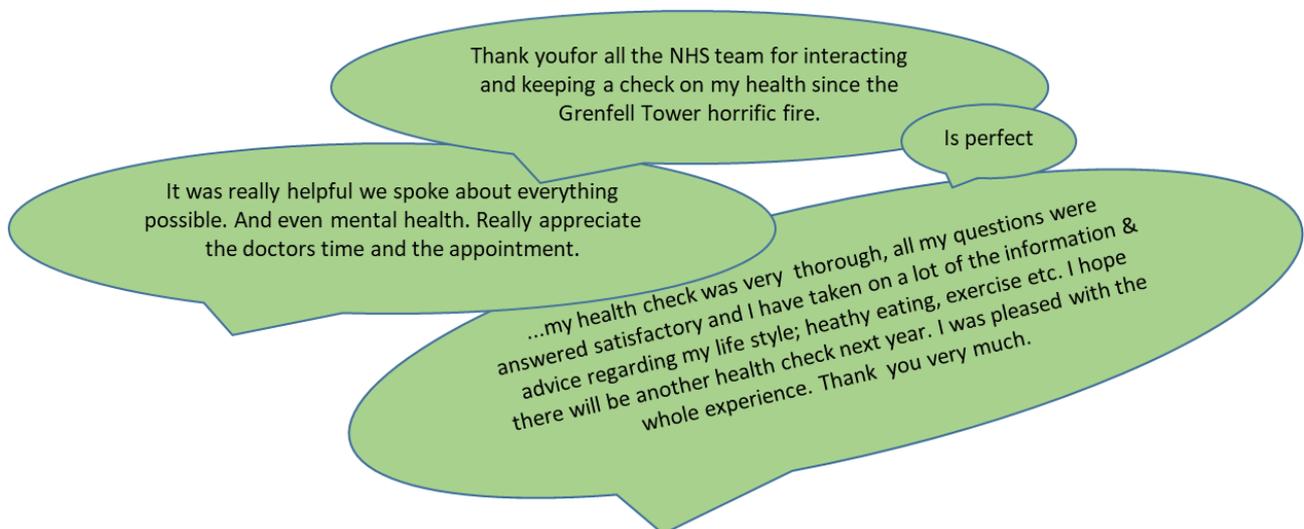
For the 18 people who answered the questions following an EHC.

94%	Had to wait a less than two weeks the appointment was booked
94%	Very easy or fairly easy to make an appointment for the EHC at the practice
72%	Definitely or to some extent the EHC helped to assure about their health following the fire
89%	The Healthcare professional was good or very good at listening
100%	The healthcare professional recognised/understood cultural or religious needs (where stated it was relevant)
94%	Experience of the Enhanced Health Check good or very good

The feedback is mainly positive for the Enhanced Check.

There has been a 11% increase, from 61% to 72%, when asked whether the EHC helped to assure them about their health following the fire with 1 patient responding that they were not assured at all. Additionally, the number reporting that their experience of the EHC is good or very good has increased by 9% to 94% when compared to the feedback in Q1.

The additional text feedback, shown below, is all positive. All feedback will be discussed with the relevant practices.



### 3.2.2.1.2 Grenfell Related Appointments responses

Of the 8 patients that responded; 1 responded that they did not request such an appointment and 2 had a regular appointment.

For the 7 people who answered the questions following an appointment:

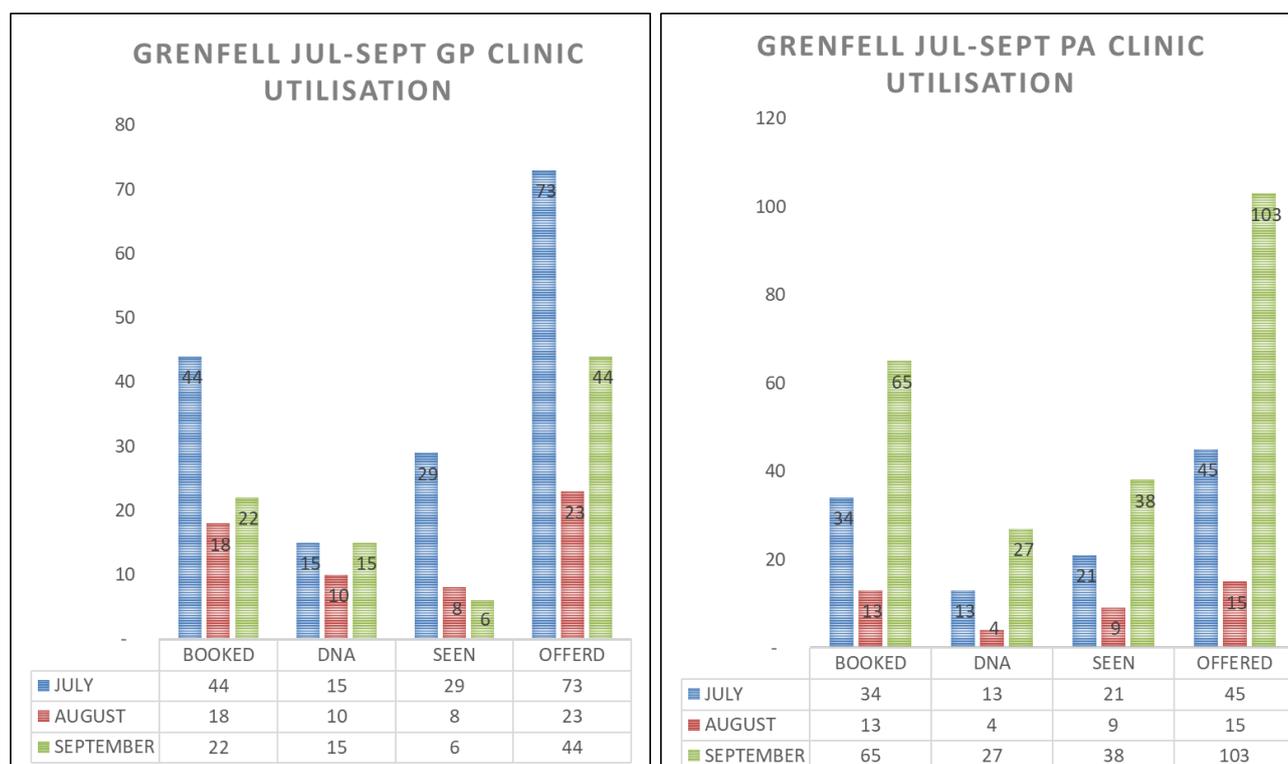
86%	Had to wait a week or less after the appointment was booked
100%	Very easy or fairly easy to make an appointment at the practice

86%	The appointment helped with their health concern
86%	Needs met, definitely or to some extent
100%	The healthcare professional recognised/understood cultural or religious needs (where stated it was relevant)
100%	Experience of last appointment good or very good

The table above shows good feedback for the extended appointments across most of the questions. The issues with access and ease of making an appointment in the last quarter feedback is not reflected in this quarter, and 100% of patient's feedback say their experience was good or very good.

### 3.2.2.1.3 Feedback/Outcomes from Community Enhanced Health Checks

There is a provision of 30 CEHC appointments weekly through a mixture of community and non-community based clinics. There has been an expansion of community centres to include St Michaels church, Peppercot community centre and local mosque Al-Maanar. There was reduced capacity in August.



During July 2023 to September 2023 there were 111 CEHC undertaken. After each appointment the patient is asked to complete a feedback form. The results are detailed below. The feedback shows that of the 53 responses over 98% were very satisfied or satisfied with their appointment.

	Feedback		Actions
How did you find out about the Community Enhanced Health Check?	GP Practice	18.87%	10
	Care coordinator	39.62%	21
	Community Centre	9.43%	5
	Friend/Relative	7.55%	4
	Other	24.53%	13
	TOTAL		53
			'other' included referrals, community centre staff, and resident association groups.

Did you try to contact your GP for the same issue, prior to booking into our service?	Yes	26.42%					14	
	No	73.58%					39	
	TOTAL						53	
Would you have preferred to have spoken to your GP or our clinician?	Own GP	11.54%					6	
	Our Clinician	36.54%					19	
	Either	51.92%					27	
	TOTAL						52	
How easy was it to find our clinic?	1	2	3	4	5	TOTAL	AVERAGE	Scale from Easy to hard
	54%	12%	20%	0%	14%	50	2.08	
	27	6	10	0	7			
How satisfied were you with your appointment?	Very Satisfied	81.13%					43	
	Satisfied	16.98%					9	
	Neither Satisfied or Dissatisfied	1.89%					1	
	Dissatisfied	0%					0	
	Very Dissatisfied	0%					0	
	Total						53	

### Spirometry Update

There is a new monthly audit of spirometry referrals, detailing onward referrals from the appointments.

July – September 2023

- 9 appointments
- 7 attended and 2 DNA.

The next report will include more detail from the audits.

### 3.2.2.2 Annual General Practice Patient Survey

The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.

In the 23/24 survey there are a number of areas where some practices are showing as more than 5% below the English Average. The West London GP Team will be working with the practices looking at the areas highlighted, the work stream lead is linking in with them and prioritising working with the practices around access to the enhanced offer.

Foreland and Barlby are outliers, meetings are set up with these practices in quarter 3. Each PCN has a capacity and access plan to try and improve access and promote consistency across the borough, this is part of the North West London General Access Plan for Primary Care.

Details of the next survey will be in the Q1 report for 24/25.

### 3.2.2.3 Improvement in Health following EHC

Work has been undertaken to extract and analyse data captured during these EHCs. The primary focus has been on the following measures:

- **Sleep:** Examining the proportion of patients reporting good sleep patterns versus those experiencing difficulty sleeping.
- **Respiratory:** Assessing patient's respiratory symptoms, distinguishing between symptomatic and asymptomatic cases.
- **Smoking:** Identifying patients as smokers, ex-smokers, or those who have never smoked.
- **GPAQ:** Categorising a patient's level of physical activity. Notably, one of the most common referrals resulting from enhanced health checks relates to diet and fitness.
- **GAD-2 score:** Measuring the level of generalized anxiety disorder symptoms.
- **Diet:** Categorising patient's dietary habits as good, average, or poor.
- **Cough symptoms:** Looking at the proportion of patients presenting with cough symptoms

Initial findings were presented to the PC work lead and two clinical leads who supporting this work. Since then a new GP clinical leads have started within the team.

Further investigation is underway to compare the data with appropriate borough averages. Additionally, the clinical leads have identified the following measures for further exploration:

- **Alcohol intake**
- **BMI:** Body Mass Index
- **ONS4:** An assessment of personal well-being using four measures

Information from the EHC will also be analysed as part of the Audit to be undertaken by one of the GP clinical leads.

#### 3.2.2.3.1 Onward Referrals

To analyse onward referrals following an Enhanced Health Check (EHC), we examined data on referrals made by GPs. Upon the clinical lead's recommendation, we focused on referrals made within 31 days of the EHC. This timeframe ensured that GPs had sufficient information to make referrals to other services while considering their workloads. By working closely with our clinical lead, we categorised the resulting data, which covered a wide range of services patients were referred to. This categorisation made the data more manageable and easier to analyse.

The table below shows the five most common onward referral categories following an EHC for the Survivor and Bereaved cohort. It demonstrates the change in need compared to the first year. Notably, Radiology & Investigative and MDT referrals have been replaced by Mental Health and Cardiology. With Mental Health being the second most common onward referral category.

Survivor or Bereaved Patients (1st year)	Survivor or Bereaved Patients (this year so far)
Health & Fitness	Health and Fitness
Respiratory	Mental Health
Radiology and Investigative	Respiratory
MSK	MSK
MDT	Cardiology

Looking at the data for the wider community we also see a shift in requirements, with radiology & Investigative and Referral to Secondary Care Specialist being replaced by Choose and Book and Diabetes.

<b>Wider Community Patients (1st year)</b>	<b>Wider Community Patients (this year so far)</b>
Mental Health	Choose and Book
Radiology & Investigative	Mental Health
MSK	MSK
Referral to Secondary Care Specialist	Diabetes
Health and Fitness	Health and Fitness

When we compare the data from both cohorts this year, it reveals common referrals to Mental Health, MSK and Health & Fitness categories for both cohorts of patients. It is to be noted that Health & Fitness referrals rank highest for the survivor & bereaved cohort, contrasting with its fifth position in the wider community. Furthermore, the Survivor and Bereaved cohort received referrals for Respiratory services, a category that is absent from the wider community's top 5.

It is planned to continue analysis of this data with further clinical input. These will also be looked as part of the audit which will be undertaken by the GP Clinical lead.

### **3.2.2.4 Quality/Clinical Audit**

Planning has started with the GP lead for the Audit. It is envisaged to start with a quality audit which will concentrate on:

1. First Stage Quality. Enhanced Health Checks. Reviewing the completion of the templates, a clear history taken, onward referrals, treatment plan.
2. Second Stage Quality. Reviewing Survivor/Bereaved patients – Have they had an EHC? Been referred to Long Term monitoring? Referred to GHWS/have they required mental health input? Do they have a DS worker?

This will be followed by a clinical audit which will review referrals from EHCs, whether patient health has improved after multiple EHCs, etc.

This process is being held up because of IT issues and IG clearance but hoping to start in Q4.

### **3.2.2.5 Grenfell Related Appointment Key Performance Indicators**

- A patient is seen on average within 4 days - All eligible patients should be seen within an average of 4 days as measured via the PMS Access specification across the year.
- 90% of patients say that they were able to have a face to face appointment if they wanted one - As measured via the text survey questions.
- 85% of patients say that they had a 'very good' or 'good' patient experience - As measured via the text survey questions.
- The practice must have 10% more completed appointments per 1000 than the borough average as measured through the PMS Access specification.

The borough average for the first 6 months of the year was 70 completed appointments per 1000 patients per week. The additional 10% required under this specification applies to 'the eligible population.'

The table below details the practice achievement against each KPI.

Practice Name	Outcome 1: A patient is seen on average within 4 days	Outcome 2: 90% of patients say that they were able to have a face to face appointment if they wanted one	Outcome 3: 85% of patients say that they had a 'very good' or 'good' patient experience	Outcome 4: The practice must have 10% more completed appointments per 1000 than the borough average for all eligible patients <b>Borough Av. 80 10%<sup>^</sup> is 88</b>
Barlby Surgery (AT Medics)	1	92%	100%	<b>76</b>
Colville Health Centre	3	92%	100%	<b>60</b>
Earls Court Medical Centre	4	92%	100%	110
Exmoor Surgery	6	92%	100%	<b>72</b>
Foreland Medical Centre	2	92%	100%	88
The Golborne Medical Centre (Dr Ramasamy)	3	92%	100%	<b>72</b>
Golborne Medical Centre (Razak)	2	92%	100%	131
The Good Practice	3	92%	100%	84
Holland Park Surgery Lower Ground Floor	<b>8</b>	92%	100%	<b>79</b>
Kensington Park Medical Centre	3	92%	100%	<b>62</b>
Kings Road Medical Centre	2	92%	100%	<b>70</b>
Knightsbridge Medical Centre	<b>7</b>	92%	100%	93
North Kensington Medical Centre	6	92%	100%	<b>70</b>
Notting Hill Medical Centre	4	92%	100%	111
The Portland Road Practice	3	92%	100%	91
Portobello Medical Centre	5	92%	100%	<b>66</b>
St Quintin Health Centre	<b>7</b>	92%	100%	113

An email has been sent to each practice highlighting the achievement against each KPI, where they are below the agreed target support has been offered.

### 3.2.3 Skilled in identifying Mental and Physical impact of the fire on the local population

To support practices in identifying the impact of the fire on their patients training requirements were identified and programme was put in place.

#### 3.2.3.1 Grenfell Leads Training Programme

There was a training session held in September led by Professor Lucy Easthope about Disaster Recovery, what the evidence and data says to expect 6 years on from a disaster. It was attended in person by five key Grenfell clinicians and it gave an opportunity to share their experiences. Further Grenfell clinician briefings are scheduled to take place quarterly.

The schedule of training in 2020/21 and 2021/22 was postponed due to covid-19 pressures.

The training has been reviewed by the work stream lead with the GP training hub lead to identify the ongoing training requirements and to plan accordingly.

### 3.2.3.2 Cultural Competency Training

The engagement team worked in partnership with the North Kensington community to develop a whole systems approach that seeks to link together many of the influencing factors that lead to culturally-appropriate services. This led to the development of a training module on Developing a Culturally Competent General Practice.

This module has been successfully piloted and received CPD-accreditation from the Royal College of GPs (RCGPs), the accreditation of the training has gone through the renewal process for another year.

The roll out to Primary Care has been discussed at GP contract meetings. Logistics were developed and the roll out of the training has commenced. Unfortunately, due to sickness within the NKR team the rollout of the training has been slower than hoped.

- Online training commenced in June
- Two GP training sessions were delivered in July
  - 11 attendances
- Training was given in July for West London Social Prescribers
  - 12 attended.

The feedback from the Social Prescribing Session was very positive.

“It helped me understand that the way we phrase something will support the patient in encouraging the patient to make changes in their lifestyle and thoughts and beliefs for their benefit.”

“I have a better understanding about certain communities and natural remedies that they have used for generations and have strong beliefs in. Also, how important family are in some communities and how this replaces MH support for many.”

“Really useful and I gained some new information and perspective with regards to certain cultural norms and preferences.”

“It was very useful and informative in understanding my patients as many of my patients come from different cultural backgrounds. It has mainly made me aware of where certain resistance of engagement can be routed from example what health and wellbeing means to them. From this I will be more sensitive and conscious in ensuring I tailor support based on patient cultural belief for instance the language used.”

### 3.3 Specialist Services work stream

The NHS commissioned a number of specialist services to diagnose and treat any health conditions which arose from smoke, particulate and poison inhalation.

#### 3.3.1 Paediatric Long Term Monitoring Service [Regulation 28]

Children and young people impacted by Grenfell are able to access an annual 90-minute appointment with a paediatric consultant, who undertakes comprehensive physical examination using a number of assessments. This includes lung and breathing function, review of emotional health and wellbeing and how they are getting on at school, sleeping patterns, height, weight and diet, and immunisation checks.

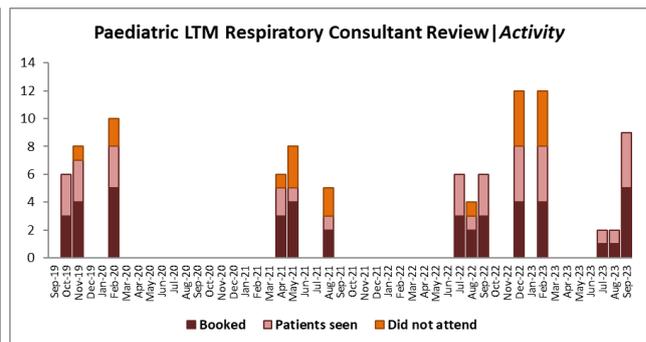
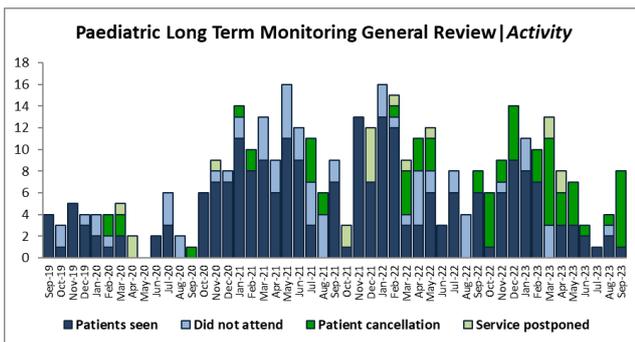
##### 3.3.1.1 Activity

As at September 2023 there are a total 222 of survivor and bereaved children eligible for the service. The DS have offered the service to 157 (70%). 1 CYP has turned 18 and has been referred onto the adult service.

42 (98%) of the 43 current CYP Tower survivors have been offered the service by the NHS Dedicated Service of those 40 accepted and have been referred into the service, 2 declined and 1 is non contactable

Of the 40 referred tower survivors:

- 35 seen by the service
- 2 deferred and will be contacted in the future to be booked
- 2 declined
- 1 is booked to be seen



##### 3.3.1.1 Paediatric Long Term Monitoring Outcomes

See section 3.6.2 Children and Young People section for more detail on the outcomes and impact of the service.

### 3.3.2 Adult Respiratory Long Term Monitoring Service [Regulation 28]

Long term monitoring of health is also undertaken through Adults Respiratory service which includes annual lung function test to identify any signs of respiratory disease and changes in breathing patterns and capacity. This service is designed for survivors who had prolonged smoke exposure, and in addition to respiratory diagnosis, provides advice and support from a clinical psychologist and physiotherapists.

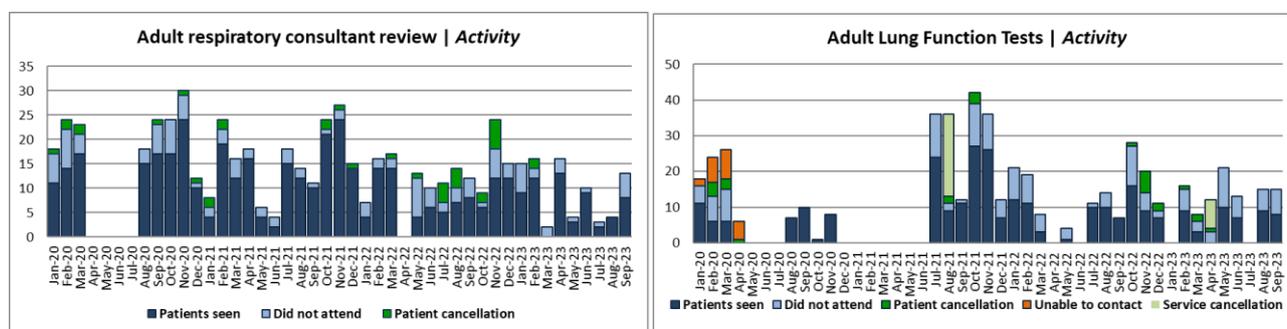
#### 3.3.2.1 Activity

As at September 2023, of the 181 adult survivors considered, 168 (93%) of survivors had been offered the service by the Dedicated Service (2 are overseas, 9 have not been able to be contacted and 2 are 'not known') and 61% have had their 1<sup>st</sup> Lung Function Test.

A piece of work has been undertaken by the administrative staff within this service and the BI support in the NKR team, linking with the Dedicated Service, comparing the different lists of patients to understand who has been offered, referred and attended the monitoring service, and to ensure that none of the tower survivors had been missed.

There are high DNA rates within this service, and people who are not turning up for their face to face consultant appointments are subsequently offered virtual appointments. The service is also run at both Imperial College Hospital Trust and Chelsea and Westminster Hospital Trust to offer a choice of location and to ensure capacity.

Lung Function Tests were not carried out for 10 months during the Covid pandemic due to it being an aerosol generating procedure.



#### 3.3.2.2 Adult Respiratory Long Term Monitoring Outcomes

A service evaluation is being undertaken.

#### 3.3.2.3 Community Respiratory Service

For the bereaved and wider members of the community, the community respiratory service provides a multidisciplinary, hub -based clinical service that supports the early identification of possible respiratory conditions via assessment and diagnosis, with onward management and support. Care is provided for respiratory illnesses such as COPD, asthma, and bronchiectasis, with the service offering pulmonary rehabilitation classes and facilitation of self-management, and advice on smoking cessation.

### 3.3.3 Toxicology Service [Regulation 28]

Following concerns raised by survivors and bereaved about the long-term effects of smoke inhalation a clinical toxicology review is available to those affected by the Grenfell fire. The service provides a specialist 90-minute appointment review that looks at people's health, answers questions and addresses any concerns. The consultants provide advice on health issues raised and will liaise with the person's GP or dedicated health worker to help facilitate ongoing care.

54 survivors from inside the tower have been referred into the service. So far the service has not identified any clinical indicators of poor health that could be caused by poisoning. Most issues found so far have been either respiratory or mental health related and the service has recommended to GPs onward referrals to those services where applicable.

### **3.3.4 Out of Area [Regulation 28]**

A number of people have moved away from North Kensington. To ensure that the services are offered locally for people to have ongoing annual health monitoring all relevant out of area providers were contacted on the 13 July 2021 regarding provision of services. There has been no information received by Imperial from any of these providers confirming services provided.

Work is ongoing to link with the out of area providers and with the Dedicates Service to look at what provision has been taken up out of area.

### 3.4 Self-Care work stream

As part of the NK programme, access to a range of self-care services has been provided in recognition of the challenge of maintaining wellbeing and managing long term conditions for a community impacted by the disaster. In doing so, the NK programme is attempting to promote an ‘asset-based’ approach to health care, providing investment and support to local ‘assets’ to help deliver self-care opportunities.

The opportunities provided for the North Kensington community include a diverse range of non-medical activities, training and support services provided by local community-based organisations. Access to services is coordinated via Social Prescribing Link Workers (SPLWs) and multiple referral routes into the services. The SPLWs enable primary care to better manage health concerns of patients with multiple needs and a Grenfell specific SPLW has been commissioned to meet the additional need.

The table below lists the ‘Healthier Futures’ (contract delivered by Kensington and Chelsea Social Council (KCSC)) self-care services financed by the NKR programme at some point during 2020-2024, the period of time each service was commissioned varies. These include a number of offers targeted at specific ethnic groups or communities.

Individual offers	Community offers
<ul style="list-style-type: none"> <li>▪ Community centre-based massage</li> <li>▪ Online meditation</li> <li>▪ Online self-care</li> <li>▪ Information, Advice &amp; Guidance</li> <li>▪ Legal advice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cooking and Nutrition-related groups (Lockdown Cookup and Community Cookery)</li> <li>▪ Digital exclusion peer support</li> <li>▪ Peer support group for disabled people.</li> <li>▪ Young People’s volunteering projects</li> <li>▪ Men’s and Women’s Boxing and Fitness groups</li> <li>▪ Women’s-only Yoga</li> <li>▪ Culturally appropriate health condition guidance, walking activities, and health knowledge support for targeted ethnic groups including sub-Saharan African and Somali groups</li> </ul>
Family Offer	Training Offer
<ul style="list-style-type: none"> <li>▪ Family Support Worker for SEN</li> <li>▪ Creative Gardening</li> <li>▪ Music and Movement Classes</li> <li>▪ Family Therapy Services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mental Health First Aid training (Completed)</li> <li>▪ Health Coaching for frontline support workers (Completed)</li> <li>▪ Breathwork training for North and East African groups (Completed)</li> <li>▪ Trauma informed Yoga teacher training (Completed)</li> </ul>
Other activities	
<ul style="list-style-type: none"> <li>▪ Social prescribing resource to design and manage signposting and referral pathways</li> <li>▪ Support to community groups and organisations to develop services, record and report monitoring data, and improve other governance measures</li> <li>▪ Engagement activities to monitor emerging areas of need and collate feedback.</li> <li>▪ (Not within Healthier Futures) – Maxilla Men’s Shed services.</li> </ul>	

As part of the Healthier Futures/Self-Care contract. KCSC focused on building the capacity of local groups and organisations by offering training and support. This is be-spoke to the organisations needs but includes:

- Business case writing and constructing applications for funding and looking for sustainable funding longer term.
- Supporting all 20 funded organisations to develop new policies and procedures.
- Assisting grass roots organisation that works on Healthier Futures to set up as a Community Interest Company.
- Facilitating organisations to form official partnerships, e.g. Hear Women and Marika Rausher to deliver breathing workshops to East and North African Women.
- Developing familiarity and confidence in organisations for measuring, recording and reporting outcomes.
- Regular organisational development training - 22 training sessions offered per year for example; managing partnerships, recruitment, safeguarding, funding.
- Creating links between organisations, and with NHS providers, to develop relationships and service collaborations.
  - Setting up a monthly NK VCS network forum
  - Healthier Futures Provider meetings (quarterly)
  - Health & Wellbeing VCS Forum (quarterly)
  - Producing the North Kensington Self-Care Directory for NK health professionals and setting up meetings at each NK GP practice to promote services and educate staff.
  - Developing four referral pathways into the NK self-care services.
- Supporting organisations to adopt governance practices that reflect the diversity of the local community.

### **Grenfell Social Prescriber**

The Grenfell Social Prescribers role is to support patients with social needs who are in the area affected by the fire that engulfed the Grenfell building in North Kensington in June 2017.

They work as part of an Integrated team within a Primary Care Network (PCN) to deliver a coordinated and high-quality social prescribing Link Worker service in North Kensington – supporting residents affected by the Grenfell Tower to access and engage with the extensive range of support in the community.

The patients in the surrounding area of Grenfell are mostly in the Neo Health PCN area of North Kensington where the Grenfell Social Prescriber is based, with a joint arrangement between KCSC and LMA GP Federation as the employer and manager of this role. The Grenfell Social Prescriber is hosted by Practices in the Neo Health PCN area and works from the KCSC organisation office one day a week.

In Quarter 2 5 patients who lived in the Grenfell building at the time of the fire and 31 residents who live in the Grenfell affected area of North Kensington received Social Prescribing support.

During July a number of Social Prescribing Link Workers attended Cultural Competency Training.

### 3.4.1 Quarter 2 2023/24 Reports

The Q2 reports from Kensington and Chelsea Social Council (KCSC) and ACAVA (Men’s shed) report a number of diverse services including offers targeted at specific ethnic groups or communities. There was an overall increase in the number of services offered from 6 in April 2021 to 21 in April 2022. The number of services has now stabilised and the focus has been to increase awareness of these services in the community.

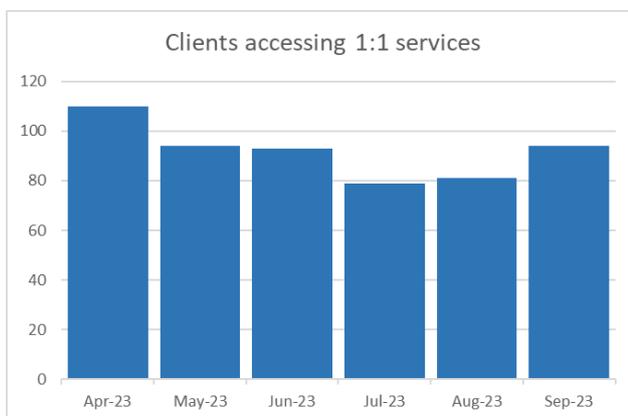
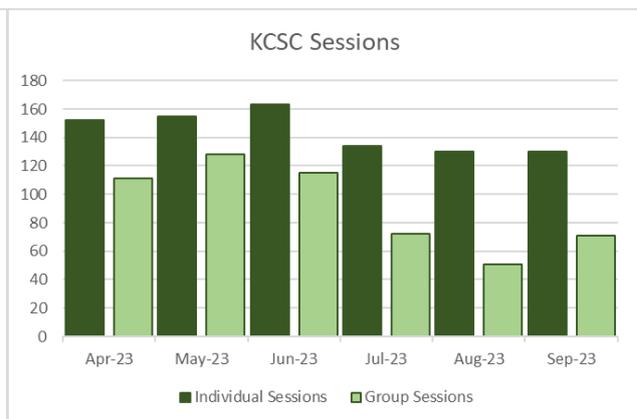
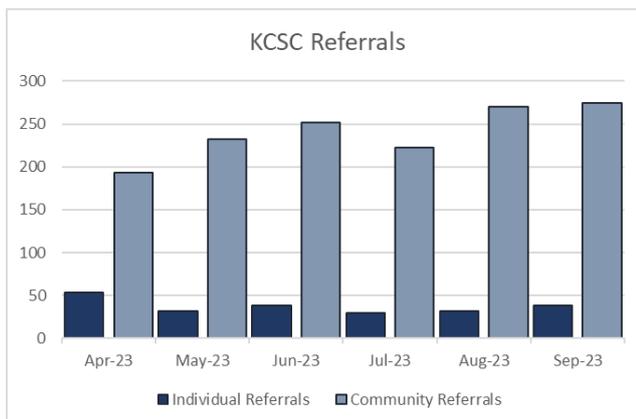
#### 3.4.1.1 KCSC Q2 2023/24

KCSC has supplied quarterly activity numbers but the outcome measures are being developed and these, as well as the core measures, will be available for the next report.

#### 3.4.1.1.2 Activity and Sessions

In Q2

- 100 individual referrals which is a decrease on the 123 in Q1
- 254 people accessing 1:1 services which again is a decrease on the numbers in Q1
- 588 sessions including 1:1, group and community, again a decrease on Q1
- The lower activity numbers for this quarter are to be expected as these are over the summer months



### 3.4.1.1.2 Outcomes and Client Feedback

KCSC has supplied quarterly activity numbers but as stated above the outcome measures are being developed and these, as well as the core measures, will be available for the next report.

Case studies are reported to us twice a year and will be available for the next report.

The massage service supplied a report showing the positive outcomes and feedback from this service.

A summary of the feedback is below:

	Yes	Maybe	No	% Yes
Would you recommend this service to others	300	6	0	98%
Will you continue using services like this in your community	327	12	0	96%

	Yes	Sometimes	No	% Yes
Were the sessions beneficial	328	14	0	96%

	Good	Neither	Bad	% Good
What did you think of the quality of the service	37	1	0	97%

### 3.4.1.2 ACAVA Men's Shed Q2 2023/24

The Maxilla Men's Shed and NKR agreed to align contract monitoring and reporting with the Healthier Futures contract which is quarterly. It was also agreed that in addition to the quarterly report, The Men's Shed would deliver two creative evaluation sessions that would work with regular Shed members to focus on health and wellbeing outcomes of the service using general questions and the ONS4.

The first Creative Evaluation report was produced in August and highlights from this report were reported last quarter.

This report includes activity and information from the Men's Shed Q2 2023 Report.

#### 3.4.1.2.1 Activity and Sessions

##### Tinkering Sessions

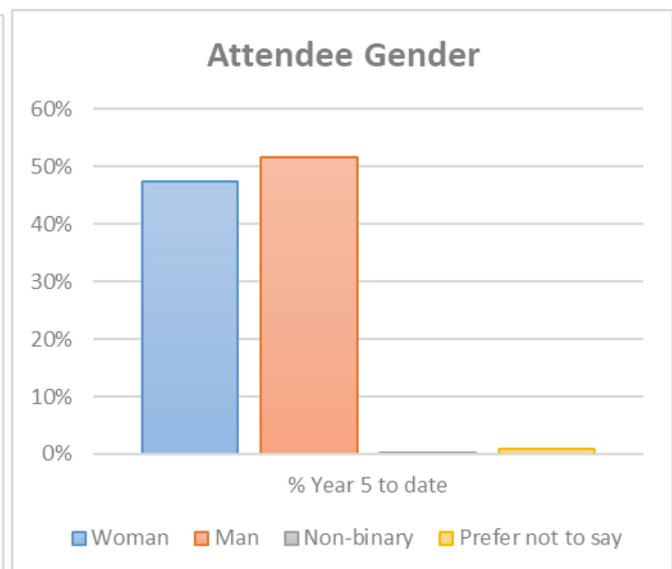
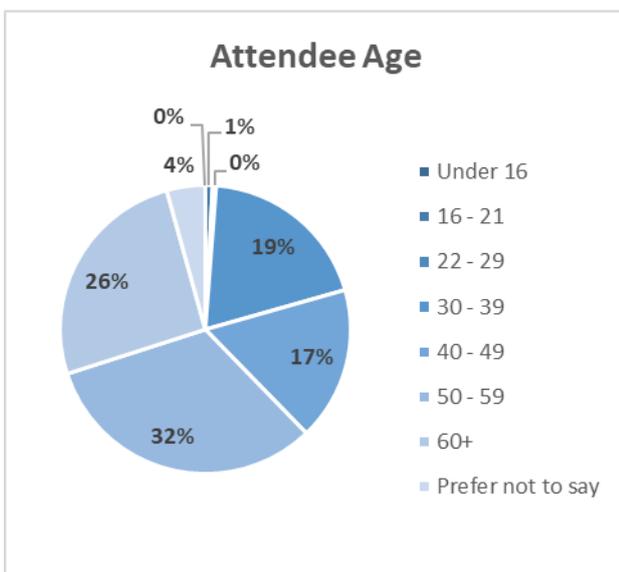
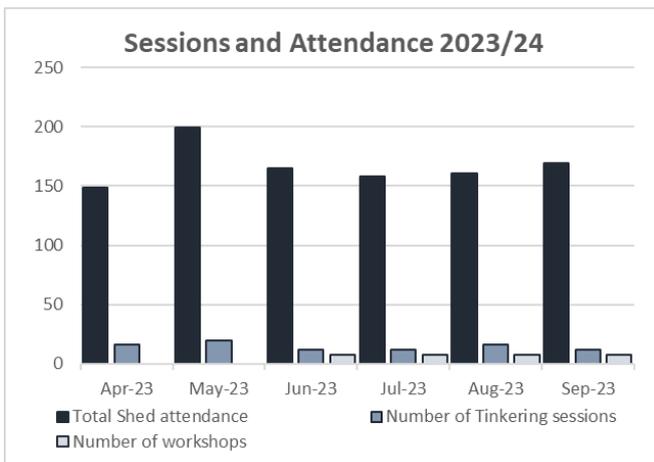
Tinkering sessions remain the core shed activity. The time in the shed allows members to work on practical projects and enjoy the benefits of socialising and meeting others. The sessions are delivered weekly and are designed to create a welcoming and engaging workspace, aiding participants to work on practical projects, explore existing or newly learnt skills, and enjoy the benefits of socialising and meeting others.

### Make and Reuse Creative Workshops:

Make and Reuse Creative Workshops is a new programme of free creative courses to inspire our community of makers to reuse materials, contribute to the circular economy and make their everyday more sustainable, running from our community makerspace Maxilla Men’s Shed.

#### 3.4.1.2.2 Attendees

Since opening in October 2019 to June 2023, Maxilla Men’s Shed has welcomed over 391 unique individuals through its doors. In Q2 2023 it provided 488 places, over a number of sessions and workshops, for local people to come and work on projects, share and learn skills or simply socialise.



58% of attendees in Q1 and Q2 were aged over 50, of which 26% were aged over 60.

#### 3.4.1.2.2 Outcomes

The evaluation report is only completed every six months. The next one will be available for the next report.

Maxilla Men's shed reported some feedback and case studies as part of their Quarterly report. A summary is shown below. The feedback from the creative workshops was overwhelmingly positive with all those that left feedback rating the courses 4 or 5 stars.

### **3.4.1.2.2.1 Make and Reuse Creative Workshops**

Make and Reuse Creative Workshops is a new programme of free creative courses to inspire their community of makers to reuse materials, contribute to the circular economy and make their everyday more sustainable, running from Maxilla Men's Shed. Make and Reuse is a year-long programme, delivering eight courses, each taught over eight sessions, totalling in 64 sessions delivered over the year.

#### **Programme**

From July to September, they delivered 3 specialist creative courses. A total of 24 sessions with 24 Individuals (192 experiences in the Shed).

July / August / September 2023:

- **July** - Street Finds - An Introduction to Furniture Construction, Restoration and Modification with Andy Healy: 8 sessions | 7 Participants
- **August** - Sustainable Textiles Techniques with Alice Burnhope: 8 sessions | 9 Participants
- **September** - Sculptural Wearable Art & Accessories with Anu Bankole: 8 sessions | 8 Participants

There were over 90 submissions of interests for our courses. All 90 were referred to Maxilla Men's Shed's Tinkering sessions.

#### **Feedback**

At the end of every course, participants were asked to complete a feedback form. All feedback is anonymous, to encourage participants to share honest thoughts and feedback.

- 19/24 have provided feedback via feedback forms.
- Of individual responses collected, 19/19 reported positive outcomes.

#### **How would you rate the workshops?**

- 17/19 responded 5/5 stars
- 2/19 responded 4/5 stars

#### **What were you most looking forward to about these workshops? (Tick all/any that apply)**

- 11/19 responded - Meeting new people
- 19/19 responded - Learning new skills
- 12/19 responded - Improving wellbeing through social activities

#### **Did you learn any new skills?**

- 19/19 responded – Yes

#### **By attending one of the workshops... (tick all/any that apply)**

- 15/19 responded - I enjoyed interacting with others

- 14/19 responded - I felt inspired by being in a creative environment.
- 14/19 responded - I feel more confident approaching new things.
- 12/19 responded - I felt part of a meaningful social network
- 17/19 responded - I feel this has had a positive impact on my wellbeing

### **Course participants - anonymous feedback**

“Please do more of this type of workshop”

“Andy had a terrific manner, endless patience, and very knowledgeable.”

“It would be great to have more days the shed is open to use. All in all, it is a great community space and very welcoming.”

“This was AMAZING - both workshop and group + Dan from the Men's Shed ♥. Alice was an amazing facilitator, teacher, with amazing artistic + technical skills but also how she delivered, her calm enthusiastic vibe with amazing prep and generosity in sharing her skills: She taught us MANY new skills. Thanks!”

“I absolutely enjoyed everything!”

“Everything was perfect, thank you!”

“I found the facilitator to be 'A+++’ so enthusiastic and approachable. Well done for finding them and offering us all a chance to work with them”

“Bring Anu back to do more workshops, also more advertisement in the community as they are not aware of what is available”

### **Other activities/meetings/collaborations**

- Anti-Racist Action in Arts & Wellbeing: Transformation Space: Rasha attends regular roundtable discussions hosted by Flourishing Lives and the Anti-Racist Action Group (ARAG) in Arts & Wellbeing. The meetings are a great chance to exchange ideas and explore ways in which we can work together to support the wider arts and wellbeing sector to transform anti-racist action and develop wider engagement in the arts and mental health.
- Directory of social change - Online Proposal Writing: Rasha took part in this masterclass as part of her training and CPD.
- The Baring Foundation: Rasha and Sarah met with David Cutler from TBF, an arts funder supporting creative opportunities for people with mental health problems to explore men’s participation in the arts and mental health.

#### **3.4.1.2.2 Maxilla Men’s Shed, Case Study, September 2023**

The following case study highlights the positive outcomes from attending the Men’s Shed.

X talks about the joy she experiences from being part of the Shedder community in North Kensington, she calls it ‘her chosen family.’

#### **Name: X, Age: 40, Postcode: W10**

X has lived in London for 20 years. After building a successful career in retail she experienced 5 years of traumatic events including bereavement, relationship breakdown and the loss of her career due to the recession. She found herself with no support network, no financial support, and in a mental health crisis. After a brief period of street homelessness X was moved by her local council two boroughs over for her own safety. A place was found for her at the Richmond Fellowship housing in North Kensington. Here she was able to begin her mental health journey. ‘When I came to North Kensington, I literally had my jammies on, I had nothing.’

X describes her journey from temporary accommodation in another borough to the Richmond Fellowship as being supported by 'a string of people doing a very good job'. She remembers arriving feeling afraid and withdrawn.

'I couldn't pay a bill or go out and get groceries, I was catatonic.'

The team at the Richmond Fellowship were quick to start supporting X to build a community. Starting with small, simple steps she worked with them to address the isolation she was experiencing, their priority was to help her to build a support network and become part of a community.

Her support worker noticed she was creative and enjoyed making arts and crafts in a busy room. This allowed X to be with people, without the pressure to engage with them. She didn't want to be alone but was not ready to engage with a larger group of people. She also enjoyed the tangible results of making crafts, she felt a sense of achievement and she was able to begin to build her self-esteem.

'Being busy in yourself among people was the best thing I could do for my isolation.'

Seeking out creative opportunities really helped X to build her community. She talks about local community led services, many of which have a creative focus, as being part of a unique network, supporting adults who are likely to slip through the net of statutory services. She appreciates the common sense that can be found within North Kensington community initiatives, it provides an interconnected recovery network, outside statutory services which is essential for long term recovery.

'Around the West Way is a dual carriageway of mental health support! Visit the 240 project and you'll know about Meanwhile Gardens, go to the Pepper Pot and you'll end up in the Men's Shed!'

After moving to North Kensington, it took X five years of various therapies and working with mental health services to find the right balance of medication for her to begin to thrive again. During that time, she came to ACAVA's Blechynden St Studios, participating in our NHS collaboration, 'Art for Wellbeing Everyday.' Her participation resulted in her hand and artwork featuring on the front of the 'Pocket Guide to Islamic Geometric Drawings,' developed in partnership with artist Sara Choudhrey. During this time, she also attended an upcycling course at Mind, K&C, after which she trained to become a qualified painter and decorator. X came to Maxilla Men's Shed after the pandemic, and after Covid had had an adverse effect on her mental health journey.

'Pre-Covid I didn't want to mix with people, didn't want to mix with men at all, and I was told that was wrong – but then Covid came along and we weren't allow to mix with people at all.'

X had been aware of the Men's Shed before but had thought it was just for men. Through local networks she heard that women are welcome and about the new series of 'Skill Up' courses running from the Shed in partnership with the RBKC (Royal Borough of Kensington & Chelsea) Grenfell Recovery Programme. Her first time in the Shed was to attend the 'Upholstery for Beginners' course, delivered by designer maker Carla Costa. 'Carla's course came along at the perfect time – her business to making background was similar to mine, she was a very good person to be the first person I saw there.'

As soon as X met Rasha (El-Sady, Programme Manager for the Shed) she knew it was for her. X felt at home, she recognised Rasha from being around locally and felt a connection.

‘When I met you (Rasha) I knew this was a place I want to be, I could have a bad day and still come here and do something and have a win – achieving my own social goals as part of my recovery.’

During her time at the Shed X has gained and explored a variety of new skills, including leather working, stool making (using only hand tools and traditional techniques) and backstrap weaving. She also talks about how learning new crafts and making processes go hand in hand with learning about other cultures, for instance the weaving techniques she learnt originated in Cambodia.

Becoming a regular Shedder has allowed X to pass on the support she received through her time at the Richmond Fellowship and across the North Kensington community. She enjoys coming to the Shed to help other people and share her skills and experience, both practical and ‘soft.’ She will help other Sheddors with sewing projects and is keen to instil a culture of remaking and reusing. She has also been using some outside space at the Shed to grow food. She is interested in building on what she has started this year with food growing and exploring how her skills could help other Sheddors experiencing food poverty. X has also met new people she now sees outside the Shed, one friend is now her ‘Culture Buddy,’ they go out together to see art and participate in cultural activities.

X talks about the joy she experiences from being part of the Shedder community in North Kensington, she calls it ‘her chosen family.’

### **ONS4 Based Wellbeing Questions**

The following questions have been inspired by the ONS4 Questions on Wellbeing. They have been adjusted in line with ACAVA’s commitment to a trauma informed approach across our social practice programming. These are the same questions we ask of other sheddors during our creative evaluation sessions.

#### **Does coming to the Shed help you feel more satisfied with your life?**

Yes – without it I don’t think I would have that connection to other services, I wouldn’t be pushed or challenged to socialise, a big challenge for me to trust people and get out of isolation.

#### **Do you feel that your time in the Shed is worthwhile?**

Absolutely! The best thing for me is that constant reminder that I help people, even if I don’t get anything done, if I have helped someone else that is such a big boon. I felt failure at the end of my work in retail, so coming here and being useful, this is where I get my worth from.

#### **Does coming to the Shed bring you happiness?**

Yes! But not just happiness, a lot of emotions, challenges to overcome, sadness when someone else is having a bad day, happiness is not just the important thing, being in a social group isn’t about being happy, about being part of it.

#### **Does coming to the Shed help reduce feelings of anxiety?**

No, and yes. The challenge for me isn’t reducing anxiety, I need to learn to live with anxiety, I was a depressed and anxious child, I have been medicated throughout my life – my challenge is having a ‘normal life,’ while living with anxiety. I get it wrong sometimes, but important thing is coming back.

### **3.4.1.3 Grenfell Social Prescriber Q2 2023/24**

A report was received this quarter for the Grenfell Social Prescriber role for the first time. A summary is below.

They work as part of an Integrated team within a Primary Care Network (PCN) to deliver a coordinated and high-quality social prescribing Link Worker service in North Kensington – supporting residents affected by the Grenfell Tower to access and engage with the extensive range of support in the community.

#### **3.4.1.3.1 Activity**

The service provided ongoing support for an allocated but short-term time-frame to promote engagement with identified services and achievement of goals.

- 18 new referrals were made in this quarter to the Grenfell Social Prescriber.
- An average of 36 active patients were on the caseload in this quarter.
- An average of 2 people per month were on the waiting list to be triaged within 2 weeks of referral in this quarter.
- An average of 15 patients on the active caseload are supported and discharged between 1 and 3 months.
- An average of 4 patients on the active caseload remain on the active caseload and are supported and discharged between 3 and 6 months.
- In this quarter one of 18 new referrals was an inappropriate referral.
- There were no returning patients in this period who had previously received social Prescribing support and discharged.
- Patients on the active caseload receive between 8 to 12 appointments in this quarter.
  - The average time of each appointment is between 60 minutes and 90 minutes.
  - 10% of these appointments received 180 minute appointments, these often include a home visit, combining a home visit with handholding the patient to a service/ advice. This would take place on the 3rd visit with the patient.
- Most people referred to the service have some level of active anxiety, depression, or stress factors.
  - This contributes to the main reason for referral and taking agency over their life at that time.
  - It is also found patients are not always aware of the service in the community. When they are aware of services in the community they are unsure of how to access the service.
  - The Social Prescriber interaction supports to break down this barrier.

#### **Top six services accessed more than 10 times in this quarter in order of frequency:**

- 1) North Kensington Law Centre
- 2) Clement James
- 3) CAB
- 4) K&C Council
- 5) Maximilla Men's Shed
- 6) Nova employment

Representation, advocacy, information and advice and support with form filling for benefits are the main needs the patients who are seen by the Grenfell Social Prescriber experienced in this period. Often information and advice are wide ranging, inclusive of housing repairs, overcrowding, debts, food poverty and access to benefits. Half of the patients have a medical need, or a learning need that affects their ability to utilise and access the services without support from the Grenfell Social Prescriber.

### **3.4.1.2.2 Feedback and Outcomes**

Use social prescribing to empower people to take control of their health and wellbeing. Spend time with residents to help them to focus on 'what matters to me' and connect them to community groups and statutory services for practical and emotional support.

The case studies are written by the Grenfell Social Prescriber and highlight the positive outcomes from this service.

#### **Case Study 1**

"A 33-year-old young mum of twins (was referred by their GP because they needed support with accessing free nursery services in the local area. This patient was dealing with postnatal depression, anxiety, and other mental health issues. The patients 1-year-old conveyed signs of developmental delays. Since then, the 1-year-old has been referred to appropriate service for assessments.

All of these stresses were negatively impacting my patient. Initially when my patient began engaging with the social prescribing service, they would become very tearful. This patient was struggling to find free nursery spaces because her young children were under the age of 2.

I supported this patient with accessing the Early year's services. This service works with children and families to help them manage emerging difficult circumstances before they develop into more serious issues. I advocated for the patients' needs and their children's needs which resulted in the patient getting support/ funding for her twins to access free childcare twice a week.

Due to the patients accessing these services they now have a case worker that is supporting the family with other areas for example my patient is engaging with parenting classes, and this is supporting the children's development and it is helping my patient with her confidence.

When I communicate with my patient, she appears more positive she feels confident to contact me if she needs assistance. The Social prescribing service is imperative because it supports different patients of all walks of life to be able to access services and it empowers individuals."

#### **Case Study 2**

"I have been supporting a patient with complex needs, the patient has learning difficulties and they suffer from different health issues such as type 2 diabetes, hypothyroidism, and asthma. This patient was initially referred because they needed financial support. This patient has a joint account with her husband and her husband is disabled. Due to the husbands circumstances they have an appointee who manages their finances, and the husband has a support worker. Essentially my patients need has not been recognised as she struggles to read and write, this resulted in her not being able to complete her childcare course and she cannot find a job due to her disability. I supported this patient with accessing a benefits check service with carers networks This did not work as it would have complicated the patient's husband's finances. I supported the patient with a PIP application (prior to referring to Clement James). I attended the Clement James centre with the patient, and they were supported by a PIP advisor. My patient was not aware of their service previously and they found their service helpful. I meet up with my patient at least once a month supporting with filling in forms and following up with DWP. My patient has now been granted PIP. The patients' health has improved and their health and wellbeing. What is more important my patient is now aware there are services in their local area where they could receive assistance."

The data in this quarter demonstrates the referrers have grasped the concept of an appropriate referral. Patients are getting what they need from the service, they are empowered and handheld through the journey of social prescription into the right services and overall, they are experiencing a good service.

## 3.5 Emotional Wellbeing work stream

A diverse strategy to support emotional health and wellbeing across the community. Supporting non-physical needs such as feeling anxiety and distress.

### 3.5.1 Grenfell Health and Wellbeing Service (GHWS)

The GHWS was commissioned from CNWL with a remit to provide resilience building support and interventions to the North Kensington community and to individuals and families experiencing trauma and loss related distress as a result of the fire.

This service was acknowledged as a requirement to address emotional health and wellbeing arising from the Grenfell Tower fire with research clearly evidencing the requirements to have these services in place to support the health needs of the community.

GHWS provides mental health support, assessment and interventions to all those presenting with trauma and loss related distress as a result of the fire.

Following feedback from the Community and service users, it is recognised that the GHWS offer has adapted, and will continue to adapt, over time to meet the changing need and environmental context. To date the GHWS service has been an enhanced service in addition to business as usual and has offered a primarily trauma-informed therapeutic based service to clients. There has been continuous engagement with the Grenfell community and other stakeholders to support planning the next steps in the overall community recovery journey.

As a result, the GHWS service has undertaken a process of redesign to provide a more integrated offer in order to improve the quality and diversity of care received by the community. This includes diversifying the services multidisciplinary approach to include Occupational Therapy, Social work, Employment support as well as a dedicated Community collaborative arm of the service, on top of our enhanced therapeutic offer that remains. All this together is aimed at providing a holistic, joined up, culturally informed and community led provision of services.

This transformation offers improved access to culturally appropriate services.

The following section of the report is structured in line with the GHWS 5-part model, which is a clinical model designed to work to rebuild trust with the community. The model is dependent upon first understanding who the community is that is being served. It identifies 5 key ways that clinical services can creating and maintaining relationships with key leads in the community and is essential in enabling clinical resources to become trusted and accessed by the communities.

It is a reciprocal model of learning and collaboration and delivery of culturally adaptive clinical ways of working to better serve the communities in the local area. It is based on a recognition of assets that exist in communities that clinical services can support and that can together better meet the needs within communities. It includes information from the GHWS Monthly Activity reports and the GHWS Quarterly report. The latter report gives qualitative details of the GHWS including feedback received each quarter. Some key themes from this have been extracted for the purposes of this report.

New outcomes were agreed for the 5-Part model, the table below details them and their current status.

5-Part Model	Agreed outcome		Description	Status
Information and Self-care	Web activity: Number of views/downloads on the website/Twitter/Facebook		<ul style="list-style-type: none"> <li>Web Digital Activity is being shared in the Quarterly reports</li> </ul>	Completed
Early intervention and prevention	Engagement	Community connectors	<ul style="list-style-type: none"> <li>Engagement activities that community connectors support</li> <li>New reporting template under construction</li> </ul>	Completed
		Workshops	<ul style="list-style-type: none"> <li>Workshops delivered and respective feedback is being included on the Quarterly reports</li> </ul>	Completed
	Feedback forms for workshops			
	Case studies about Employment support		<ul style="list-style-type: none"> <li>Continuous collection of case studies about Employment support where appropriate</li> </ul>	Completed
Collaborations	Evaluation form to organisations/resident groups re how they found the process (helpful/not helpful)		<ul style="list-style-type: none"> <li>This quarter: mapping of organisations that GHWS has collaborated with</li> <li>Currently: a consistent approach to collect feedback has been developed</li> </ul>	Completed
			<ul style="list-style-type: none"> <li>Onwards: reporting will follow-up in the near future</li> </ul>	Ongoing
Interventions	Goals questionnaire		<ul style="list-style-type: none"> <li>Official launch of goals questionnaire during January 2023</li> </ul>	Completed

		<ul style="list-style-type: none"> <li>Reporting included in the Quarterly reports</li> </ul>	
	<b>Case studies</b>	<ul style="list-style-type: none"> <li>Continuous collection of case studies from the distinct teams where appropriate</li> </ul>	Completed
<b>Community issues and event responses</b>	<b>Evaluation form individual/organisation who requested the support</b>	<ul style="list-style-type: none"> <li>Currently: a consistent approach to collect feedback has been developed</li> </ul>	Completed
		<ul style="list-style-type: none"> <li>Onwards: reporting will follow-up in the near future</li> </ul>	Ongoing

**\*Note: There has been a delay in terms of collecting feedback to relevant individuals/organisations to get a baseline, so the plan outlined in the last Quarterly report could not be fulfilled.** The current situation/plan is:

- 1) Collect feedback from individuals/organisations
- 2) Start reporting in the near future

## Summary

- **Information and Self-Care**
  - No detailed info about communication requests and outcomes over the last quarter, as reporting was paused until a Communications Manager was appointed.
  - A new Communications Manager has joined GHWS in October 2023 and reporting will resume in due time.
- **Early Intervention and Prevention**

Activity Area		Jul-23	Aug-23	Sep-23
<b>Early Intervention &amp; Prevention</b>	Number of workshops delivered in month	1	1	1
	Number of employment referrals received in month	9	6	3

There were less workshops run during this quarter due to the summer break of the Recovery College.

- **Workshops** – A robust reporting mechanism is still being developed.
  - The feedback received for the workshops during the quarter was predominantly positive. They detailed encouraging outcomes within the feedback from the participants.
  - Employment Support – There were 16 referrals to the employment service in this quarter which is slightly more than in Q1.
- **Community Connectors** – Community Connectors report template is undergoing changes to better reflect the work they do. Reporting was expected for this quarter but no details have been provided, reporting is now expected for the next quarter.
- **Collaborations**

A robust reporting mechanism is still being developed.

  - 5 collaboration requests received for Q2 which is a drop from the 10 received in Q1.

A number of ongoing or completed collaborations were reported in the full report.

These include:

- The Aquamotion group is a project for Dedicated Service women in collaboration with Kensington Leisure Centre is very popular.
- Kina Mama Post Anniversary Event – DS staff and one of the community Connectors attended the annual community gathering which took place on the 9<sup>th</sup> September. GHWS staff supported by offering art activities to children and emotional wellbeing support to families that attended on the day.
- **Interventions**
  - Client Feedback
    - PEQs – Limited response. Over the last quarter GHWS has:
      - Reviewed PEQs with staff and service users, which were officially launched in September 2023 and are available as hard copy and online.
      - Promoted feedback collection among clients.
      - Planned and implemented GHWS Feedback week, which took place between 11<sup>th</sup> and 15<sup>th</sup> September.
    - Feedback week.  
Clients from across the service were asked for feedback via email, SMS and through informal conversations with service user consultants.  
Total Feedback completion numbers for the week (all modes of feedback):
      - PEQs: 64 in total
        - General PEQs: 58
        - Adolescent PEQs: 3
        - Parent PEQ: 1
        - Child PEQ: 1
        - Under 5s: 1
      - Digital feedback device: 34 responses
      - Comments books: 4 comments left by clients
    - From the feedback gathered clients were happy with the support given by GHWS are likely to recommend to others.
    - A number of text and verbal email was received which was all complimentary.
  - Outcome Measures
    - Goal based measures – a large improvement in number of open cases with goals but still no analysis of adult outcomes – this will be included in next quarters report.
    - Three adult case studies which show some of the positive outcomes from this service.
  - Group Work  
A number of different groups ran in Quarter 3. Whilst additional reporting and outcome measures are being developed, there was a great deal of positive feedback detailing the positive impact that these groups are having on individuals.
- **Community Issues and Event responses**

Activity Area		Jul-23	Aug-23	Sep-23
Community Issues & Event Responses	Number of community issues supported in month	0	0	0
	Number of events supported in month	3	3	3

GHWS actively supported a number of events during the quarter including:

- GHWS Staff supported Survivors, Bereaved and the wider community at the Tate to unveil Grenfell inspired artwork.
- Grenfell: In The Words of Survivors play at the National Theatre.

Both the gallery and the theatre provided feedback thanking the service for the support.

### 3.5.1.1 Information and Self-Care

#### 3.5.1.1.1 Communications

GHWS is actively advertised in local community, website and social media to ensure that clients and the wider community know how to access the service and how to get the support when they need it.

No detailed info about communication requests and outcomes over the last quarter, as reporting was paused until a Communications Manager was appointed.

A new Communications Manager has joined GHWS in October 2023 and reporting will resume in due time.

#### 3.5.1.2 Early Intervention and Prevention

GHWS are still in the process of developing a robust reporting protocol for workshops including feedback mechanisms as part of the DQIP and will continue to adapt this section.

The table below summarises the activity for workshops and collaborations with the recovery and discovery college run in Q2 2023/24.

Activity Area		Jul-23	Aug-23	Sep-23
Early Intervention & Prevention	Number of workshops delivered in month	1	1	1
	Number of employment referrals received in month	9	6	3

There were less workshops run during this quarter due to the summer break of the Recovery College. The following is feedback from the workshops run in the Quarter.

##### 3.5.1.2.1 Workshops

###### 3.5.1.2.1.1 Adults

###### Challenges of Working with Psychologically with Adolescents

This was an online workshop attended by 31 people unfortunately there were only 2 feedback surveys collected. Both rated the workshop very helpful and would recommend to a friend or family member

###### 3.5.1.2.1.2 CYP

###### Recipes of Life

The GHWS team facilitated a Recipes of Life session for the siblings' group at St Quintin's Centre for Disabled children and young people on 2<sup>nd</sup> July. During the workshop, the children reflected on their resilience, strengths and skills, and made delicious treats.

The feedback below is mainly positive with 1 person being ambivalent as to whether they would recommend to a friend or family member.

<b>Name of Workshop</b>	Recipes of Life
<b>Dates Run</b>	02/07/2023
<b>Location</b>	St Quintin's Centre for Disabled Children and Young People
<b>Number of attendees</b>	N/A
<b>Number of surveys collected (where appropriate)</b>	6
<b>Demographics of attendees where possible</b>	N/A
<b>Feedback Survey Responses</b>	
<b>Did you find this workshop helpful?</b> (0 – Not at all helpful; 5- Very helpful)	<b>Would you recommend this workshop to a friend or family member?</b> (0 – Not at all helpful; 5- Very helpful)
<ul style="list-style-type: none"> <li>• Rate 0: 0</li> <li>• Rate 1: 0</li> <li>• Rate 2: 0</li> <li>• Rate 3: 0</li> <li>• Rate 4: 2</li> <li>• Rate 5: 4</li> </ul>	<ul style="list-style-type: none"> <li>• Rate 0: 0</li> <li>• Rate 1: 0</li> <li>• Rate 2: 0</li> <li>• Rate 3: 1</li> <li>• Rate 4: 1</li> <li>• Rate 5: 4</li> </ul>
<b>What did you like about the workshop?</b>	<b>What could we do to improve the workshop?</b>
<ul style="list-style-type: none"> <li>• “Baking and doing other fun activities. The statues activity was also quite nice.”</li> <li>• “They are kind. We do fun things. We get to play outside.”</li> <li>• “I liked how in all activities, we all worked together. I liked how we negotiated our ideas together in groups. I especially enjoyed our team work together in the kitchen.”</li> <li>• “I liked that the workshop was inclusive for all age groups and that we were able to do different activities. We were able to express ourselves through different things, e.g. cooking and postcards. GHWS staff were very understanding and taught us many things. I really recommend this workshop for others.”</li> <li>• “Fun day!”</li> </ul>	<ul style="list-style-type: none"> <li>• “More games and activities that take your mind of things.”</li> <li>• “More outside activities and games. I wish the best for the trampoline as I would love for it to work.”</li> <li>• “I think that we could play more games and things that would pump our energy.”</li> <li>• “Play more games.”</li> </ul>

### 3.5.1.2.2 Recovery College

There were no recovery college workshops due to the Summer Break.

### 3.5.1.2.3 Discovery College

Over the last Quarter GHWS has focused on setting up Discovery College, a Recovery College for young people. This is aimed at expanding the current offer of workshops to Young People.

It delivered one workshop in this quarter: Ways to Manage Stress and Feel Calmer on the 28<sup>th</sup> September.

<b>Name of Workshop/Group</b>	Ways to manage stress and Feel Calmer
<b>Dates Run</b>	28/09/2023
<b>Number of attendees</b>	12
<b>Number of surveys collected (where appropriate)</b>	12
<b>Demographics of attendees where possible</b>	Young people: 16-18 years old
<b>Feedback Survey Responses</b>	
<b>How would you describe the value of the workshop for your own wellbeing?</b>	<b>Was there anything that you found particularly helpful?</b>
<ul style="list-style-type: none"> <li>• Excellent: 3</li> <li>• Very Good: 6</li> <li>• Good: 3</li> <li>• Some Value: 0</li> <li>• No Value: 0</li> </ul>	<ul style="list-style-type: none"> <li>• Approaches to reduce your stress, such as: <ul style="list-style-type: none"> <li>○ Breathing exercises</li> <li>○ Painting</li> <li>○ Going for walks</li> <li>○ Lavender bags</li> </ul> </li> </ul>
<b>Is there anything you would like us to do differently to help you learn in this workshop?</b>	
<ul style="list-style-type: none"> <li>• More group activities or debates.</li> <li>• Interactive activities so we can get a better understanding.</li> </ul>	

### 3.5.1.2.4 Employment Support

There were a total of 18 referrals to the employment service in this quarter. A case study is included below to highlight the positive outcomes produced by this service.

<b>Employment Support Case Study</b>	
<b>History:</b>	<b>Client with long-term mental health barriers and who is being supported by GHWS.</b>
<b>Presentation:</b>	Client referred to Employment support as she was interested in getting a Healthcare Assistant (HCA) job with CNWL St. Charles Hospital.
<b>Intervention:</b>	In the initial meetings, the Employment Support Specialist found out that the client had been working for many years doing HCA work part-time and did not hold any qualifications for this. The entry requirements for NHS HCA jobs are Level 2 Health and Social care qualifications. To address this, the Employment Support Specialist contacted the client's employer to plan the best support for the client to achieve this goal.
<b>Outcome:</b>	The client was able to join an apprenticeship within the employer's organisation, so she can gain the Level 2 qualification in-house. The Employment Specialist is still supporting her through the course to ensure she is not getting overwhelmed and to build her own confidence in

the knowledge and skills she has obtained in her role. She has also obtained an HCA bank role within CNWL.

### 3.5.1.2.5 Community Connectors

- GHWS has Community Connectors that maintain an important link between the community and our service. They participate in different activities within the community and their insight is crucial for developing and improving existing support provision.
- Community Connectors report template is undergoing changes to better reflect the work they do, no details are provided for this quarter but reporting is expected for next quarter.

### 3.5.1.3 Collaborations

A key element of the work of GHWS is to build and maintain relationships with the local community groups and organisations along with statutory services also working with the North Kensington Community. This includes developing co-produced projects around mental health and wellbeing in partnership with multidisciplinary colleagues, residents and 3<sup>rd</sup> sector organisations.

There were five requests for collaborations received within this quarter which is a drop from the 10 received in Q1 of the 2023/24.

A consistent approach to collect feedback for collaborations has been recently developed. Reporting will follow next quarter.

Detail of some of the collaboration activities is shown below along with feedback from these events.

#### 3.5.1.3.1 Aquamotion

Project for Dedicated Service women's in collaboration with Kensington Leisure Centre that offers Aquamotion classes followed by a wellbeing session - an informal coffee and chat. More detail can be found in the DS section of this report.

#### 3.5.1.3.2 Kina Mama Post Anniversary Event

DS staff and one of the Community Connectors attended the annual Kina Mama post-anniversary community gathering. The event is organised by one of the DS clients and took place on Saturday, 9<sup>th</sup> September 2023, at Bay 20. September at Bay20. Pictures from the event below.

GHWS staff supported by offering art activities to S&B (Survivors and Bereaved) and wider Grenfell affected children, and emotional wellbeing support to families that attended on the day.

Feedback from families and the host of the event that was attended by approximately 110 people, including approximately 50 children of different ages.

- Families feedback
  - "Lovely event, lots to do for the children, my children enjoyed creative activity. Thank you for all you do"

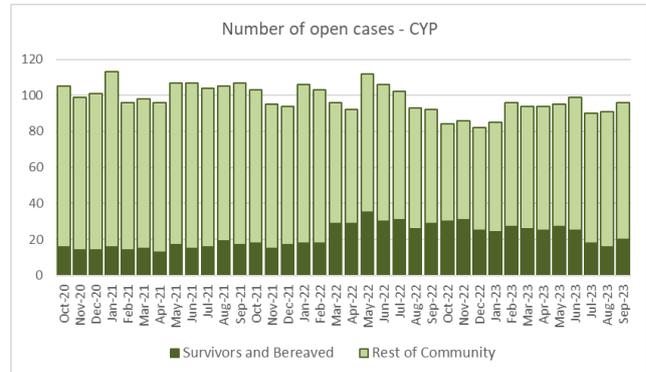
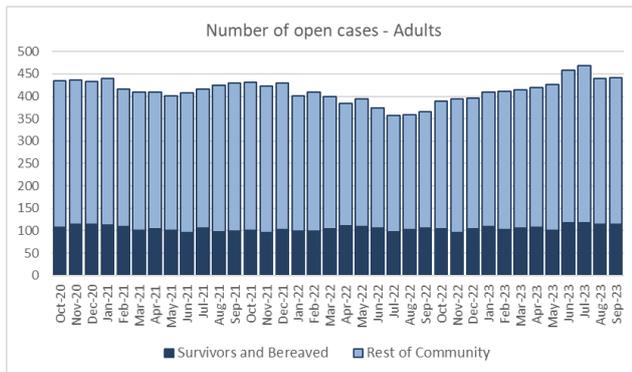
- “Very enjoyable event for the whole family. Children enjoyed bouncy castle and drawing. I liked participating in the creative activity and to learn about Haku poem.”
- “Thank you for all that you do for this community and supporting this event.”
- “The creative activity on the theme ... Home is... is very relevant to this event and it brings families together.”
- “Lovely event, very relaxing with lots of fun activities. Thank you for supporting. Children enjoyed learning about and writing Haku poem.”
- “Really enjoyed the project and having something to do (project) which was already pre-planned – 2 x 15-year-old girls.”
- “Doing art reminded her of memories of her old home – 8-year-old.”
- “This reminds me of making art with my uncle who passed away” – 8-year-old.”
- Host of the event
  - “It completes the event. GHWS are part of the community now and having their support and presence is very important to this community.”

### 3.5.1.4 Interventions

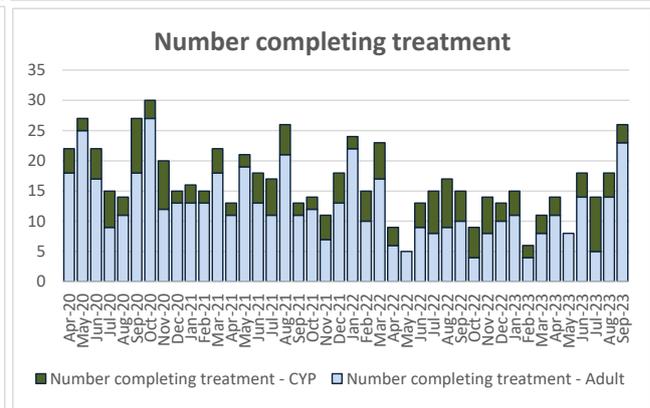
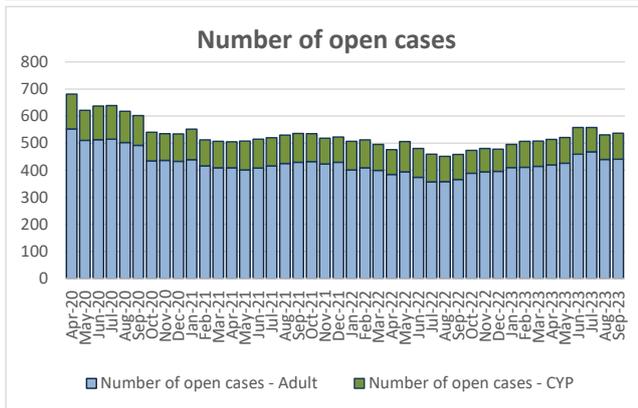
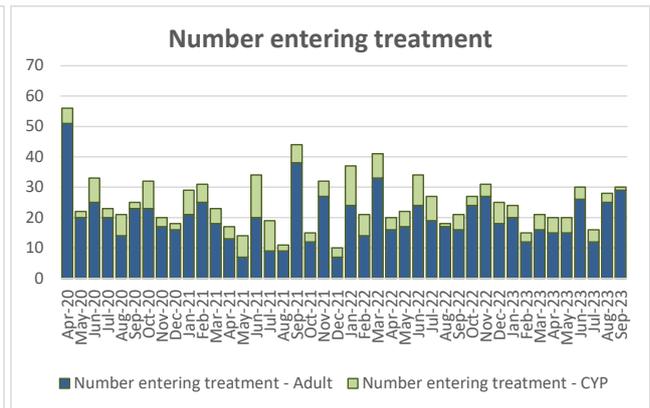
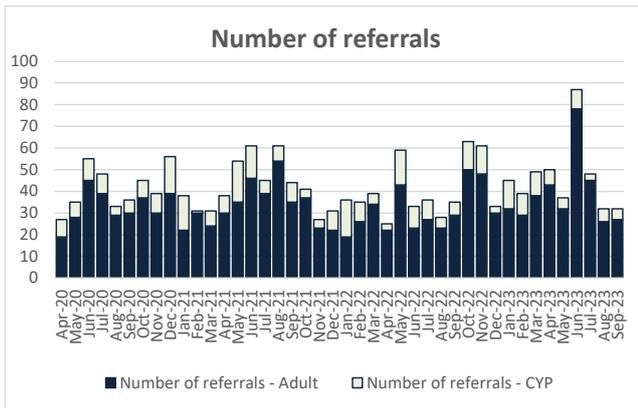
The GHWS aims to work alongside clients in a way that is tailored to them, their family and community. The offer includes a range of different therapies, groups and culturally adapted interventions (some of which are still being developed).

#### 3.5.1.4.1 Therapy activity

In September 2023 there were 537 open GHWS cases (a decrease of compared to the last quarter); of those 135 were survivors and bereaved.



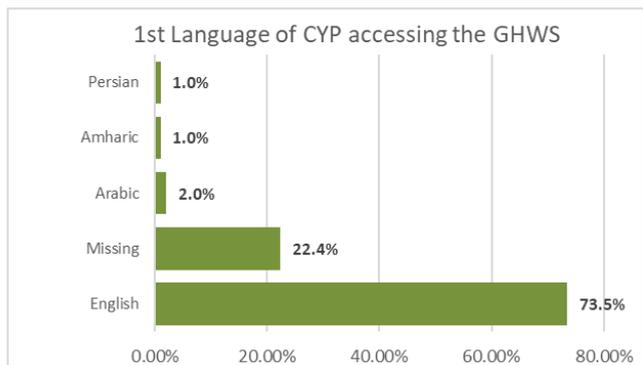
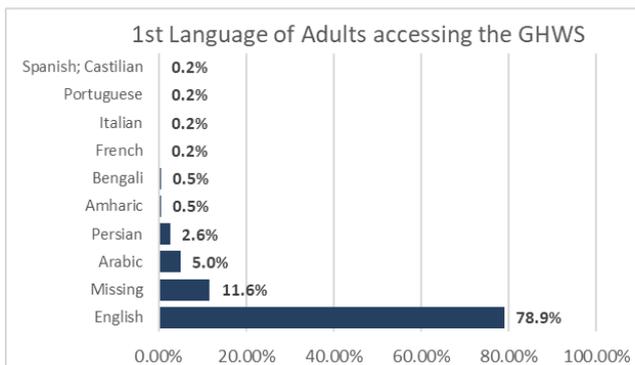
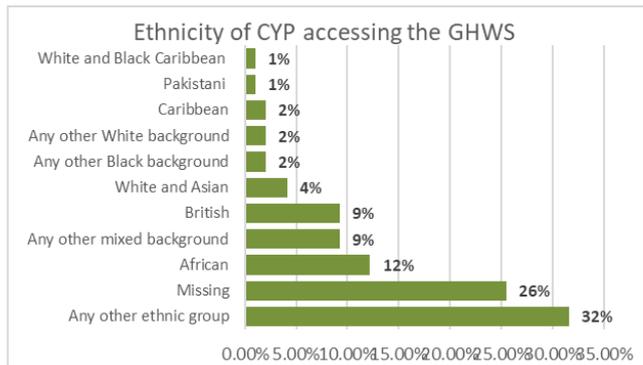
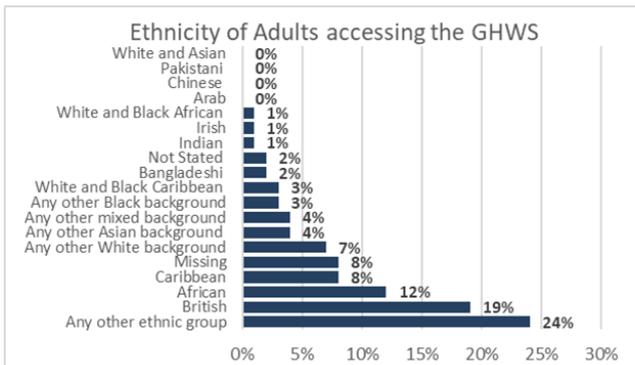
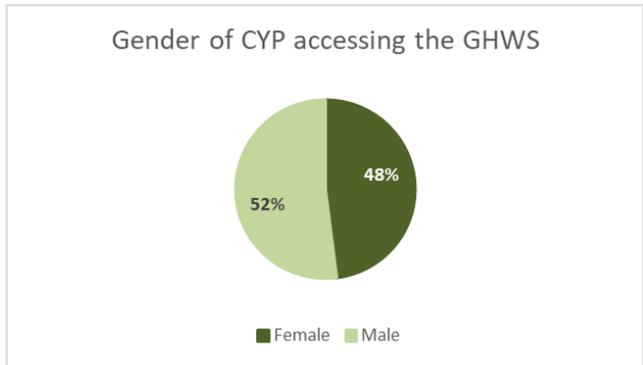
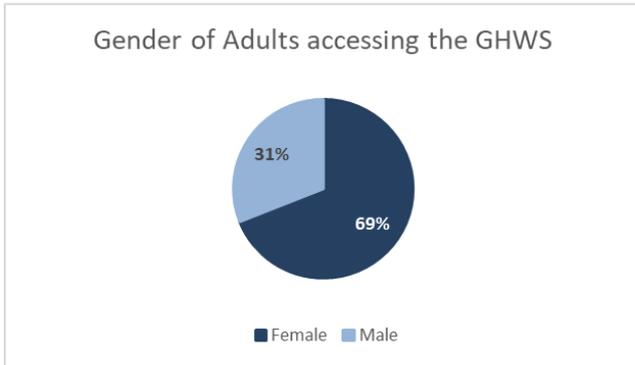
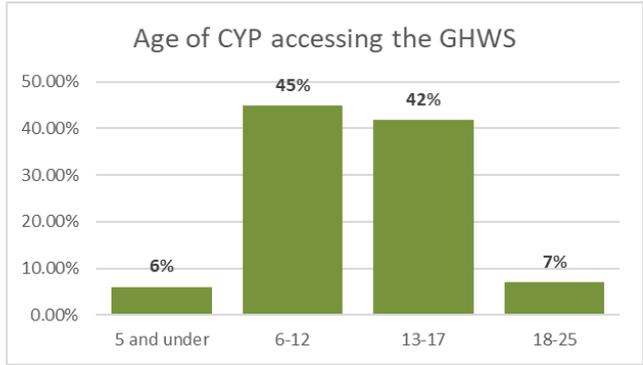
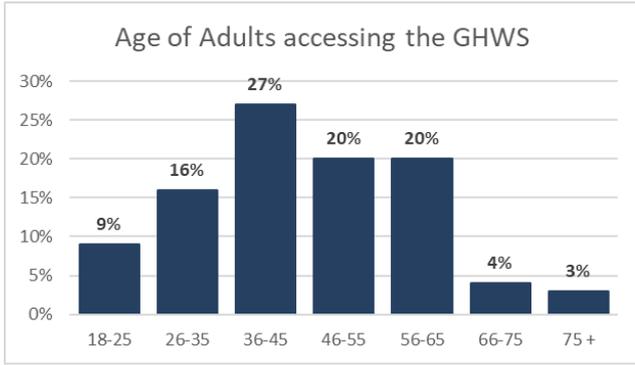
Overall 96% of survivors and bereaved have been offered the service with 71% accepting and 64% seen. The 4% that have not been offered are not contactable.



GHWS activity numbers fluctuate based on the needs of the community as well as external factors Inquiry, Tower discussions, news articles etc.

Sessions are not capped as they are in business as usual services so clients can have as many sessions as needed.

The GHWS collects basic demographic information for their service users to enable them to ensure their service is inclusive and representative. The detail can be seen below. Further work is being undertaken to see if the service coverage is representative of the community, linked with dropout and disengagement.



**Group Work Activity:**

Activity Area		Jul-23	Aug-23	Sep-23
<b>Interventions:</b>	Number of Groups run in month*	4	3	5
<b>Group Work</b>				

\* Some of the groups run more than once a month

### 3.5.1.4.2 Client Feedback

The GHWS aims to collect feedback from their clients in various ways. GHWS continue to work with their Service User Consultants and the wider community to ensure that they are listening to and acting upon the feedback received wherever possible to ensure they are providing best service we can.

This is an ongoing piece of work which is adapting based on the feedback that is received. GHWS are currently working on the following key areas:

#### 3.5.1.4.2.1 Patient Engagement Questionnaires

Since January 2021, GHWS had the following PEQs, each designed to be appropriate for particular service users:

- General Adult PEQ (for anyone over the age of 18)
- Parent PEQ
- Adolescent PEQ
- Child PEQ
- Under 5's PEQ

Over the last quarter (July to September 2023), GHWS has:

- Reviewed PEQs with staff and service users, which were officially launched in September 2023 and are available as hard copy and online.
- Promoted feedback collection among clients.
- Planned and implemented GHWS Feedback week, which took place between 11<sup>th</sup> and 15<sup>th</sup> September. Further details about this event can be found below.

##### 3.5.1.4.2.1.1 Feedback Week

GHWS organised a Feedback Week from 11<sup>th</sup>-15<sup>th</sup> September. The aim was to ask clients for their opinion about the service and help us improve the quality of support that we deliver. Clients from across the service were asked for feedback via email, SMS and through informal conversations with service user consultants.

Total Feedback completion numbers for the week (all modes of feedback):

- PEQs: 64 in total
  - General PEQs: 58
  - Adolescent PEQs: 3
  - Parent PEQ: 1
  - Child PEQ: 1
  - Under 5s: 1
- Digital feedback device: 34 responses
- Comments books: 4 comments left by clients

From the feedback gathered:

- **PEQs:** clients were happy with the support received by GHWS are likely to recommend it to others. However, several aspects were flagged and GHWS is actively following up on them to improve the support we deliver.

A summary is below.

- The main referral sources into GHWS are self-referral followed by GP.
  - The most common types of support received were: counselling, psychotherapy and emotional support
  - The majority of clients were positively impressed with GHWS because they got a helpful and good service
  - Overall the clients were happy with the support received, their involvement in treatment planning as well as their clinician's skills based on the responses.
  - Clients reported the reception team were kind and competent.
  - GHWS therapy is now offered both in person and remotely, the clients can choose according to their preference and are satisfied with the options available.
  - GHWS was considered a cultural and respectful service by the clients.
  - Clients are mostly happy with the support given by GHWS and they are likely to recommend it to others, only 5 clients have had a bad experience and they would not recommend the service.
  - Negative feedback was also given by clients, GHWS properly investigated any points raised, following up with the relevant people and planning any required changes in order to improve the service.
- **Digital Feedback:** all of those who gave feedback using the digital feedback device stated they were 'Very Happy' or 'Happy' with the relationship with their therapist and their experience of the reception team. When asked (via the digital feedback device) how clients rate the information available in the reception area half selected 'Very Happy' and 37% selecting 'Happy'. Two people selected 'Average' and one person selected 'Very Unhappy'. This highlights an area that could need some improvement, further review of the information in the reception area and discussion as a service (including SUITS) could be required to address.
  - **Comments book:** all comments were positive with one client calling their family therapist "excellent" and that they "made me and my family feel at ease" another naming three GHWS staff members from different modalities and calling them "amazing".

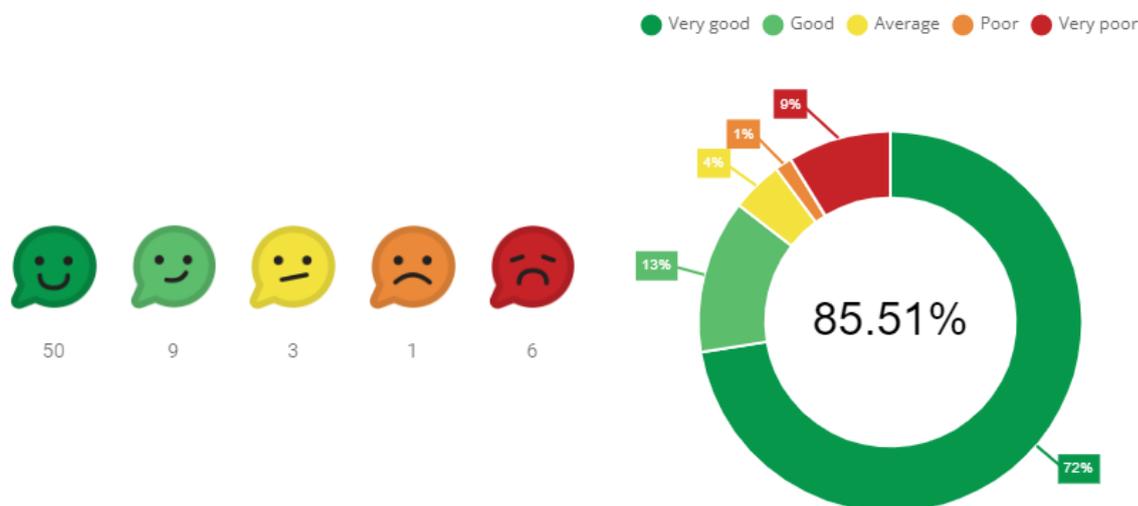
#### 3.5.1.4.2.2 Digital Feedback Devices (Smiley Face Machines)

'Smiley-face' machines like the ones you get in shops and airports are placed in the waiting room at GHWS for clients to give real time feedback. A summary is given below.

The current question is 'How was your experience of the Grenfell Health and Wellbeing Service today?'

Smiley Face Data for Q2:

For Q2 there were 88 responses. Below is a chart showing the breakdown of responses received.



Any additional feedback was fed back to the appropriate team.

### 3.5.1.4.2.3 Other Feedback: Verbal, Text and Email

Clients often text or email their clinicians directly with feedback and thanks. CNWL have set up a feedback email address ([cnwl.ghwsfeedback@nhs.net](mailto:cnwl.ghwsfeedback@nhs.net)) for client feedback. This is on their new website, to date this has not been used but they will continue to publicise the address.

Below are some examples of the feedback for Q2. It is all positive.

"Dear M,  
I would like to provide a feedback for the service I received from NHS GHWS and specifically from you.  
I am very satisfied with the support and help I received and continue to receive from you. My life was helpless full of endlessly stress, with your support and encouragement I was able to get through the most difficult times in my life. I am very pleased and grateful for the NHS GHWS.

"C was very helpful and easy to talk to. She is really helping my daughter reach new heights."

"Been using the service for 6 years. 'H' made me and my family feel at ease. She was excellent. Not all therapist was that good but she left. But 'H' was amazing. First impression of therapist 'SM' was she was listening and attentive and she cares but it's early days. The building is always clean and nice."

“I’ve been part of the service for about 3 years now. ‘SW’, ‘AM’, ‘C’ and ‘T’ have been amazing. I hadn’t been out my house for 7 years other than appointments and ‘S’ came to visit me @ home. I came 18 months after the fire. I was coming once a week to see ‘S’. I have much praise for the service. Very clean area. The water machine is good.”

### 3.5.1.4.3 Therapy Outcome Measures

GHWS use outcome measures across the service to assess a service user’s current status and to use this as a baseline to enable progress to be monitored. The outcome measures are specific to the interventions they offer their clients and are different for children and young people and adults.

#### 3.5.1.4.3.1 Goal Based Measures

GHWS has officially been using goals since October 2021 for CYP clients and they have been set up for current open cases, when appropriate.

A strategy was explored to enable the recording and reporting of goals for Adults cases on the clinical platform. A questionnaire was devised that was officially launched during January 2023.

Over the last quarter:

- GHWS continued to actively promote the usage of goals among clients.
- GBM guidelines have been reviewed and updated.
- Further goal-based measures training has been provided to staff.
- Mechanism to record when goals are not appropriate/relevant for a particular case in the clinical platform.

In order to increase the GBM completion rate, all staff are actively reviewing every case (new or ongoing) on their caseload to ensure that a goal-based measure has been completed. In certain circumstances, goals may not be applicable: a client declining an offer of goal recording or a piece of work being done with the client that does not justify goal usage. On those occasions, this is recorded on the clinical system as ‘GBM not relevant’.

All the previously implemented strategies have resulted in an increase in GBM completion for CYP and Adult open cases. In the January–March quarter, 37% of CYP and 8.6% of Adult open cases had goals defined. Over the last quarter, there was a good improvement across CYP and Adult cases, with goal completion rates of 45.2% and 27.2%, respectively.

Open cases	CYP			Adults		
	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023
<b>Goals defined</b>	37.0%	45.2%	47.2%	8.6%	27.2%	32.6%
<b>Goals not appropriate/relevant</b>	N/A	4.4%	4.9%	N/A	0.9%	1.8%
<b>Goals not defined</b>	63.0%	50.4%	47.9%	91.4%	71.9%	65.6%

The detail for CYP Goal based measures can be found in the CYP section of this report.

Currently, there are 448 Adults open cases:

- 146 cases have goals defined, which corresponds to 32.6% of the open cases.
- 294 do not have goals established, which represents 65.6% of the open cases.
- Goals are not appropriate/relevant for remaining 8 cases (1.8%).

Goals on Adult cases are defined using a questionnaire in the clinical platform that enables the **set-up and scoring of up to 5 goals**. Goals scores range from: 0 = Not achieved to 10 = Achieved.

No analysis of goals' outcomes was done, i.e. how scores have changed over time, due to the recent launch of goals usage in Adults cases. This will be included in the next quarters report when it will be 12 months since the introduction of goals for Adult Clients.

Over the next quarter, GHWS shall review/ascertain current/new strategies to promote and monitor even more closely goals completion among Open cases so that GBM become more prevalent.

#### 3.5.1.4.3.2 CYP Therapy

The GHWS Children and Young People's team use the following clinical outcome measures:

- **YCPS (Young Child PTSD Screen):** This is filled in by caregivers for children below 8 years old and aims to identify signs of PTSD.
- **CRIS (Child Revised Impact of Events Scale):** This is a questionnaire completed by children who are 8 years old and above and assesses the risk of PTSD.
- **RCADS-Child (Revised Children's Anxiety and Depression Scale):** This is completed by children who are 8 years old and above and aims to identify anxiety and depression.
- **Current View:** used for CYP of all ages and measures the complexity of the patient's case.

More detail can be found in the CYP Section of this report.

#### 3.5.1.4.3.3 Adult Therapy

The GHWS Adult Therapy team use a range of measures linked to specific presenting problems as appropriate, including:

- **PHQ-9 (Patient Health Questionnaire)** – a nine-item self-assessment questionnaire designed to screen for depression in primary care and other medical settings. It is used to assess both the presence of depressive symptoms as well as to characterize the severity of depression. It is linked to the DSM-IV criteria for diagnosing depression. The standard cut-off score for screening to identify possible major depression is 10 or above.
- **GAD-7 (Generalised Anxiety Disorder)** – a seven-item self-assessment questionnaire that assesses the presence of Generalised Anxiety Disorder symptoms and measures the severity of GAD. It takes key items from the DSM- IV to help in assessing the presence of GAD based symptoms. The standard cut-off score for screening to identify possible GAD is 7 and above.
- **PSSI (The PTSD Symptom Scale)** – is a flexible semi-structured interview holding 24 items linked to DSM-V criteria for diagnosing Post Traumatic Stress Disorder (PTSD). This interview allows clinicians who are familiar with PTSD to make a diagnosis of PTSD as well as obtaining an estimate of the severity of the symptoms.
- **IESR (Impact of Event Scale)** – a 22-item self-report measure that assesses subjective distress caused by traumatic events and so it is not used to diagnosis PTSD but to highlight

distress experienced. The standard cut-off scores for a preliminary diagnosis of PTSD is a score 33 and over.

- **PDS-5** – is a 24-item self-report measure that assesses PTSD symptom severity in the last month according to DSM-5 criteria. The PDS-5 begins with two trauma screen questions to assess trauma history and identify an index trauma. An item for each of the 20 DSM-5 PTSD symptoms is included, and an additional four items ask about distress and interference caused by PTSD symptoms as well as onset and duration of symptoms. Symptom items are rated on a 5-point scale of frequency and severity ranging from 0 (Not at all) to 4 (6 or more times a week / severe). Scoring above the cut-off point identifies a probable PTSD diagnosis.

Following are three case studies which show some of the positive outcomes from this service.

<b>Adult Case Study 1</b>	
<b>History:</b>	Bereaved of family in the Grenfell Tower Fire and relocated to the UK. Previously received NET and Trauma-Focused Cognitive-Behavioural Therapy. Cultural beliefs and practises between country of birth and UK have contributed to a horrific and painful loss.
<b>Presentation:</b>	PTSD presentation including intrusions, low mood, nightmares and poor sleep. Social isolation, which worsened during COVID. Long term physical health condition. Multiple losses. Barriers to accessing support due to physical disability and English as a second language.
<b>Intervention:</b>	Gardening Group. Started to attend the group as individual Trauma-Focused Cognitive-Behavioural Therapy was ending and continued thereafter. Access with respect to physical and language needs facilitated.
<b>Outcome:</b>	Client reports that they received significant benefit from the group including social support, being in nature, emotional and spiritual connection, access to a calm and grounding space, as well as a sense of achievement and personal mastery. They connected to stories of strength and resilience as well as an improved sense of community identity and is better able to access social support in the community.

<b>Adult Case Study 2</b>	
<b>History:</b>	History of trauma dating back to childhood.
<b>Presentation:</b>	PTSD and OCD.
<b>Intervention:</b>	EMDR assessment - creating timeline and formulating.
<b>Outcome:</b>	Client shared that this is the first time that she has sought therapy as she is usually a very private person who does not share any difficulties. Client has engaged with several sessions of assessment which included creating a timeline of adverse past experiences as well as identifying her

strengths and resources. She reported that since starting therapy, she feels much lighter from sharing difficulties that she has never told anyone about. Due to this feeling, she has challenged herself to resume activities that she had been avoiding due to her OCD. She shared that she has now learned that "I can do it". She shared that she is very glad that she was referred to our service and that she is very keen to work through past experiences.

Adult Case Study 3																																																																																								
<b>History:</b>	Worked in Grenfell area, with bereaved.																																																																																							
<b>Presentation:</b>	Moderately severe depression and anxiety, keeping client off work and withdrawing from friendships (socially isolated). PTSD.																																																																																							
<b>Intervention:</b>	Stabilisation, psycho-ed on PTSD. 1-1 ACT work on defusion, acceptance, self-compassion. Also attended CFT group.																																																																																							
<b>Outcome:</b>	<p>Depression and anxiety dropped from “moderately severe” to “mild” (see chart). Nightmares greatly reduced. Now actively socialising with friends and family and attending work.</p> <table border="1"> <caption>Chart Data: PHQ 9 and GAD 7 Scores</caption> <thead> <tr> <th>Contact Date</th> <th>PHQ 9 Score</th> <th>GAD 7 Score</th> </tr> </thead> <tbody> <tr><td>21/01/2021</td><td>19</td><td>15</td></tr> <tr><td>16/11/2021</td><td>13</td><td>13</td></tr> <tr><td>20/01/2022</td><td>19</td><td>16</td></tr> <tr><td>27/01/2022</td><td>13</td><td>13</td></tr> <tr><td>02/02/2022</td><td>13</td><td>13</td></tr> <tr><td>10/02/2022</td><td>13</td><td>13</td></tr> <tr><td>24/02/2022</td><td>13</td><td>13</td></tr> <tr><td>03/03/2022</td><td>13</td><td>13</td></tr> <tr><td>10/03/2022</td><td>13</td><td>13</td></tr> <tr><td>24/03/2022</td><td>13</td><td>13</td></tr> <tr><td>31/03/2022</td><td>13</td><td>13</td></tr> <tr><td>07/04/2022</td><td>13</td><td>13</td></tr> <tr><td>21/04/2022</td><td>13</td><td>13</td></tr> <tr><td>28/04/2022</td><td>13</td><td>13</td></tr> <tr><td>05/05/2022</td><td>13</td><td>13</td></tr> <tr><td>19/05/2022</td><td>13</td><td>13</td></tr> <tr><td>26/05/2022</td><td>13</td><td>13</td></tr> <tr><td>09/06/2022</td><td>13</td><td>13</td></tr> <tr><td>16/06/2022</td><td>13</td><td>13</td></tr> <tr><td>30/06/2022</td><td>13</td><td>13</td></tr> <tr><td>06/07/2022</td><td>13</td><td>13</td></tr> <tr><td>21/07/2022</td><td>13</td><td>13</td></tr> <tr><td>28/07/2022</td><td>13</td><td>13</td></tr> <tr><td>04/08/2022</td><td>13</td><td>13</td></tr> <tr><td>10/08/2022</td><td>13</td><td>13</td></tr> <tr><td>01/09/2022</td><td>13</td><td>13</td></tr> <tr><td>08/09/2022</td><td>13</td><td>13</td></tr> <tr><td>22/09/2022</td><td>13</td><td>13</td></tr> </tbody> </table>	Contact Date	PHQ 9 Score	GAD 7 Score	21/01/2021	19	15	16/11/2021	13	13	20/01/2022	19	16	27/01/2022	13	13	02/02/2022	13	13	10/02/2022	13	13	24/02/2022	13	13	03/03/2022	13	13	10/03/2022	13	13	24/03/2022	13	13	31/03/2022	13	13	07/04/2022	13	13	21/04/2022	13	13	28/04/2022	13	13	05/05/2022	13	13	19/05/2022	13	13	26/05/2022	13	13	09/06/2022	13	13	16/06/2022	13	13	30/06/2022	13	13	06/07/2022	13	13	21/07/2022	13	13	28/07/2022	13	13	04/08/2022	13	13	10/08/2022	13	13	01/09/2022	13	13	08/09/2022	13	13	22/09/2022	13	13
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**3.5.1.4.3.4 Group Work**

- The following groups ran during Q3
- Nature’s Way: Gardening group
  - Older Adults Wellbeing
  - Women Swim for Wellbeing

- Children and Young People’s Gardening Group

The GHWS is doing work to identify further outcomes for these groups, liaising with the outcome measure team and the leads running the groups.

Below is some of the feedback for these groups, again, positive.

### Older Adults Wellbeing

The Older Adults Wellbeing is a co-produced emotional wellbeing support group for older adults who are experiencing social isolation, low mood and anxiety.

A strengths-based approach, based on exploration with the group about what they feel would be most helpful for them, including exploring coping strategies & discuss helpful ideas to deal with uncertainty and challenges.

It aims to:

- Help overcome digital exclusion and barriers to using IT/ZOOM.
- To provide information on sources of support (GHWS and other MH statutory and community support).
- To respond to a community request from Open age & North Kensington residents that are looking for ways to cope with the difficult feelings arising during the pandemic.
- To facilitate a safe space for sharing, and to help normalise emotions brought up by current situation.

<b>Name of Group</b>	Older Adults Wellbeing
<b>Dates Run</b>	Every Tuesday morning
<b>Number of attendees</b>	5
<b>Group Activities</b>	
<ul style="list-style-type: none"> <li>• Between July and September 2023, the Older Adults group participants engaged in a variety of workshops and activities. These have included: <ul style="list-style-type: none"> <li>○ Workshops on ‘Assertiveness’, ‘Exploring our values and beliefs’, ‘Managing stress’, ‘Managing fatigue’ and ‘Managing chronic health conditions’</li> <li>○ Social events, including a visit to the Museum of Brands café</li> <li>○ Memorial in honour of one of the group members who passed away in 2022. The event was appreciated by the attendees who had an opportunity to reflect and remember.</li> </ul> </li> </ul>	
<b>Feedback</b>	
<ul style="list-style-type: none"> <li>• Some of the group members are currently dealing with difficult life events such as bereavement and terminal illness. One group member said that: 'The group helps me to cope because I know that I can share the pain of what I am going through and feel the care of everybody.'</li> </ul>	

### Women Swim for Wellbeing

- The Grenfell Health and Wellbeing service (GHWS) collaborated with Grenfell Foundation, Grenfell United and the Kensington Leisure Centre, to provide a wellbeing group that attended to both physical and psychological wellbeing needs.

- This group was delivered specifically to women who were directly impacted by the Grenfell fire (survivors of Grenfell tower/directly bereaved).

Name of Group	Dates Run	Number of attendees
<b>Women Swim for Wellbeing</b>	04/07/2023	9
	11/07/2023	11
	12/09/2023	7
	19/09/2023	10
	26/09/2023	5

### Group updates

- The initial programme consisted of 12 weekly 2-hour sessions on Tuesdays from 12-2pm; the first hour was a private swimming lesson and the second hour was a wellbeing session, which incorporated a narrative approach for the women to re-author their personal stories after Grenfell and highlight their strengths.
- The first six sessions took place from 6th June to 11th July 2023, followed by a summer break, and the second group of six sessions started on 12th September and ended on 17th October 2023.

### Feedback

- Positive feedback shared by the women that took part in the group:
  - ‘What can I say, this is the first and only space I have had since Grenfell happened that actually has helped me! No talking therapy/intervention felt helpful – but this is different we talk about our wellbeing but in a way that doesn’t feel like we’re talking, its connecting, validating belonging in the same boat as other women that can relate to my difficulties. I spent a lot of time talking about Grenfell it took over- this space gave me space to think about me my children family and my goals hopes and future, not just stuck in Grenfell.’
  - ‘This group is very nice, very helpful, I feel I can be honest and share because no one judges me here. I feel safe.’
  - ‘I have a lot of physical pain, and haven't been able to sit or long when we meet for sessions, but the times that I have been able to engage I have found the group so helpful. I live far and travel almost 3 hours going and coming just so I can be here- that's how valuable this group is to me. I am worried it will stop.’
  - ‘I have felt so rejected and judged in the wider Grenfell community, I have been in hiding for years, coming to this group was a big gamble for me but I am so glad I took the risk ladies and facilitators have been so helpful and kind to me, I felt so unsafe before this is the safest I've felt amongst other women in years, I feel I belong. Please don't stop.’
  - ‘I find it very hard to speak and express myself. Sometimes I go quiet and just listen and support others, it is so helpful to be the person supporting other women and sharing my advice and experience- and not always the person receiving the support or in need of it. Coming to this group has enabled me to be in the same room as a family I escaped the tower with- I haven't been able to look them in the face since until we came to this group, which has cleared a lot of my trauma from Grenfell for me.’
  - ‘I don't speak English very well, but still I feel heard in this space. As a woman I feel I always give and don't have space for me. Since Grenfell I haven't found anything helpful expect this, please don't stop we only just started.’
  - ‘This group has helped me so much; to see I am not only alone but to see other women in the same boat as me I don't feel so alone anymore. I feel safe here and really thank you, now I am thinking about my children and maybe having some family therapy, this group helped me feel I can trust and think about my life outside of Grenfell!’

- ‘Before I started this group, I was so anxious, I never left the house always in service to others. At first, I was apprehensive, I was worried it would be like talking therapy where I have to focus on Grenfell. At first, I didn’t want to attend the wellbeing sessions, but now this is the highlight of my week! Even on the days that I can’t swim I come just for the wellbeing sessions- My anxiety has gone down and my confidence has gone up, two of my main goals! I travel for hours just to be here for the group and sometimes am even early this is how important this group is to me.’

### 3.5.1.5 Community Issues and event responses

Activity Area		Jul-23	Aug-23	Sep-23
Community Issues & Event Responses	Number of community issues supported in month	0	0	0
	Number of events supported in month	3	3	3

GHWS respond to community issues when they arrive and offer support where appropriate. They also support the Community for specific events when requested to.

- The Grenfell Team supported the following over the last quarter:
  - House of Commons debate
  - Trellick Tower festival
  - Grenfell: In The Words of Survivors play
  - Latymer Community Church 160<sup>th</sup> birthday celebration
  - Football tournament hosted by Latimer Road Veterans
  - Swimming community beach day
  - GHWS Staff supported Survivors, Bereaved and the wider community at the Tate to unveil Grenfell inspired artwork.

Feedback was shared about certain events supported by the Grenfell Team:

In July, GHWS Staff supported the Survivors and Bereaved at a private showing of the play, Grenfell in the Words of Survivors. The National Theatre provided the following feedback after the event:

- ‘Thank you, your support is greatly appreciated!’
- ‘Thank-you so much I found our meetings incredibly helpful; our conversations helped me remain steady’
- ‘I really appreciate the time given. in the way you did, in what must be a very busy role.’

GHWS staff supported the Tate Britain with the opening of a new artwork about Grenfell and an artist who lost her life in the fire. Our role was to help the Tate team to offer a trauma-informed approach to introducing the artwork to key individuals prior to the piece being made public. GHWS staff were present on site to support the extended family of the artist and have also supported viewings for key Bereaved & Survivor groups. In addition, they supported private viewings for the bereaved and survivors and the Grenfell affected local community:

- Survivors, bereaved and community members verbally expressed thanks for our presence and support to staff members

The Tate Britain provided the following feedback after the event:

“Dear

I just wanted to send a quick note to thank you both very much for all your help in making our community views happen last week and for all your support over the past few months.

We had about 40 people attend across the three days, with the bulk on Sunday. Many of these were residents of the tower or knew 'K' personally. While the work of course produced an emotional reaction, it was received with huge positivity, reinforcing what we heard from community group leads during their views back in July.

On behalf of Tate I just want to say a huge thank you to you both for your invaluable support, as well as to 'R', 'H' and 'S' for their time over the weekend.

As you know we will be opening to the public tomorrow. 'A' will send across a link to the Guardian coverage and we may be in touch in due course if there is scope for us to work together again around this project.

For now, thank you again.

With very best wishes

#### Key Learning Points:

Whilst most feedback seems to be positive, there was one group from the community who attended on the Sunday who were less keen for there to be NHS presence there. A learning point from that might be to make sure any new staff are fully briefed on the community/political context before attending events in the community so they know what to expect, and how to act diplomatically in different situations.

### Service User Involvement Team (SUIT)

Service User Consultants (SUCs) are involved in various activities and projects within GHWS to ensure that we are listening to and acting upon the feedback received wherever possible to ensure we are providing best service we can. We have an Adult SUI team, a Young People's SUI Team (13 -19-year olds and a children's SUI Team (8-11 year olds), who named themselves the 'Grenfell Young Heroes'. Detail on the CYP SUI teams can be found in section 3.6.3.3 of this report.

#### 3.5.1.6.1 Adult SUIT

For Q2 the Adult SUIT were involved in the following projects:

- **CNWL Therapies Conference:** On Wednesday - July 5th - the annual CNWL Therapies Conference was held in Milton Keynes. This year the theme was 'Equity in Care: Working with our communities to overcome health inequalities'. Our service was well represented:
  - A member of GHWS staff spoke about the outcome of an evaluation project carried out with the members of the GHWS gardening group 'Nature's Way' and why collective therapeutic approaches to trauma, and community partnerships, are so important. A video was shown of a Service User Consultant, also part of the gardening group, that spoke about how the group had helped to ground him in nature.
  - In the afternoon, other GHWS staff presented about the vital role that Service User Consultants have played in developing the GHWS. An Adult SUIT spoke powerfully about her experience of being a SUIT. Also, a video by the Young SUITS that tackled the theme of resilience was shown.

- Both presentations were well attended and received some really positive feedback, and staff from other teams have approached us to collaborate on similar projects they are trying to setup. At the end of the day delegates were asked what they appreciated about the day and we even got a special mention: 'Grenfell Learning'!
- **GHWS Feedback Week 11<sup>th</sup> to 15<sup>th</sup> September:** Adult SUIT members support the planning of this event and had an active participation in supporting clients feedback collection. Their contribution was crucial for the success of this initiative.
- **Kings Fund Interview:** Kings fund met with adult service user consultants for interviews on lessons learnt from Grenfell and working with communities
- **Mentoring:** Adult service user consultants continue to mentor Young service user consultants
- **Art Project:** Service User consultants have been involved in the planning and recruitment of arts facilitators for the Arts project
- **Recruitment:** Adult service user consultants have been on interview panels for Art Therapy Trainee's and communication manager
- **Workshops:** Service user consultants have continued to co-facilitating workshop's in the community
- **Integrated Care Board:** A number of service user consultants met with Craig to review the wording of the service specification
- **Gardening Group:** Adult service user consultants co-facilitate the adult and newly formed CYP gardening group.
- **Crèche/swimming group:** Adult service user consultant supports with the crèche during the DS swimming sessions
- **Co-production presentation:** Co-production presentation continues to be co-developed with service user consultant and SUIT staff member.

### **3.5.2 Self-care work stream outcomes and services to show access to culturally appropriate services**

In addition to the self-care services offered by CNWL as part of the GHWS, self-care services from KCSC and ACAVA are detailed in the self-care section.

### **3.5.3 Reduction in number of service users suffering crisis or in need of emergency support.**

Current analysis of data does not show any trends. The data will continue to be analysed over the following months and any findings will be conveyed via this report.

## 3.6 Children and Young People (CYP) work stream

CYP commissioned services aims to offer a holistic approach to meet both the emotional and physical wellbeing of the children, young people and their families.

The aim of these services are to:

- Provide a holistic physical and mental health appointment that looks at the needs of the whole child or young person and understands what matters to them
- Monitor the health and wellbeing of each child or young person over multiple years
- Provide a coordinated call and recall response that sits as part the health offer within the Dedicated Service (for survivors, bereaved and walkway residents)
- Provide health promotion support and advice to increase knowledge and understanding of physical and mental health conditions and how to prevent and/or manage them
- Signpost or refer to an appropriate service (i.e. GP, mental health provision, specialist acute paediatric service, third sector support services)

Engaging local CYP to:

- Ensure that CYP impacted by the fire influence the design and delivery of the health and wellbeing service provision.
- Support the ICB with developing and guiding our engagement with social media strategy

Details of the services can be found in the Primary Care, Specialist Services and Emotional Health and Wellbeing Sections.

### 3.6.1 Primary Care Enhanced Services [Regulation 28]

#### 3.6.1.1 Activity

Since January 2019 there have been 321 CYP Enhanced Health Checks (EHC) completed across practices and the community.

The numbers of those from a survivor or bereaved family are shown in the table below.

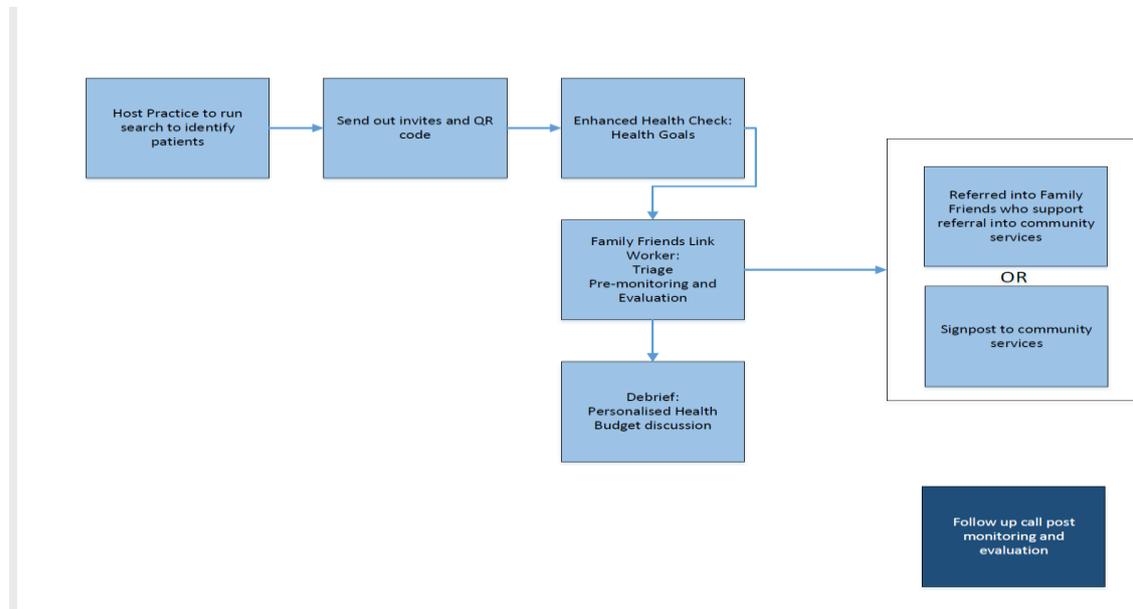
	Number in cohort	1 <sup>st</sup> EHC	% uptake
Survivor (ink residents of Grenfell Walk)	89	54	61%
Bereaved	40	21	53%
Total	129	75	58%

Note: The numbers of bereaved and survivors reported in this table are the numbers as recorded in the Primary Care system (SystemOne) not from the Dedicated Service (DS).

The numbers have increased from 48 to 54 for the survivor cohort (54-61%) and 20 to 21 for the bereaved cohort.

- The EHC template has been updated to reflect the changing needs of survivors and bereaved but the new template has yet to be added to SystemOne. This should be done in Q4.
- A CYP Social Prescribing Link Worker project is due to start in December 2023, this will include proactive case management of eligible CYP. They would be invited to an Enhanced Health Check CYP, using the revised template. The session will be held at GP practice in North Kensington area with Social Prescribing Link Worker present to offer holistic

approach and to support the practice with signposting. It is anticipated that running a specialist CYP session once a week from 4pm – 7pm, with the added benefit of Social Prescribing Link Worker, will increase uptake of the Enhanced Health Check. There will be the initial reporting from this in the next report.



### 3.6.1.2 Onward Referrals

The onward referrals and outcomes from these referrals will be looked at as part of the Primary Care quality and clinical audit.

## 3.6.2 Paediatric Long-Term Monitoring Service [Regulation 28]

### 3.6.2.1 Activity

As at September 2023 the total number of bereaved and survivors recorded by the NHS Dedicated Service is 222. Of these children, 157 have been offered, a further 61 is not known and is has not been possible to contact 4.

Of the 43 tower survivors 98% have been offered the service by the Dedicated Service and 91% have been referred into the service (1 has moved to the adult service).

		Referred**	Referred %	Seen	Seen %	Dissented	Dissented %
Survivor in Tower	43	40	93%	35	80%	5	11%
Survivor Other	80	43	53%	38	46%	0	0%
Total Survivor	123	84	67%	73	58%	5	4%
Bereaved	99	54	53%	34	34%	5	5%
Total	222	138	61%	107	47%	10	4%

The service has seen 35 of the 40 of the referred tower survivors, 2 have deferred, 2 have declined, 1 has moved to adults, 1 is booked in to be seen.

Work is ongoing to look at those 88 that have not been referred. A request has been made to the Dedicated Service to provide a list of OOA to tally up numbers to see how many are included in the 88 sum, as part of a process of elimination. Further work is happening with the Dedicated Service to understand the location and uptake of services for these children.

### **3.6.2.2 Outcomes**

The NKR CYP lead has initiated conversations with Imperial Paediatric Long Term monitoring team, to finalise and agree what they can report to support the quarterly outcome report within the parameters of their IG and data sharing protocol.

Data Task and Finish group will commence in October 2023, the outputs from this group will support the Paediatric Long Term Monitoring outcome reporting and will feed into the work around the OOA children.

The purpose, aims and objectives are below.

#### **Purpose and Responsibilities**

The Task & Finish Group has been established to do the following:

1. Ensure a clear and consistent coding/ data process is in place to readily and easily identify Grenfell Tower groups (i.e. survivor in tower, survivor outside fire, bereaved, etc.)
2. Ensure that all eligible community members have been offered North Kensington Recovery commissioned services and that outcomes of offers to services can be readily and easily identified
3. Establish the current data flows of North Kensington Recovery commissioned service into the Whole Systems Integrated Care platform
4. Oversee the inclusion of all North Kensington Recovery commissioned service data to the Whole Systems Integrated Care platform
5. Develop a North Kensington/ Grenfell specific Whole Systems Integrated Care data dashboard for utilisation by Grenfell Partners

#### **Aim(s) & Objective(s) Key aims include:**

- Identify and define current gaps in data collection from North Kensington Recovery commissioned services
- Clearly define NKR commissioned service data currently accessible by all partners
- Individual provider agreement to the submission of service data to WSIC
- Define how the programme can utilise data for clinical benefit
- Ensure all partners are using the same coding for the identification of Grenfell impacted patients
- Request structured data to be reviewed via WISC to develop surveillance dashboard
- Identify governance process required to share service level data

### **3.6.3 Grenfell Health and Wellbeing Service (GHWS) [Regulation 28]**

The following section of the report is structured in line with the GHWS 5-part model and includes information from the GHWS Monthly Activity reports and the GHWS Quarterly report. More detail can be found in section 2.5. The latter report gives qualitative details of the GHWS including feedback received each quarter. Some key themes from this have been extracted for the purposes of this report.

**The reported outcomes and case studies are primarily positive.**

### 3.6.3.1 Information and Self-Care

To ensure that clients and the wider community know how to access the service and how to get the support when it is needed. The GHWS services are promoted in local community newsletters, posters, their website and via social media etc. A number of self-help resources which are available in hard copy and via their website has been developed. This is ongoing work and GHWS continue to refine the information and develop new content as required.

### 3.6.3.2 Early Intervention and Prevention

#### 3.6.3.2.1 Workshops

##### Recipes of life

- GHWS team facilitated Recipes of Life session for the siblings' group at St Quintin's Centre for Disabled children and young people on 2<sup>nd</sup> July. During the workshop, the children reflected on their resilience, strengths and skills, and made delicious treats.
- All the children found the workshop helpful.

<b>Name of Workshop</b>	Recipes of Life	
<b>Dates Run</b>	02/07/2023	
<b>Location</b>	St Quintin's Centre for Disabled Children and Young People	
<b>Number of attendees</b>	N/A	
<b>Number of surveys collected (where appropriate)</b>	6	
<b>Demographics of attendees where possible</b>	N/A	
<b>Feedback Survey Responses</b>		
<b>Did you find this workshop helpful?</b> (0 – Not at all helpful; 5- Very helpful)	<b>Would you recommend this workshop to a friend or family member?</b> (0 – Not at all helpful; 5- Very helpful)	
<ul style="list-style-type: none"> <li>• Rate 0: 0</li> <li>• Rate 1: 0</li> <li>• Rate 2: 0</li> <li>• Rate 3: 0</li> <li>• Rate 4: 2</li> <li>• Rate 5: 4</li> </ul>	<ul style="list-style-type: none"> <li>• Rate 0: 0</li> <li>• Rate 1: 0</li> <li>• Rate 2: 0</li> <li>• Rate 3: 1</li> <li>• Rate 4: 1</li> <li>• Rate 5: 4</li> </ul>	
<b>What did you like about the workshop?</b>	<b>What could we do to improve the workshop?</b>	

<ul style="list-style-type: none"> <li>• “Baking and doing other fun activities. The statues activity was also quite nice.”</li> <li>• “They are kind. We do fun things. We get to play outside.”</li> <li>• “I liked how in all activities, we all worked together. I liked how we negotiated our ideas together in groups. I especially enjoyed our team work together in the kitchen.”</li> <li>• “I liked that the workshop was inclusive for all age groups and that we were able to do different activities. We were able to express ourselves through different things, e.g. cooking and postcards. GHWS staff were very understanding and taught us many things. I really recommend this workshop for others.”</li> <li>• “Fun day!”</li> </ul>	<ul style="list-style-type: none"> <li>• “More games and activities that take your mind of things.”</li> <li>• “More outside activities and games. I wish the best for the trampoline as I would love for it to work.”</li> <li>• “I think that we could play more games and things that would pump our energy.”</li> <li>• “Play more games.”</li> </ul>
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**Recovery College**

- The Grenfell Recovery College is part of a collaboration with the CNWL Recovery & Wellbeing College and offers free wellbeing workshops to anyone living in Kensington & Chelsea or anyone affected by the Grenfell fire.
- No workshops were provided during the last quarter due to summer break, and GHWS was also focused on setting up Discovery College (a Recovery College for young people).

**Discovery College**

- Over the last quarter, GHWS has focused in on setting up Discovery College (a Recovery College for young people). This aimed to expand the current offer of workshops to Young People.
- The GHWS Discovery College delivered 1 workshop over the last quarter (July to September 2023).
- A workshop with a group of young people with 16-18 years old was delivered at Morley College on 28<sup>th</sup> September. The topic was 'Ways to manage stress and Feel Calmer.'
- 9/12 who feedback rated the value of the workshop for the wellbeing very good or excellent. All of those who feedback rated it at least good.

<b>Name of Workshop/Group</b>	Ways to manage stress and Feel Calmer
<b>Dates Run</b>	28/09/2023
<b>Number of attendees</b>	12
<b>Number of surveys collected (where appropriate)</b>	12
<b>Demographics of attendees where possible</b>	Young people: 16-18 years old
<b>Feedback Survey Responses</b>	

How would you describe the value of the workshop for your own wellbeing?	Was there anything that you found particularly helpful?
<ul style="list-style-type: none"> <li>• Excellent: 3</li> <li>• Very Good: 6</li> <li>• Good: 3</li> <li>• Some Value: 0</li> <li>• No Value: 0</li> </ul>	<ul style="list-style-type: none"> <li>• Approaches to reduce your stress, such as:               <ul style="list-style-type: none"> <li>○ Breathing exercises</li> <li>○ Painting</li> <li>○ Going for walks</li> <li>○ Lavender bags</li> </ul> </li> </ul>
<b>Is there anything you would like us to do differently to help you learn in this workshop?</b>	
<ul style="list-style-type: none"> <li>• More group activities or debates.</li> <li>• Interactive activities so we can get a better understanding.</li> </ul>	

### 3.6.3.2.3 Community Connectors

GHWS has Community Connectors that establish an important link between the community and our service. They participate in different activities within the community and their insight is crucial for developing and improving existing support provision.

The Community Connectors report template is undergoing changes to better reflect their activity, reporting will recommence in Q3 2023/24.

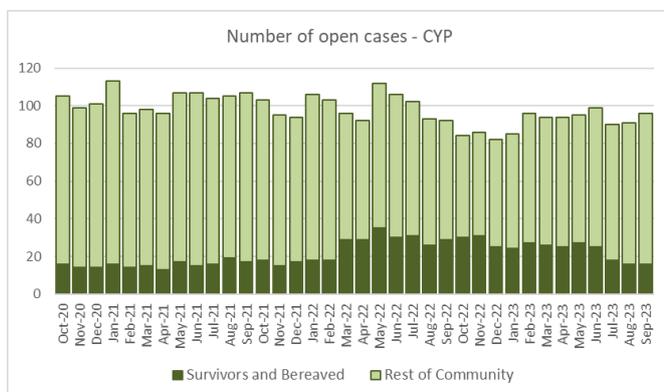
### 3.6.3.3 Collaborations

There were no CYP specific collaboration requests reported in Q2.

### 3.6.3.4 Interventions

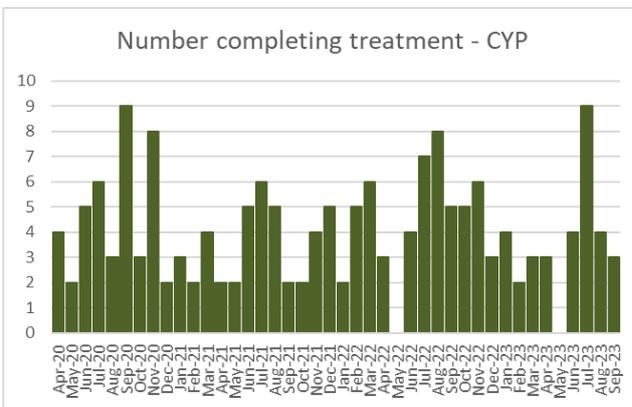
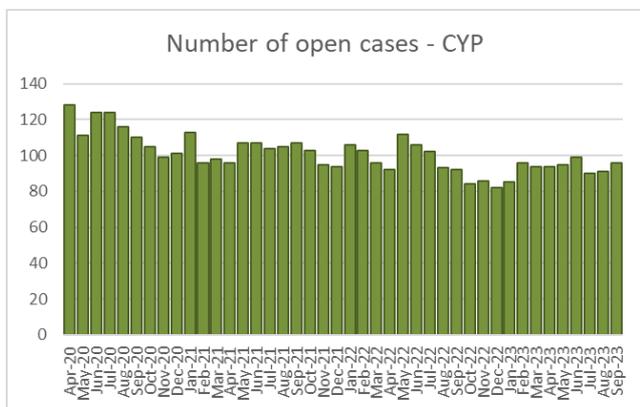
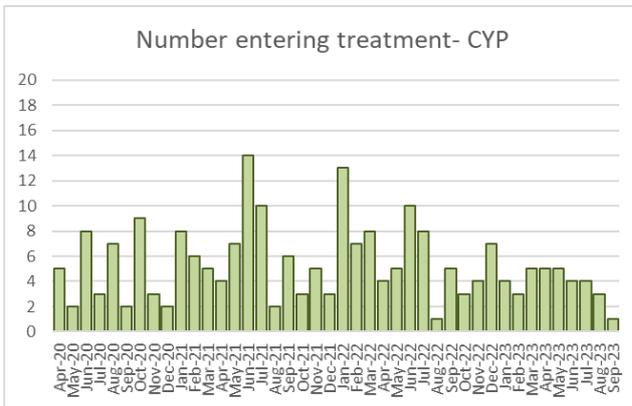
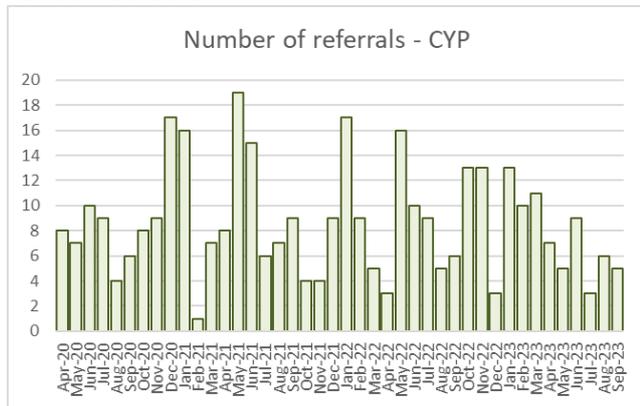
The GHWS aims to work alongside clients in a way that is tailored to them, their family and community. The offer includes a range of different therapies, groups and culturally adapted interventions (some of which are still being developed). For CYP all therapies offered involve the use of play and creative activities to build engagement and trust.

#### 3.6.3.4.1 Therapy Activity



At the end of September 2023 there were 96 open cases of which 16 are from survivor or bereaved families. Additionally, 25 clients are open to DS CYP Therapist that provides long-term emotional support to DS clients.

Overall 97% of children and young people from survivor or bereaved families have been offered the GHWS by the Dedicated Service with 50% accepting. The 3% that have not been offered are not contactable.



GHWS activity numbers fluctuate based on the needs of the community as well as external factors e.g. Inquiry, Tower discussions, news articles etc.

Sessions are not capped as they are in 'business as usual' services, so clients can have as many sessions as needed.

### 3.6.3.4.2 Client Feedback

This is detailed in the Emotional Wellbeing section of this report (Section 2.5).

### 3.6.3.4.3 Therapy Outcome Measures

The GHWS use outcome measures across the service to assess a service user's current status and to use this as a baseline to enable progress to be monitored. The outcome measures are specific to the interventions we offer our clients and are different for children and young people and adults.

#### 2.6.3.4.3.1 Goal Based Measures

Grenfell service has officially been using goals since October 2021 for CYP clients and they have been set up for current open cases, when appropriate.

GHWS staff are actively reviewing every case (new or ongoing) on their caseload to ensure that a goal-based measure has been completed. In certain circumstances, goals may not be applicable: a client declining an offer of goal recording or a piece of work being done with the client that does not justify goal usage. On those occasions, this is recorded on the clinical system as 'GBM not relevant'.

Related to CYP cases, in the first quarter of the year (January to March 2023), 37.0% of open cases had goals defined. Goals completion increased over April to June quarter to 45.2%, whereas for the last quarter (July to September) was 47.2%. There was a minimal increase (2%) in goals completion when comparing both quarters (Jul-Sep to Apr-Jun 2023).

CYP Open Cases	Quarter Jan-Mar 2023		Quarter Apr-June 2023		Quarter Jul-Sep 2023	
	Value	%	Value	%	Value	%
<b>Goals completed</b>	44	37.0%	52	45.2%	58	47.2%
<b>Goals not completed</b>	76	63.0%	58	50.4%	59	47.9%
<b>Goals not relevant</b>	0	0.0%	5	4.4%	6	4.9%
<b>Total</b>	<b>120</b>	<b>100.0%</b>	<b>115</b>	<b>100.0%</b>	<b>123</b>	<b>100.0%</b>

A total of 123 CYP cases were considered in the analysis:

- 98 cases open to CYP team
- 25 cases open to DS CYP therapist: member of staff specialised in dealing with DS clients

Goals have been defined for 58 out of 123 (47.2%) cases, which is line in terms of GBM completion with last quarter (Apr-Jun 2023) that was 45.2%. Additionally, goals are not relevant/appropriate for 6 open cases (4.9%).

In relation to the remaining 59 (47.9%), staff are reviewing these cases and verifying if goals can be used or not.

Outcome	Goal 1		Goal 2		Goal 3	
	Value	%	Value	%	Value	%
Goal not defined	2	3.4	25	43.1	40	69
Only scored once	14	24.1	9	15.5	8	13.8
Worsen	5	8.6	3	5.2	2	3.4
No change	1	1.7	2	3.4	1	1.7
Improvement	24	41.4	9	15.5	4	6.9
Goal Achieved	12	20.7	10	17.2	3	5.2
<b>Total</b>	<b>58</b>	<b>100</b>	<b>58</b>	<b>100</b>	<b>58</b>	<b>100</b>

- Over the next quarter, GHWS shall review/ascertain current/new strategies to promote and monitor even more closely goals completion among CYP Open cases so that GBM become more prevalent.

### 3.6.3.4.3.2 Other Measures

The Children and Young People's team use the following clinical outcome measures:

- **YCPS (Young Child PTSD Screen):** This is filled in by caregivers for children below 8 years old and aims to identify signs of PTSD.
- **CRIS (Child Revised Impact of Events Scale):** This is a questionnaire completed by children who are 8 years old and above and assesses the risk of PTSD.
- **RCADS-Child (Revised Children's Anxiety and Depression Scale):** This is completed by children who are 8 years old and above and aims to identify anxiety and depression.
- **Current View:** used for CYP of all ages and measures the complexity of the patient's case.

Three case studies were supplied which show the positive outcomes from the services.

CYP Case Study 1	
<b>History:</b>	<b>14-year-old boy who did not attend his secondary school for half a term last summer. Lived very close to the tower in 2017 and affected by the Fire.</b>
<b>Presentation:</b>	Had a disagreement with school in the summer term and stopped attending. There was a risk that he dropped out of school. Then when he tried to return at the end of the term he experienced symptoms of panic and anxiety.
<b>Intervention:</b>	Processed the difficult episode with school with one session of EMDR and a session of a creative therapy with another therapist. Commenced graded exposure to the empty school building in August. He returned to school on time in September. We have a Goal Based Outcome about forgiving those who caused the school absence. Ability to forgive reduced through therapies from an eight to a five.
<b>Outcome:</b>	Returned to school

CYP Case Study 2	
<b>History:</b>	<b>Young person has experienced multiple losses and adversity in addition to the Grenfell fire.</b>
<b>Presentation:</b>	Young person presents with low self-esteem, eating difficulties, and difficulties with behaviour and concentration at school.
<b>Intervention:</b>	Multiple integrated offers from the service: mediation for parents in relation to the case that was on hold for a court hearing (this would not usually be provided by NHS services but was in this instance due to the high level of distress and the Grenfell connection). This was provided to help to negotiate how the parental relationship could change and adapt so that court proceedings could potentially be avoided. This was provided in addition to individual therapy for one parent and individual therapy for the young person to process loss and trauma, and neurodevelopmental assessment to help to assess support needs in school.

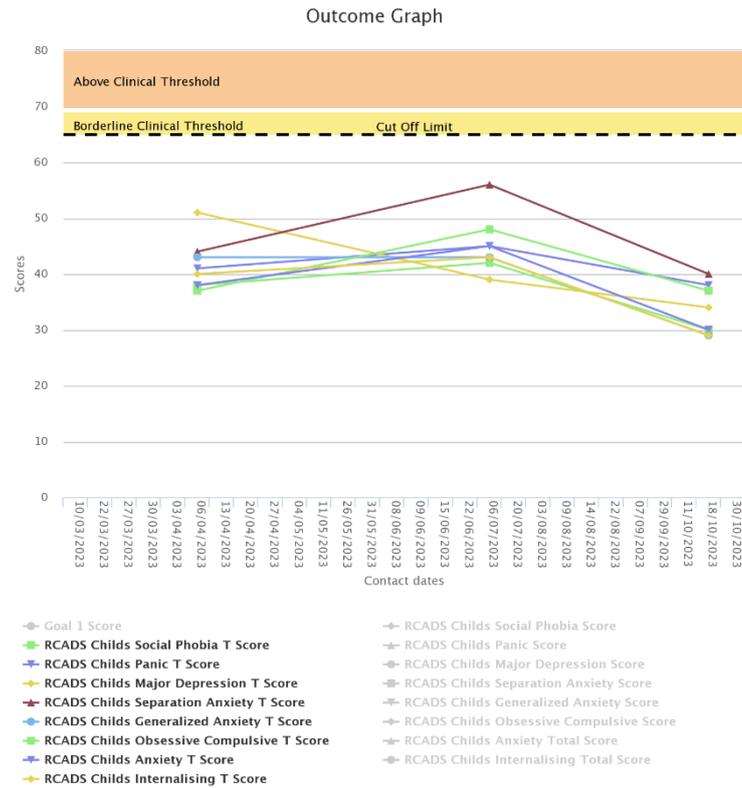
<b>Outcome:</b>	Sadly, only a temporary Improvement in parental co-parenting approach was achieved. However, the young person continues to access weekly psychotherapy and is engaging well. Neurodevelopmental assessment revealed significant issues with learning, feedback has been given to parent and young person and meeting planned with school to consider ongoing support and adjustment needs.
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### CYP Case Study 3

<b>History:</b>	<b>Client lives in the area, knew children impacted by Grenfell and their Mother works in the community. Client is a young carer for their older sibling.</b>
<b>Presentation:</b>	Client presented with low mood, withdrawn, questioning their faith and emotionally eating.
<b>Intervention:</b>	Integrative therapy: psychodynamic therapy and emotional regulation techniques. 16 sessions total

<b>Outcome:</b>	<ul style="list-style-type: none"> <li>Goal Based measure: Client wanted to understand their emotions connected to family dynamics and past experiences. Higher scores in the goal demonstrated progress towards its achievement (maximum score is 10).</li> </ul> <div style="text-align: center;"> <p>Outcome Graph</p> <table border="1" style="display: none;"> <caption>Outcome Graph Data</caption> <thead> <tr> <th>Contact Date</th> <th>Goal 1 Score</th> <th>RCADS Childs Social Phobia Score</th> </tr> </thead> <tbody> <tr><td>10/03/2023</td><td></td><td>1.0</td></tr> <tr><td>22/03/2023</td><td></td><td>1.5</td></tr> <tr><td>27/03/2023</td><td></td><td>2.0</td></tr> <tr><td>30/03/2023</td><td></td><td>2.5</td></tr> <tr><td>03/04/2023</td><td></td><td>3.0</td></tr> <tr><td>06/04/2023</td><td></td><td>3.5</td></tr> <tr><td>13/04/2023</td><td></td><td>4.0</td></tr> <tr><td>20/04/2023</td><td></td><td>4.5</td></tr> <tr><td>27/04/2023</td><td></td><td>5.0</td></tr> <tr><td>04/05/2023</td><td>3.0</td><td>5.5</td></tr> <tr><td>11/05/2023</td><td>4.0</td><td>6.0</td></tr> <tr><td>26/05/2023</td><td>5.0</td><td>6.5</td></tr> <tr><td>31/05/2023</td><td>6.0</td><td>7.0</td></tr> <tr><td>08/06/2023</td><td>7.0</td><td>7.5</td></tr> <tr><td>09/06/2023</td><td>8.0</td><td>8.0</td></tr> <tr><td>15/06/2023</td><td>8.5</td><td>8.5</td></tr> <tr><td>22/06/2023</td><td>9.0</td><td>9.0</td></tr> <tr><td>06/07/2023</td><td>9.5</td><td>9.5</td></tr> <tr><td>20/07/2023</td><td>10.0</td><td>10.0</td></tr> <tr><td>03/08/2023</td><td>10.0</td><td>10.0</td></tr> <tr><td>09/08/2023</td><td>10.0</td><td>10.0</td></tr> <tr><td>14/08/2023</td><td>10.0</td><td>10.0</td></tr> <tr><td>22/08/2023</td><td>10.0</td><td>10.0</td></tr> <tr><td>07/09/2023</td><td>10.0</td><td>10.0</td></tr> <tr><td>29/09/2023</td><td>10.0</td><td>10.0</td></tr> <tr><td>11/10/2023</td><td>10.0</td><td>10.0</td></tr> <tr><td>18/10/2023</td><td>10.0</td><td>10.0</td></tr> <tr><td>30/10/2023</td><td>10.0</td><td>10.0</td></tr> </tbody> </table> </div> <ul style="list-style-type: none"> <li>RCADS measure: acquired at distinct times of support provision. RCADS done in an early session was potentially under reporting as the client seemed to minimise and mask their feelings. RCADS scores were higher on a second occasion as client was able to express their feelings and difficulties more easily and then decrease as the support</li> </ul>	Contact Date	Goal 1 Score	RCADS Childs Social Phobia Score	10/03/2023		1.0	22/03/2023		1.5	27/03/2023		2.0	30/03/2023		2.5	03/04/2023		3.0	06/04/2023		3.5	13/04/2023		4.0	20/04/2023		4.5	27/04/2023		5.0	04/05/2023	3.0	5.5	11/05/2023	4.0	6.0	26/05/2023	5.0	6.5	31/05/2023	6.0	7.0	08/06/2023	7.0	7.5	09/06/2023	8.0	8.0	15/06/2023	8.5	8.5	22/06/2023	9.0	9.0	06/07/2023	9.5	9.5	20/07/2023	10.0	10.0	03/08/2023	10.0	10.0	09/08/2023	10.0	10.0	14/08/2023	10.0	10.0	22/08/2023	10.0	10.0	07/09/2023	10.0	10.0	29/09/2023	10.0	10.0	11/10/2023	10.0	10.0	18/10/2023	10.0	10.0	30/10/2023	10.0	10.0
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provision took place, as shown in the graph below.



- Client has reported that they feel lighter, happier and less overwhelmed. They stated that they feel that past experiences are tidier and more packed away compared to when we started where they felt heavy, messy and spilling out.
- Client’s mother reported that the client is now more confident, self-aware, open with their feelings and is able to speak with her about things. She also reported that her child is now looking after themselves and has hope for the future.

### 3.6.3.4.3.3 Group work

#### Children and Young People’s Gardening Group

The gardening group for children runs weekly on a Wednesday from 4-5pm. They have children who attend either with their parents and siblings or alone. The ages of the group are 4 years old to 11 years old. Most of the children who attend have additional needs.

<b>Name of Group/Workshop</b>	Children and Young People's Gardening Group
<b>Dates Run</b>	Every Wednesday from 4-5pm
<b>Number of attendees</b>	<ul style="list-style-type: none"> <li>• At most, 5 children at one time.</li> <li>• Sometimes attendance is a bit hit and miss and this is due to a number of different reasons such as sickness, weather, children being tired after school and family commitments.</li> </ul>



- Parents get sent a text reminder the day before the group or the morning of the group.

### Group Activities

- This season, the children have sown seeds from scratch and we have had some collaboration with the RBKC Community Gardeners who have supported us at times. Examples of what we have grown are: yellow courgettes, aubergines, squash, sunflowers, potatoes, carrots and beans!

### Feedback

- One member of the group said: “When you see the plants growing and the seasons changing, it feels really nice. Also, you’re helping nature because it helps you breathe and gives nutrients to the world. When you eat something, you’ve planted you feel happier, which leads you to be healthier. That’s why the gardening group has helped me a lot”.

### 3.6.3.3 Young People SUITs

This has been a quiet quarter, due to summer break. CYP SUITs were part of two events during the last quarter (July to September 2023):

- **SUITs Feedback:** This corresponded to a concerted effort to get feedback about young people’s therapy at GHWS. Two CYP Suits undertook 13 hours of waiting in reception during the second week of September and approached young people or parents and asked for feedback about their views about current treatment. This was very helpful because the SUITs are well known in the local community and local people feel able to approach them and be approached by them and answer the feedback honestly.
- **Discovery College Pilot:** supported the delivery of a pilot for the Recovery College for Young People. It was held at Morley College on September 28<sup>th</sup>. The title of the session was ‘Ways to manage stress and Feel Calmer’ and it was delivered to all students on Health and Social Care level two.

### 3.6.4 Voice of children and young people influence design and delivery of services

To ensure the voice of children and young people impacted by the fire influences the design and delivery of health and wellbeing service provision there needs to be ongoing engagement and collaboration with CYP.

No CYP specific engagement in this quarter.

#### Future Engagement

- JSNA Community forum due to take place in November 2023 to share with the community the emerging trends and health needs data from the draft JSNA documents
- Healthwatch Young People’s Mental Health co-production event due to take place in December 2023
- CYP listening workshop to be hosted by West London Zone in November 2023

### 3.6.5 Training and Workshops

CYP work stream lead prepared business case for Trauma Informed training for review and sign off by SMT on 4/10/2023.

### **3.6.6 Health literacy and knowledge of health services.**

Further work needs to be done to identify appropriate indicators and measures, looking at best practice, engaging with the community and linking with other services across the whole programme to see how to work with them.

The CYP Social Prescribing Link Worker project is due to start in December 2023 and will include development of monitoring and evaluation to measure health literacy.

The NKR CYP Lead is linking with Imperial Child Health Advice and Tips (CHAT) team to support the Grenfell recovery programme with CHAT sessions. They will share the monitoring and evaluation to measure health literacy following any sessions. This started in September 2023 and the service has been offered to partners. Unfortunately, there has not been any uptake so far but we will continue to promote,

## 3.7 Engagement and Collaboration

Our key priority during this period was planning and undertaking engagement for the future of NHS services for 2024 and beyond with Grenfell affected communities to determine future and changing health needs post year six anniversary. A summary of the work and outcomes from the work is below.

### 3.7.1. Engagement Activities

Most engagement activities in **July** were focused on engagement for the planning for future services.

The team developed a Frequently Asked Questions (FAQs) on the NHS Future Planning Process. Questions and answers to support Survivor/Bereaved patients Focus Groups, surveys, and other engagement activities in summer / autumn 2023.

#### **Quantitative survey with Survivors and Bereaved**

A survey was designed to find out from survivors and bereaved about their future health needs. Arranged for translations in French and Arabic

Worked with colleagues in PMO, Primary care and communications to send the survey link to all S&B via their GP practices (via texts). Worked with communications to develop the narrative to alongside the survey that explains what we are doing. The survey was sent out to 600 survivors and bereaved via their GP practices.

In addition, undertook one to one face to face and telephone engagement with S&B. Efforts were made to reach out the S&B through GP practices. We made arrangements to call the S&B patients from two GP practices.

#### **Qualitative feedback from Survivors and Bereaved**

Several focus groups were held in community venues in July with survivors and bereaved to gather qualitative insights. In addition, we met with several survivors and bereaved on a one-to-one basis to gain their insights and feedback on health services.

#### **Survey to obtain wider community feedback**

- Developed questions for focus groups; worked with team to secure venues.
- Community feedback was sought via online survey in August and September.
- Details of the survey were shared with all stakeholders, VCS, community organisations and health partners.

#### **September Engagement**

- All engagement activities were focused on engagement for the planning for future services.
- Continued to encourage more S/B and NK residents to complete online questionnaire.
- Active engagement undertaken in the community to get the survey completed.
- Set up drop-in sessions and meetings with Lancaster West, Notting Dale, Bay 20, and other groups to inform and encourage residents to respond.

Visited community-based events e.g. Dalgarno family day to speak to the community members and get the survey.

- Dalgarno Street Party Sunday 17<sup>th</sup> September
- Hear Women's group. Monday 25<sup>th</sup> September
- North Kensington Health & wellbeing network meeting for VCS
- Bi Borough Collaborative space – open discussion with VCS and residents

### **Stakeholder engagement (input from Primary care and CYP work stream leads)**

- 2 x reflective practice meetings with Grenfell health staff
- You said we suggest workshop with RBKC Youth Workers
- Cost of living briefing with VCS
- 2x GP visits
- Grenfell Clinician Briefing – reflective practice discussion with GPs, around health needs and emerging trends
- Mental Health Conference with Bi- Borough Head Teachers
- Good Childhood Briefing Report launch at Parliament.
- KCW – CYP Emotional Wellbeing and Mental Health Partnership. Where CYP attended to discuss, give recommendations, and share experience of access mental Health Services

### **3.7.2 Rob Hurd visit 19 September 2023**

The purpose of the community visit was to strengthen the bonds between the NHS and the local NK communities, assuring them of the unwavering commitment to their well-being. Through direct engagement and open communication, the visit aimed to address concerns, foster transparency, and emphasise the NHS's dedication to a community-led recovery. This initiative sought to instil confidence in the community by demonstrating that their needs, perspectives, and contributions are integral to shaping the future of healthcare services. By reinforcing the pledge to a community-led recovery, the NHS aimed to collaborate with residents, local leaders, and stakeholders to ensure that healthcare initiatives are tailored to meet the unique needs of each community, fostering a sense of inclusivity and shared responsibility in the pursuit of improved health outcomes.

The visit included the following:

#### **Visit to Lancaster West Estate Community Centre**

- Impact of fire on residents
- Impact of the NKR programme to date
- Ongoing health needs

#### **Visit to Foreland Medical Practice**

- Survivor health impact and pressures on Grenfell practices
- Likely impact of potential deconstruction of the Grenfell Tower
- Future health needs

#### **Meet Grenfell Tower Trust**

- Health needs and support for survivors and bereaved.

#### **Community meeting at Bay 20**

Meeting with members of the VCS and health partners

- Impact of fire on residents
- Ongoing health needs

### **3.7.3 Health Partners'**

Health partners meeting took place in September. There were no meetings held in July and August due to the holiday period. The September meeting took place at the Brands Museum. The agenda focused on recent changes and programme update, feedback from Rob Hurd's visit and a framework for a community led recovery.

### **3.7.4 Other Engagement Work**

#### **3.7.4.1 Golborne Practice PPG – Diverse and inclusive**

The engagement efforts were dedicated to enhancing the inclusivity and diversity of the Patient Participation Group (PPG), with a particular focus on addressing health inequalities within the community. We worked with local community groups and our health partners to encourage broader representation of patients. Through these initiatives, the result was the successful formation of a newly diversified PPG. The group now comprises individuals from varied cultural backgrounds and genders, providing a more comprehensive and representative platform for addressing healthcare concerns. One of our health partners is now the chair of the PPG.

This inclusive approach ensures that the PPG can better understand and advocate for the unique health needs and perspectives of all community members, contributing significantly to the ongoing efforts to mitigate health inequalities and foster a healthcare environment that truly reflects the diversity within the community.

#### **3.7.4.2 Cultural Competency Training**

The engagement team continues to lead on the training for the programme. During this quarter they received renewal of the RCGP accreditation of this training.

### **3.7.5 Engagement Log**

Though there is a great deal of work happening across the programme to ensure that services are informed and shaped by engagement and working with the communities, it is currently difficult to evidence this. Programme and work stream leads are reviewing documentation and processes in order to improve recording.

### 3.8 Next Steps

Continue to work within North Kensington Recovery Team with work stream leads and commissioned service providers to confirm how data and reports will be delivered and to agree timelines:

- The next iteration of the outcome report for Quarter 3 2022/23 data will be produced by the end of March 2024
- Ensure that outcomes are aligned with the transition and sustainability work

**This is an iterative process and adjustments to the outcomes and measures will be made following feedback from partners and the community and any changes to services.**