



North West London

**North Kensington Recovery Programme
Quarterly Outcome Report
Q1 2023/24**

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

2.0 Summary reports

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"> • 160 survivors (35%) and 132 bereaved (42%) actively using service • 70% have used service at some time 	<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 tear 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 but there was positive email and verbal feedback received.</p> <p>PEQs were officially launched on the 16th March. Between 16th March and June 2023 16 PEQs were collected.</p>

						<p>The responses were very positive in the main.</p> <p>To increase the numbers of PEQs completed, the service has sent a text to all active clients on the DS system with a link to complete an online PEQ.</p>
	CLCH Wider Grenfell Case Management	<p>Activity in Q1</p> <ul style="list-style-type: none"> • 15 referrals • 958 Contacts 			<ol style="list-style-type: none"> 1. PREMS (feedback survey) 2. Care plan reviews 3. Case studies 4. Use of ONS4 form 	<p>These outcomes have been discussed and agreed. They will be reported every six months, they were intended to be reported for this quarter but have had to be pushed back a quarter.</p>

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	<ul style="list-style-type: none"> Core requirements have been identified with methods of measuring them Since January 2019 EHC Activity numbers 5377 EHC in total, 1167 for survivors and bereaved and 4210 for the rest of the community EHC Survivors and Bereaved**: 62% of adults have had at least one Enhanced Health Check 52% of Children have had at least one Enhanced Health Check <p>There has been a review of the Enhanced Health Checks and a number of additions to the Check were agreed and have been communicated to practices.</p> <p>CEHC have expanded the community centres that they use to include St Michaels church, Pepperpot community centre and local mosque Al'Manaar. This has resulted in an increased uptake.</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.	A table detailing the core requirements is included in the report. Feedback is given to the appropriate practice during the contract meetings Grenfell Related Appointment KPIs will be reported from next month.
				Patient Feedback on level of Service	Patient Engagement Questionnaire (PEQ)	Started July 2022 Positive feedback but low response rate. Work is ongoing to improve response rate.
				Annual GP Patient Survey	There are a number of areas where the core Grenfell practices are showing more than 5% below the England Average. The work stream lead will link with the West London GP Team to look at these areas.	
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	Improvement in health following EHC or EA	Reporting of health activity linked to EHC and EA. Improvement	Work has been done to extract and analyse data focusing on a number of specific measures. Initial findings have been

and the wider community	trauma and other allied conditions	<p>Extended Appointments have been reviewed and are now called Grenfell Related Appointments, not necessarily longer appointments:</p> <ul style="list-style-type: none"> 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 <p>Key Performance Indicators have been identified and will be reported in the next Quarters report</p> <p>Cultural Competency Training has been continuing with Online training commencing in June.</p>	the fire on the local population		in patient health	discussed with the clinical leads. Further investigation work is underway to compare with appropriate borough averages and to look at further measures.	
			Patients reporting services culturally sensitive and appropriate				Onward referrals from the EHCs have been identified. The most common categories include Respiratory, Mental Health and Health and Fitness.
			Staff upskilled following training		Evaluation of training	Limited training in this quarter. Roll out of the training has been discussed at the GP contract meetings and roll out across practices has commenced.	
			Patients report improved level of service (including cultural competency)	PEQ	See above		
				Community Engagement		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, including bereaved</p> <p>Requirement to meet Regulation 28</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, to confirm if any patients have been seen. This piece of work will be</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</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 will be contacting the providers, who have agreed to provision for OOA patients, to confirm if any patients have been seen. This piece of</p>

		finished by the end of this financial year.		Improved sharing of health outcomes across providers to inform commissioning decisions	Findings which could trigger concerns to be fed back at local level	work has been delayed.
<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>	Adult and Paediatric long term monitoring commissioned	<p>As at June 2023: 168 of survivors (93%) had been offered the service by the Dedicated Service, and 109 (61%) have had their 1st Lung Function Test.</p> <p>A piece of work is being undertaken by the NKR Analyst and staff at imperial to understand the pathways of all eligible patients.</p>	<p>Any short or long term impacts are identified, information shared with providers and services commissioned.</p> <p>Patients are better equipped to manage physical health conditions, build confidence to access local services</p>	<p>Improvement in peoples' health as it is monitored long-term to ensure improvement and maintenance</p> <p>Better capturing of those with poor health issues to ensure they are higher prioritised for early treatment</p> <p>Improved self-management of health</p> <p>Young people are supported</p>	<p>Report from Imperial Adult long-term respiratory service detailing:</p> <ul style="list-style-type: none"> • 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. <p>Increased uptake of breathing exercises</p> <ul style="list-style-type: none"> • Patient Experience data. 	A service evaluation is to be undertaken by the Adult Long-Term respiratory service.

<p>including bereaved</p> <p>Requirement to meet Regulation 28</p>		<p>As at June 2023: 83 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 44 Tower Survivors:</p> <ul style="list-style-type: none"> • 43 (98%) have been offered • 41 referred • 2 declined, • 1 is not contactable • 35 have been seen by the service • 5 have deferred • 1 is booked to be seen <p>53 bereaved children (53%) have been referred of which 34 have been seen.</p>		<p>with transition to adult health services</p>	<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>This conversation is ongoing but the following areas have been agreed:</p> <ul style="list-style-type: none"> • Impact of service • Patient feedback • Case studies • Activity data <p>The following areas are still being finalised</p> <p>Anonymised data showing emerging trends/ health needs</p> <p>Onwards referrals</p> <p>Evidence of the need for the service</p> <p>A task and finish group is to be set up to address data sharing.</p>
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						<p>Resources from WISC and NWL BI team has been requested to support and develop</p> <ul style="list-style-type: none">• Data sharing• Collation of anonymised data• Centralised Grenfell surveillance dashboard
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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
<p>The trauma and emotional upheaval caused by the fire had an impact on their motivation and willingness to engage in self-care</p> <p>People were looking for activities that were culturally relevant and based in the community</p> <p>Enable greater self-care. Providing information support and access to non-medical activities and</p>	<p>Specific self-care programmes commissioned</p> <p>Grant programme developed, menu of self-care options to be made available</p> <p>Social Prescribing link worker</p>	<p>The Q4 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.</p>	<p>Increased self-care and self-management opportunities taken up and initiated by the community</p> <p>Increased access to culturally appropriate self-care options</p>	<p>Increase in self-care options and activity numbers</p>	<p>Number of options, number referred, number of activities, number attending</p> <p>a. Appropriate outcome questionnaire b. Case Studies</p>	<p>The Q1 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.</p> <p>KCSC has gathered feedback from VCS providers and their service users about the complexity of the current monitoring and evaluation matrix. Key feedback:</p> <ul style="list-style-type: none"> - too long for most service users to complete - the post v pre style of question is too confusing and complex - Many service users struggle with a language barrier <p>Healthier Future providers will continue to use the core measures in the original monitoring matrix and are taking part in the development of a standardised measure through the NWL personalisation work stream. These</p>
			<p>Improved Quality of life</p> <p>Improved feeling of wellbeing</p> <p>Reduced loneliness</p>	<p>Improvement tracked whilst accessing self-care programme, self-reported improvement from patient feedback</p>		

<p>services in the community</p>						<p>measures will be available in the next report.</p> <p>KCSC supplied quarterly activity numbers alongside a number of case studies showing the positive impact across a number of self-care services.</p> <p>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.</p> <p>The first Creative Evaluation report was produced in August 2023. The aim of the 'You tell us' Creative evaluation session was to take an in depth look at the impact shed participation has on shedders.</p> <p>Responses were grouped into two clear themes: Skills and Enjoyment and Social Connection and Wellbeing. There was mainly positive impacts though issues in the local community and the political and religious views of some shedders were flagged as problems that may reduce positive effects.</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>GHWS Therapy Activity numbers: In June 2023 there were 558 open cases, of these 142</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>Information and Self-Care</p> <ul style="list-style-type: none"> No detailed information about communication requests and outcomes for this quarter due to a pause in reporting until a new communications manager is appointed. GHWS open day in May to promote the broad range of support available within the service to the community and ongoing partnership with other organisations <p>Early Intervention and Prevention</p> <ul style="list-style-type: none"> Workshops – A robust reporting mechanism is still being developed. <ul style="list-style-type: none"> The feedback received for the workshops during the quarter was predominantly positive. They detailed

<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.</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>encouraging outcomes within the feedback from the participants.</p> <ul style="list-style-type: none"> • Employment Support – There were 13 referrals to the employment service in this quarter • Community Connectors – The report template is being updated to better reflect the activity of this service. This will be reported next quarter. <p>Collaborations</p> <p>A robust reporting mechanism is still being developed. In Q1 there were:</p> <ul style="list-style-type: none"> • 10 collaboration requests received • 49 ongoing collaborations and • 4 completed collaborations. These include: • A number of Workshops at St Clements which have been ongoing with steady attendance and good feedback. A Yoga session was run by the CYP Clinical Lead in the Church. This had good feedback so there is now a plan to expand. The team are also looking at longer term Mindfulness programmes.
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						<ul style="list-style-type: none"> • The Aquamation group is a project for Dedicated Service women in collaboration with Kensington Leisure Centre is very popular. • Kensington & Chelsea Food Bank – a GHWS member of staff is present to provide general support including Signposting and Engagement and referral to relevant parties. <p>Interventions</p> <ul style="list-style-type: none"> • Client Feedback <ul style="list-style-type: none"> • PEQs – Limited response. GHWS has spoken to Community Living Well in order to understand their PEQ feedback mechanism and how to replicate <ul style="list-style-type: none"> ▪ A number of text and verbal email was received which was all complimentary. • Outcome Measures <ul style="list-style-type: none"> • Goal based measures – a large improvement in number of open cases with goals. <ul style="list-style-type: none"> ▪ No case studies reported for this quarter. • Group Work <p>A number of different groups ran in Quarter 3.</p>
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						<p>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.</p> <p>Community Issues and Event responses</p> <p>GHWS actively supported a number of events during the quarter this included the 6th Anniversary on the 14th of June</p>
Some older people displayed a delayed emotional reaction to the fire. There were also some who were experiencing possible re-traumatisation					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	In addition to the services offered as part of the GHWS - See Section 2.4
Many were unable to understand the reasons for the change in their sleeping patterns, feelings and health condition. They were unsure about how to deal with						

this change in their condition						
Some people living on their own were isolated from the wider community and local services, and remained disenfranchised					3. A&E data, referrals to crisis services	

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 a number of engagement and community events attended and supported by the NKR CYP work stream lead including:</p> <ul style="list-style-type: none"> • Child Health Advice and Tips(CHAT) • Joint meeting with RBKC colleagues and Primary School Head teachers. • Tania Moore Chief Executive of Youth Alliance • CYP Health Partners sub meeting 	<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>A number of actions were identified at these meetings, the next report will detail how these actions were implemented and how they informed 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>

<p>Working with children, young people and their families to provide services that support their needs</p>	<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>	<p>Number of recorded interactions with third sector organisations Number of coproduced engagement events and uptake of events</p> <p>Number of MDT meetings</p> <p>A developed PCN CYP model</p> <p>Service Pathway Map</p> <p>Dedicated Service work stream</p>	<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</p>	<p>To be developed</p>	<p>To be developed</p>	<p>The CYP Social Prescribing Link Worker project is due to start in September/October 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.</p>
<p>Regulation 28 report recommended ongoing proactive treatment and signposting for physical and mental health including monitoring of long term conditions</p>	<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>GHWS Therapy Activity numbers: In June 2023 there were 99 open cases, of these 25 were survivors and bereaved, additionally</p>	<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> <p>Short or long term impacts are identified,</p>	<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</p>	<p>Work has been done to extract and analyse data focusing on a number of specific measures. Initial findings have been discussed with the clinical leads. Further investigation work is underway to compare with appropriate borough averages and to look at further measures.</p> <p>See Specialist Services</p>

		<p>24 clients are open to the DS CYP Therapist.</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 EHC uptake is 52% which has increased by 8% since March 2023.</p> <p>Paediatric Long Term Monitoring As at June 2023: 83 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 44 Tower Survivors:</p> <ul style="list-style-type: none"> • 43 (98%) have been offered • 41 referred • 2 declined, 	<p>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>monitoring 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 52 out of 115 (42.5%) cases, which is an increase of over 5% in completion when compared to the last quarter.</p> <p>Where there are goals recorded with multiple scores over 56% 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.</p> <p>The CYP suits groups have been involved in a number of projects over this quarter.</p>
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		<ul style="list-style-type: none">• 1 is not contactable• 35 have been seen by the service• 5 have deferred• 1 is booked to be seen <p>53 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 for survivors and bereaved

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;

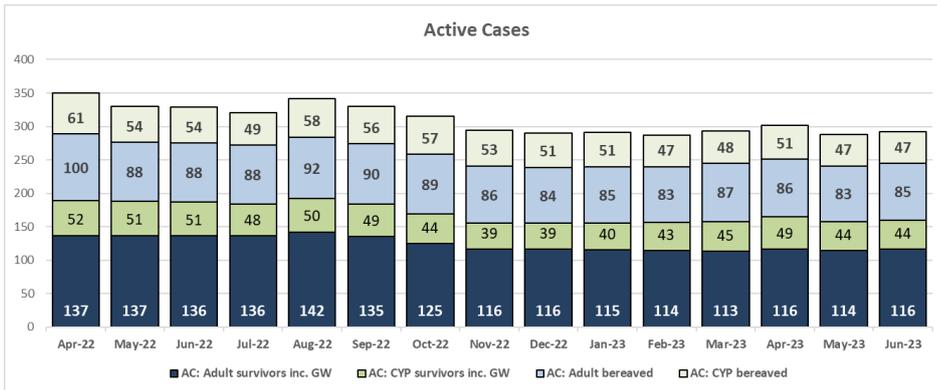
- Clients who take up the offers are classified as 'Active'
- Clients who do not take up the offer or who are not contactable are classed as 'Inactive'

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

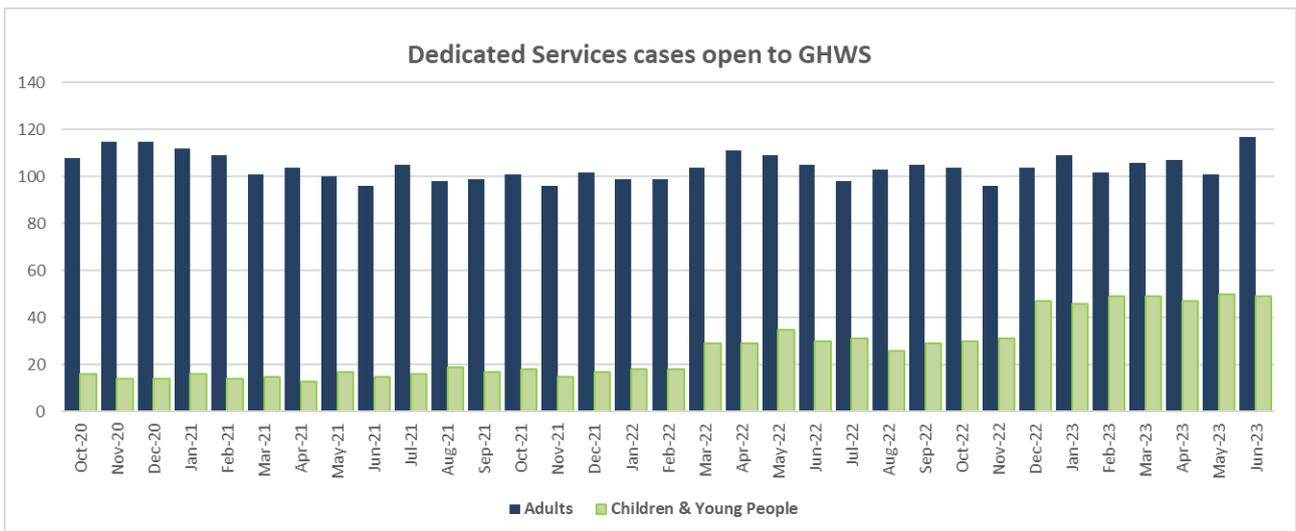
	Cohort	Number in cohort	Accessing DS June 2023	% Accessing
Survivors (including residents of Grenfell Walk)	Adults	328	116	35%
	CYP	123	44	36%
	Total	451	160	35%
Bereaved	Adults	218	85	39%
	CYP	100	47	47%
	Total	318	132	42%
Total	Adults	546	201	37%
	CYP	223	91	41%
	Total	769	292	38%

At the end of June 2023 there were 160 survivors and 132 bereaved actively using the DS, a total of 38% 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.

Q4 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 in Quarter 4 2022/23.

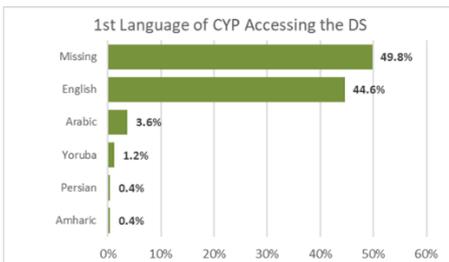
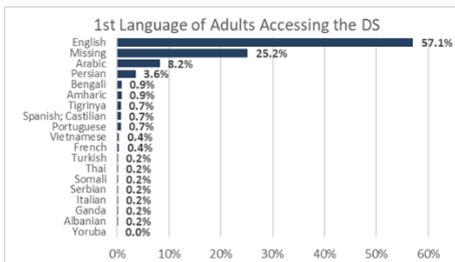
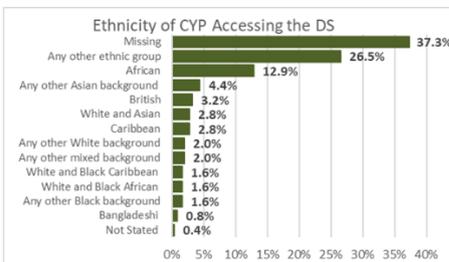
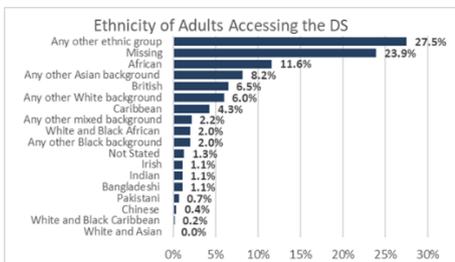
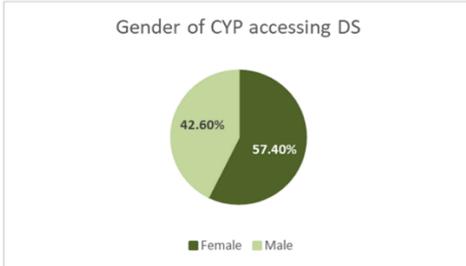
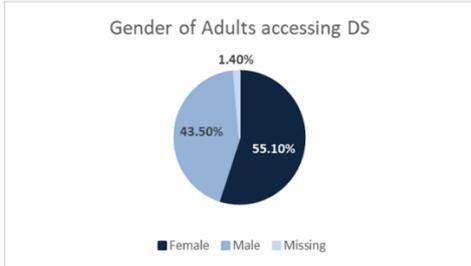
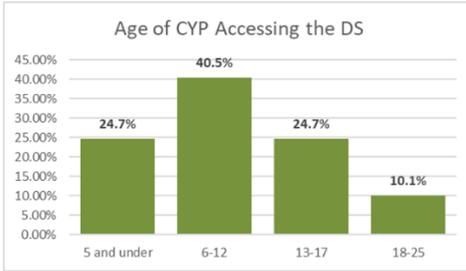
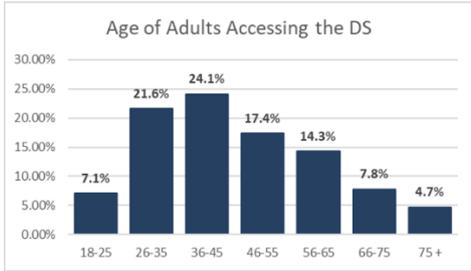


(The proportion of children also open to the GHWS increased notably from 33.7% in M8, to 52.2% in M9, as figures now include those open to a DS CYP therapist.)

3.1.1.1 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 16th March.

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

The analysis performed considered all DS PEQs collected from 16th March to June 2023. A brief summary of the quantitative and qualitative findings is provided below.

A total of 16 PEQs were collected March to June 2023.

A breakdown of the answers is shown in the table below (0 Not satisfied – 5 Very satisfied) with additional feedback detailed below the table.

Question	0	1	2	3	4	5
1. How satisfied are you with the support you receive from your NHS DS Worker	1		1		2	12
2. Do you feel your NHS DS worker has involved you in the decisions about your care		1		2	2	11
3. How satisfied are you with the NHS Dedicated Service Offer	1	1			5	8
4. In relation to question 3, has the support you received met your needs	1	1		1	4	8
5. Have you been treated with dignity and respect.				1	1	14

1. Most DS clients that responded are happy with the support they receive, the reasons given for this are:

- Improvement of mental health and wellbeing
- Feeling heard
- Valuable guidance to address clients' needs

Two clients provided negative feedback and this is being followed up by the service

- Client needs and support provision
- Client having difficulty to reach professionals

2. 100% of clients feel that they had proactive involvement in their care decisions. DS clients felt that they had a proactive involvement in their care decisions and a broad diversity of options that properly address their needs, as shown by the high rates obtained.

One client rated the involvement as 1, which arises from the fact that involvement in care decisions depends from the DS worker that is supporting you. This aspect is being properly addressed.

3. 1 client did not respond to this question. The majority of DS clients are satisfied with the NHS offer.

The main aspects mentioned are:

- Good care
- Health checks provision took time

Two clients are not pleased with the offer:

- Rated 0: no further details were provided.
- Rated 1: difficulty to book an appointment. This was flagged to the team and is being addressed

4. 1 client did not respond to this question. The majority of DS clients felt their needs were properly addressed.

Two clients are not pleased with the offer:

- Rated 0: no further details were provided.
- Rated 1: Needs addressing and support experience has been stressful. This was flagged to the team and is being addressed

5. 100% of NHS DS clients who completed a PEQ consider they are treated with dignity and respect by the service

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.

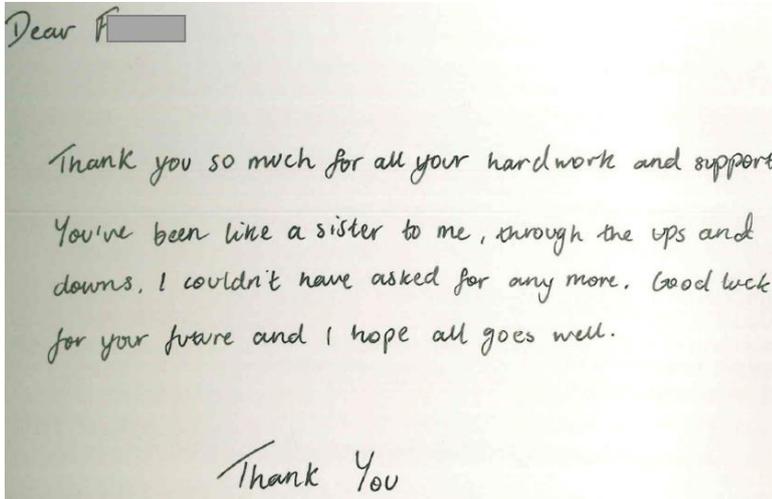
It has not been possible to include case studies for this quarter as to make the study meaningful it made it possible to identify the clients.

There was some email and verbal feedback about the service, which is shown below, included in this quarters report.

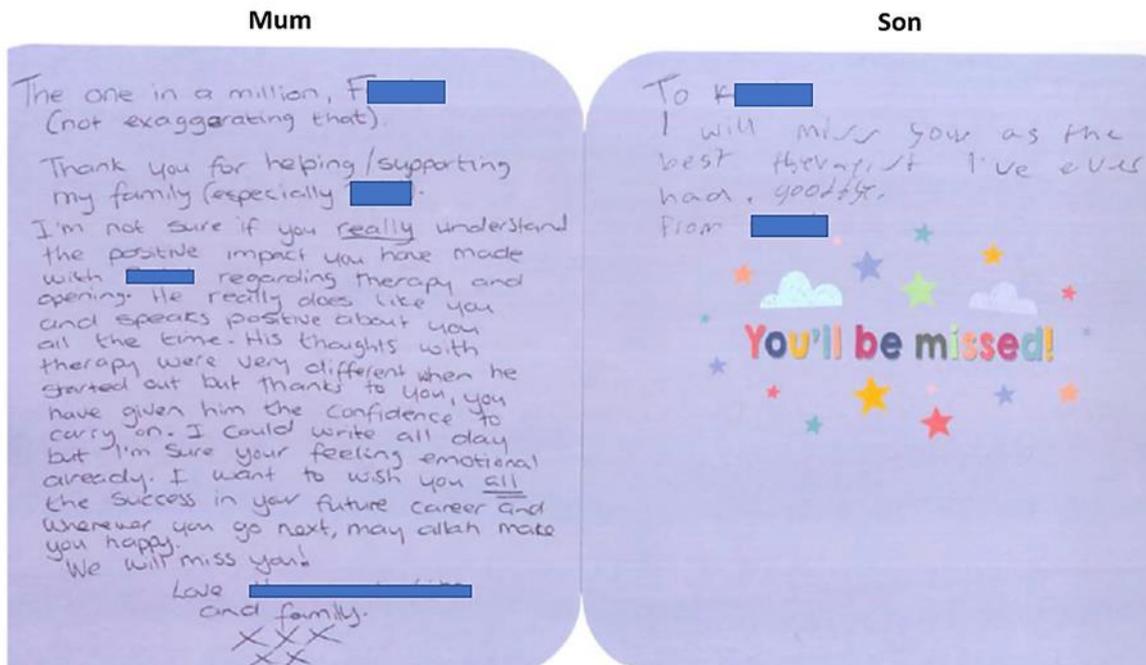
A RBKC DS worker shared the positive feedback given by a client in relation to the support provided by one of the NHS DS workers.

"As you may know, I am the RBKC DS worker for 'M', who is supported by 'X' through the NHS Dedicated Service. 'M' wanted me to get in touch with 'X' manager to explain how much she values her support. 'X' has been a great help to 'M' over the years, always going above and beyond to meet her healthcare needs and 'M' is so grateful for her warmth, compassion and availability. 'M' feels lucky to have someone who genuinely cares for her wellbeing and is always there when she needs her. She knows there are not many workers who are as committed and hardworking as 'X' and she wanted it to be documented how much she appreciates her."

A DS family provided positive feedback



Another DS family expressed their gratitude to the support received



3.2.1.2.2 Collaborations - Aquamation

- Project for Dedicated Service women's in collaboration with Kensington Leisure Centre that offers Aquamation 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 Aquamation 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 27th 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 6th June for a 12-weeks period.
- New feedback will be collected and properly shared in the next Quarterly report.

3.2.2 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

Service update

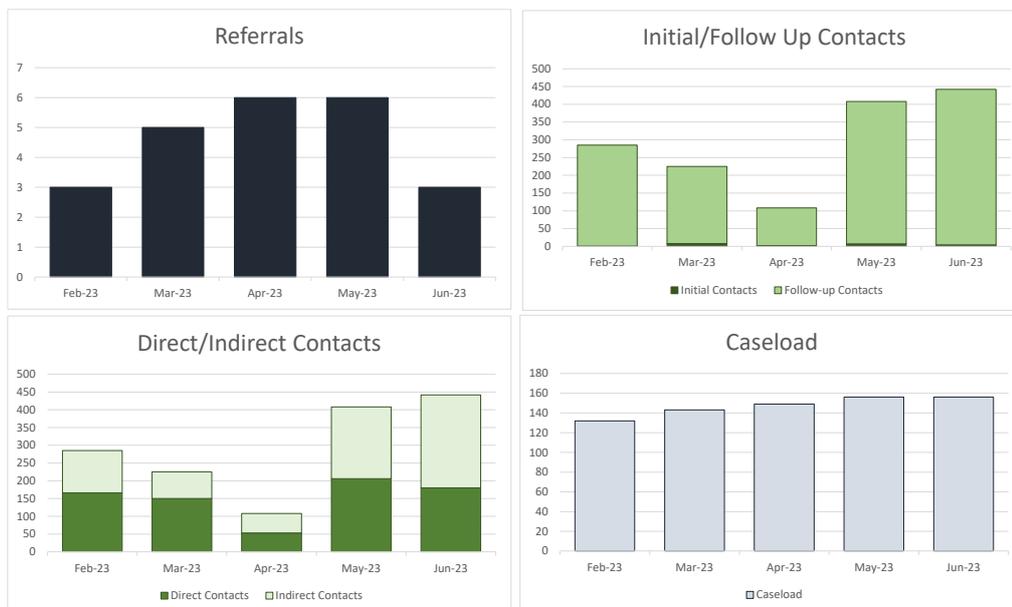
The MCMW wider Grenfell Team have continued to improve their working relationships with the GPs.

- The team met with Dr Razak at Goldborne Surgery, which has resulted in more referrals.
- Additionally, Goldborne will be creating space within the surgery for one day a week to see their patients.
- The Team also had meetings with the Practice Manager at Barby Surgery, and they are now beginning to refer patients to the service.

The team are also encouraging patients to go on the weekly Goldborne Walk on Thursdays, especially those whose are lonely and isolated.

3.2.2.1 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

CLCH have proposed the following Outcome Measures for the MCMW Grenfell Service:

5. PREMS (feedback survey)

The questionnaire has been developed and agreed. The service is waiting for a QR code to the questionnaire and then they will start sending to their patients.

6. Care plan reviews

Work is ongoing with the clinical systems team to enable this to be reported.

7. Case studies

The team are working on this and they hope to capture case studies to have on file for when they are needed.

8. Use of ONS4 form

Reporting of this is being reviewed.

The first report will be available for the 2023/24 Q2 report.

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:

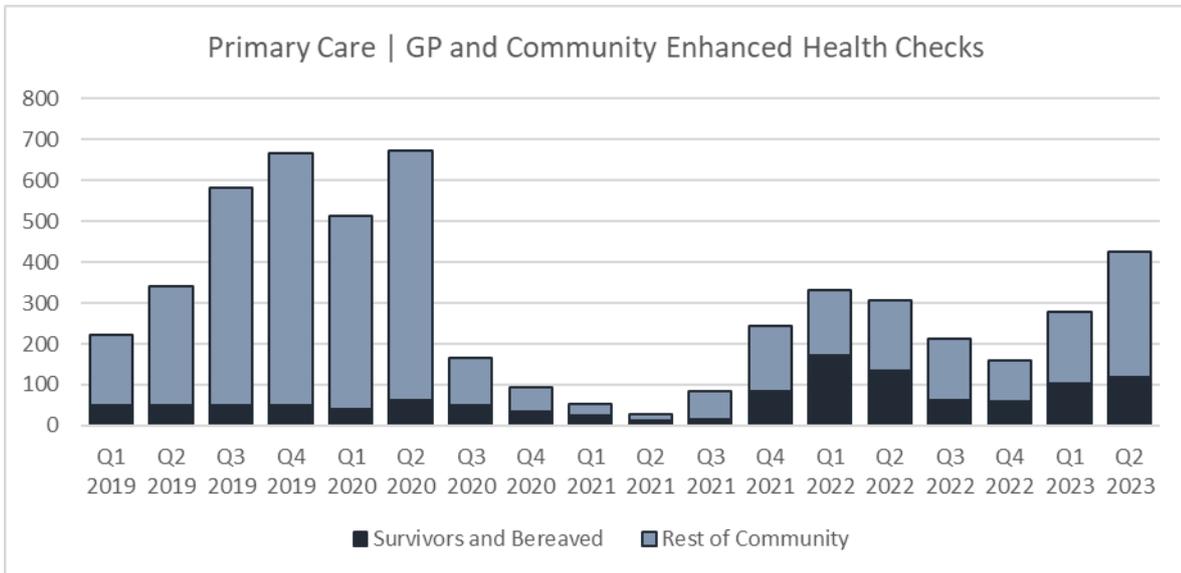
Test offered	Clinical explanation
Urine dip (haematuria / proteinuria)	Accessible test in primary care. To screen for renal/bladder disease, diabetes. Urine dip is also offered in the 3 yearly firefighter health screen.
Annual bloods (HBA1C, glucose, diabetes, thyroid, kidney function, liver function, 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.
Spirometry (referred through accelerated pathway for asymptomatic patients, chest)	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>x-ray not needed to be done prior to referral)</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.</p>
<p>Chest x-ray (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 at baseline.</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 is being done for Children’s Enhanced Health Check, more information will be circulated soon more detail can be found in the CYP section of this report.

Since January 2019 there have been 5377 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).

			1 st EHC	%
Survivors (including residents of Grenfell Walk)	Adults	348	252	72
	CYP	89	48	54
	Total	437	300	68
Bereaved	Adults	449	258	57
	CYP	40	20	50
	Total	489	278	55
Total	Adults	797	495	62
	CYP	129	68	52
	Total	926	571	61

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.

300 (68%) of survivors have attended at least one EHC, over 170 survivors have attended a second.

278 (55%) of bereaved have attended at least one EHC with over 130 attending a second. In addition, a total of 3403 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. This has led to an increase in uptake of the health checks.

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.

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.'

These KPIs will be reported in the next report.

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 EA.

Feedback from the questionnaires is primarily positive.

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

In Q4 there was a response rate of

Service	Texts Sent in Q1	Responses in Q1	Response Rate
EA	207	16	8%
EHC	297	30	10%

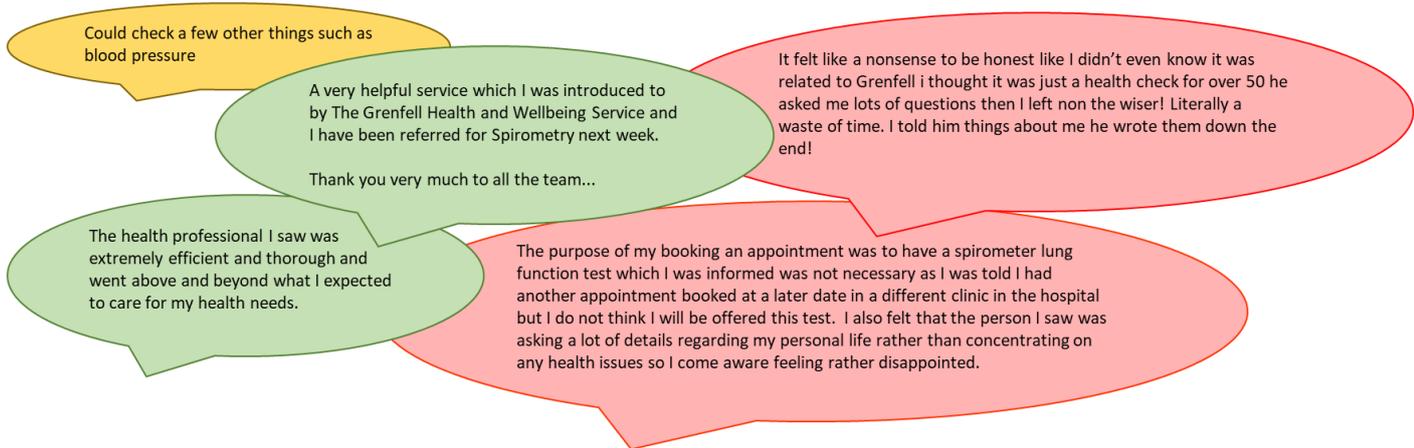
3.2.2.1.1 Enhanced Health Check responses

Of the 30 responses two did not consider that they had had a recent EHC,

For the 28 people who answered the questions following an EHC.

96%	Had to wait a less than two weeks the appointment was booked
96%	Very easy or fairly easy to make an appointment for the EHC at the practice
61%	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)
85%	Experience of the Enhanced Health Check good or very good

The feedback is mainly positive for the Enhanced Check. Though only 61% reported that the EHC helped to assure them about their health following the fire with 6 patients responding that they were not assured at all. The additional text feedback can be seen below and again is mixed. All feedback will be discussed with the relevant practices.



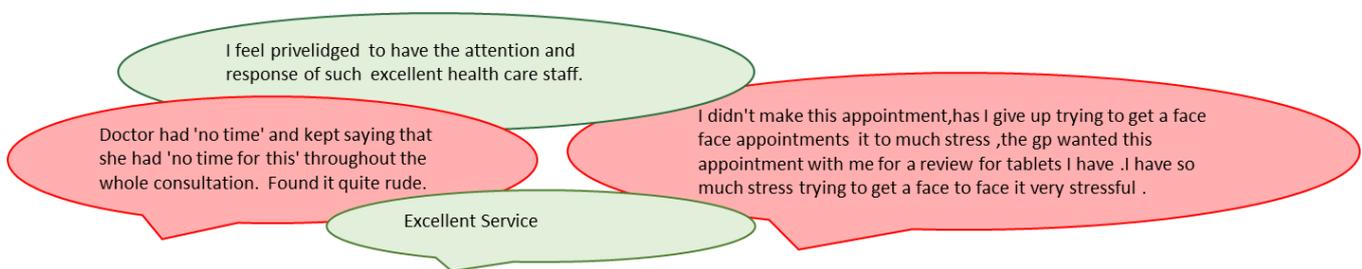
3.2.2.1.2 Extended Appointments responses

Of the 16 patient that responded; 5 responded that they did not request an extended appointment and 1 had a regular appointment, 1 responded that they had not had a GP appointment and 2 did not answer the question

For the 8 people who answered the questions following an Extended Appointment:

62%	Had to wait a week or less after the appointment was booked
50%	Very easy or fairly easy to make an appointment at the practice
100%	The extended appointment helped with their health concern
100%	Needs met, definitely or to some extent
100%	The healthcare professional recognised/understood cultural or religious needs (where stated it was relevant)
87%	Experience of last appointment good or very good

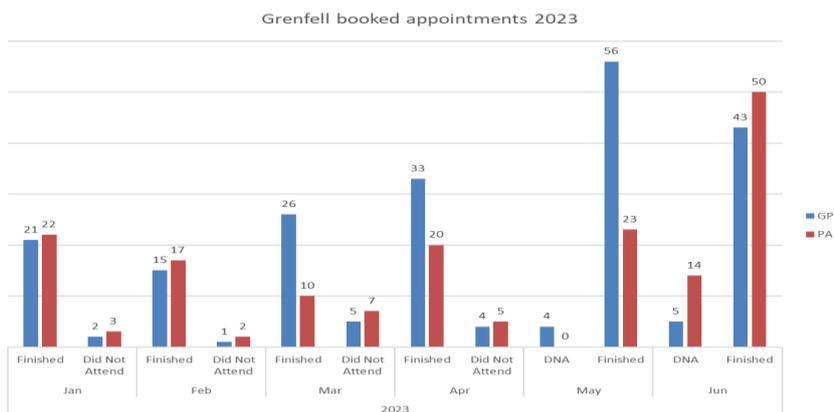
The table above shows good feedback for the extended appointments across most of the questions. There were issues with access and ease of making an appointment which is also reflected in the text feedback. All feedback will be shared with the relevant practices.



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 were extra appointments provided in June as there will be reduced capacity in August.

During April 2023 to June 2023 there were 225 CEHC undertaken which included 164 for survivors, 15 for bereaved.



After each appointment the patient is asked to complete a feedback form. The results are detailed below.

The feedback shows that of the 79 responses over 97% were very satisfied or satisfied with their appointment.

	Feedback						Actions	
How did you find out about the Community Enhanced Health Check?	GP Practice	11.39%				9		'other' included referrals, community centre staff, and resident association groups.
	Care coordinator	26.58%				21		
	Community Centre	13.92%				11		
	Friend/Relative	5.06%				4		
	Other	43.04%				34		
	TOTAL					79		
Did you try to contact your GP for the same issue, prior to booking into our service?	Yes	22.78%				18		
	No	77.22%				61		
	TOTAL					79		
Would you have preferred to have spoken to your GP or our clinician?	Own GP	13.92%				11		
	Our Clinician	34.18%				27		
	Either	51.9%				41		
	TOTAL					79		
How easy was it to find our clinic?	1	2	3	4	5	TOTAL	AVERAGE	Scale from Easy to hard
	75.9%	6.33%	11.39%	6.33%	0%	79	1.48	
	60	5	9	5	0			

How satisfied were you with your appointment?	Very Satisfied	84.81%	67
	Satisfied	12.66%	10
	Neither Satisfied or Dissatisfied	1.27%	1
	Dissatisfied	0%	0
	Very Dissatisfied	1.27%	1
	Total		79

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 **NORTH WEST LONDON ICS**, **193,980** questionnaires were sent out, and **39,482** were returned completed. This represents a response rate of **20%**.

Overall patient experience has decreased nationally from 2022 to 2023. Within NW London the overall experience, where patients have rated their experience as good or very good, has decreased from 71% to 70%.

The 'core' Grenfell surgeries are shown below.

Practice Name	Overall experience of the practice	Getting through on the phone	Helpfulness of receptionists	Ease of use of website	Availability of appointments	Frequency of seeing a preferred GP	Satisfaction with appointments offered	Overall experience of making an appointment	Healthcare professional giving patients enough	Healthcare professional listening to patients	Healthcare professional treating patients with care and concern	Healthcare professional understanding of mental health needs	Patients involvement in own care and treatment	Confidence and trust in the healthcare	Needs met in appointment	Support from local services to help patients to manage their condition	Conversations with patients to manage their conditions	Plan agreed with GP practice to manage conditions	Experience of NHS services when the GP practice was closed
BARLBYS SURGERY	61%	36%	71%	51%	59%	14%	70%	44%	73%	77%	77%	81%	77%	93%	87%	49%	29%	54%	47%
COLVILLE HEALTH CENTRE	82%	74%	93%	64%	68%	42%	80%	73%	80%	83%	79%	77%	89%	93%	91%	53%	31%	61%	61%
EARLS COURT MEDICAL CENTRE	67%	61%	76%	40%	49%	14%	69%	53%	79%	77%	76%	78%	79%	88%	75%	48%	52%	61%	29%
HOLLAND PARK SURGERY	89%	86%	94%	73%	67%	25%	83%	75%	95%	98%	92%	95%	96%	97%	94%	75%	61%	54%	45%
KENSINGTON PARK MEDICAL CENTRE	76%	75%	89%	65%	58%	42%	79%	66%	87%	93%	95%	77%	89%	92%	88%	71%	51%	76%	29%
KINGS ROAD MEDICAL CENTRE	73%	63%	89%	76%	68%	29%	78%	70%	82%	88%	83%	76%	87%	92%	91%	61%	23%	47%	34%
NORTH KENSINGTON MEDICAL CENTRE	83%	76%	88%	50%	60%	57%	61%	64%	84%	87%	87%	88%	87%	94%	88%	76%	37%	48%	45%
PORTLAND ROAD PRACTICE	85%	67%	89%	71%	58%	32%	84%	66%	88%	95%	97%	91%	97%	98%	97%	76%	43%	64%	41%
PORTOBELLO MEDICAL CENTRE	70%	70%	76%	58%	55%	47%	67%	57%	75%	81%	77%	60%	89%	91%	86%	59%	40%	54%	32%
ST. QUINTIN HEALTH CENTRE	65%	78%	88%	51%	50%	47%	57%	56%	83%	82%	77%	76%	90%	93%	81%	64%	40%	54%	31%
THE EXMOOR SURGERY	82%	66%	92%	65%	66%	49%	68%	64%	83%	88%	85%	80%	89%	95%	96%	74%	60%	56%	59%
THE FORELAND MEDICAL CENTRE	70%	73%	87%	61%	51%	40%	83%	60%	81%	79%	83%	74%	90%	92%	92%	77%	28%	65%	79%
THE GOLBORNE MEDICAL CENTRE	91%	91%	91%	76%	84%	48%	87%	83%	94%	92%	93%	87%	97%	97%	98%	65%	42%	54%	67%
THE GOLBORNE MEDICAL CENTRE	84%	85%	91%	62%	82%	48%	80%	83%	89%	85%	83%	75%	94%	93%	89%	59%	63%	64%	58%
THE GOOD PRACTICE	78%	75%	90%	76%	64%	42%	71%	71%	84%	79%	78%	81%	95%	92%	91%	82%	51%	68%	40%
THE NOTTING HILL MEDICAL CENTRE	78%	83%	84%	74%	69%	24%	87%	73%	91%	91%	90%	92%	92%	92%	87%	70%	37%	72%	45%



Greater than or equal to English average



Up to 5% below English average



More than 5% below English average

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.

3.2.2.3 Practices level of service is the same – Core requirements

Following an update to the contracts for the Enhanced services a number of core requirements have been identified and will be measured for the 15 core practices. The following table lists these requirements and where we have got to with measuring and reporting for each.

Core Requirements

Primary Care Core Requirements	How measured?	Frequency	
<p>1. All survivors and bereaved should be coded with one of the following outcomes:</p> <ul style="list-style-type: none"> • EHC offered and provided • EHC offered and declined by the patient • EHC offered but no contact made with patient 	Report from SystemOne data	Monthly	This data is being recorded on SystemOne. There are some anomalies which is being investigated by the NKR Business Intelligence Lead.
<p>2. All relevant patient facing staff must undertake cultural competency training and newly employed staff should have cultural awareness training as part of their induction. This will take up to 2 hours for each member of staff and can also be provided as group training. Support and advice is available from the NKR team.</p>	Report from NKR Engagement team	Quarterly	<p>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. Online training commenced in June with 4 online training sessions being run.</p> <p>See section 3.1.3.2</p>
<p>3. Each patient receiving an EHC or EA will be sent a text by the NWL asking to provide patient feedback regarding the service via a short survey.</p>	Completed surveys	Monthly	See section 2.1.2.1

<p>4. Practices should promote the service and how to access it on their practice website clarifying how to book and what to expect. Website to include the link to Grenfell Primary Care Services.</p>	<p>Primary Care monitoring audit – top 15 most affected practices</p>	<p>Two audits per year</p>	<p>Audit taking place:1/15 practices currently have information on Grenfell services on their website. All practices have been sent information to update their website.</p>
<p>5. The NKR team will undertake up to two audits per year with participating practices will be expected to undertake. The NKR team will produce these audits and circulate with all participating practices.</p>	<p>Primary Care monitoring audit – top 15 most affected practices/all practices with signed contracts</p>	<p>Two audits per year</p>	<p>Audit taking place Q2 of 23/24</p>
<p>6. The requirement to provide services to Survivors and Bereaved and members of the wider community to ensure that health needs are addressed with a view to identification of any future needs.</p>	<p>Delivery of EHC & EAs</p>	<p>Monthly</p>	<p>The Activity data has been reviewed at Practice level to ensure that all practices are offering and giving EHC and EA. The numbers are fed back to the practice in the contract meetings.</p>
<p>7. When required based on complexity of health need an MDT approach is utilised.</p>	<p>Clinical audit of 5% of completed EA/EHCs</p>	<p>Two audits per year</p>	<p>Audit taking place Q2 of 2023/34</p>
<p>8. If practices cannot offer an EHC as requested, then offer referral onto CEHC service (West London GP Federation) in agreement with the patient.</p>	<p>CEHC delivered per practice</p>	<p>Quarterly</p>	<p>Kensington Park Medical Centre are not offering EHC. Analysis of the data shows that patients from this practice have been seen at a CEHC.</p>

<p>9. Ensure that clinical templates are completed to support diagnosis, data capture and support GPs in event of any future litigation. Fill in all fields of clinical templates</p>	<p>Clinical audit of 5% of completed EA/EHCs</p>	<p>Two audits per year</p>	<p>Section 3.1.2.4</p>
<p>10. Encourage patient feedback on Grenfell services and as appropriate participation in Patient Participation Groups at your practice.</p>	<p>Completed surveys & number of active PPGs through PC monitoring audit</p>	<p>Monthly Two audits per year</p>	<p>Limited response rate to the PEQs that have been sent out. Work stream lead is looking at ways to increase rate. Audit taking place Q2 of 2023/34</p>
<p>11. Consider onward referral to GHWS / DS; Grenfell case management; Long term monitoring, children and young people; toxicology, self-care and social prescribing, or other links you may have developed.</p>	<p>Onward referral data</p>	<p>Quarterly</p>	<p>Section 3.1.2.4.1</p>

3.2.2.4 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 have been presented to the PC work lead and two clinical leads who supporting this work. 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

3.2.2.4.1 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.

Out of the 4,953 EHCs conducted, 895 resulted in onward referrals, indicating an 18% referral rate. It’s important to note that some patients received multiple referrals, resulting in a total of 1,277 onward referrals.

The table below show the five most common categories of onward referrals based on patient type:

Survivor	Respiratory	MDT	MSK	Mental Health	Health and Fitness
Bereaved	Health and Fitness	MSK	Respiratory	Mental Health	MDT
Community	Radiology and Investigative	MSK	Mental Health	Health and Fitness	Referral to secondary care

It’s worth mentioning that respiratory referrals were the most common for our survivor cohort. Analysing the yearly data, we observed a decrease in respiratory referrals since 2019. Furthermore, an increase in referrals to mental health-related services was also identified for all three cohorts, particularly in 2022. This is likely to be influenced by the pandemic and the ongoing cost of living crisis. Projections indicate that referrals in 2023 are expected to be higher than in previous years.

It is planned to continue analysis of this data with further clinical input.

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

In 2020/21 the NKR team worked with Dr. Yasmin Razak and the WLCCG Training hub on organising monthly learning forums covering the following topics:

- PTSD refresher and Dedicated Service intro
- All independent groups supporting survivors and bereaved including Grenfell United.
- Paediatrics
- Trauma informed interventions training for Paediatrics training
- Respiratory
- Toxicology
- Resilience and Cultural Competency

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.

A workshop is planned for September that will cover 6 years after a disaster – what to expect from those affected.

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 has received CPD-accreditation from the Royal College of GPs (RCGPs).

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.

- Online training commenced in June
 - 4 online training sessions for GPs were delivered in June.
 - 11 GPs and clinical staff attended the training.
- Three face to face sessions were delivered in June
 - Two at Exmoor practice – 4 GPs and 5 non clinical staff attended
 - A training session was run for the ICB staff which was well attended.
- Training has been scheduled in July for West London Social Prescribers
- Further training has been scheduled for clinical and non-clinical staff in September and October 2023.

3.3 Specialist Services

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.

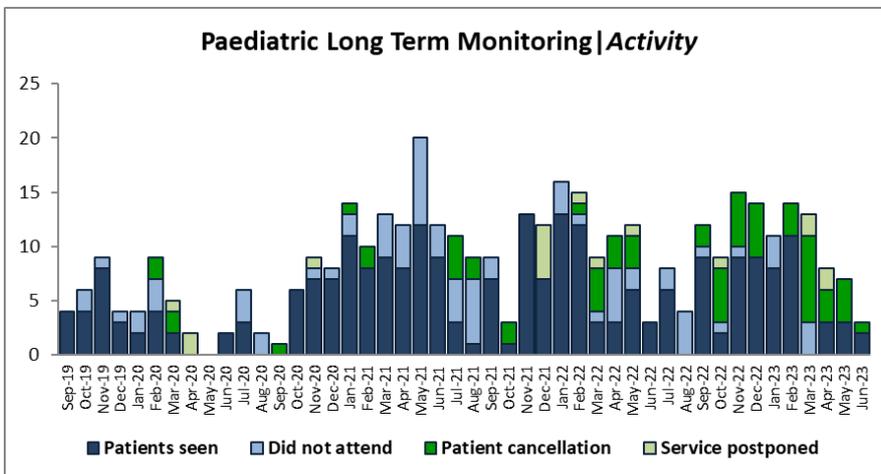
3.3.1.1 Activity

As at June 2023 there are a total 223 of survivor and bereaved children eligible for the service. The DS have offered the service to 156 (70%).

43 (98%) of the Tower survivors have been offered the service by the NHS Dedicated Service of those 41 accepted and have been referred into the service, 2 declined.

Of the 41 referred tower survivors:

- 31 seen by the service
- 5 deferred and will be contacted in the future to be booked
- 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]

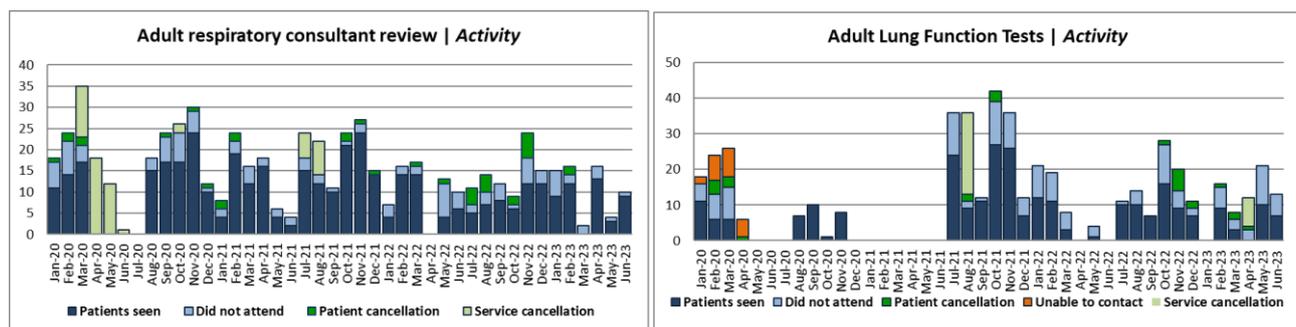
Long term monitoring of health is also undertaken through Adults Respiratory service which includes annual lung function test to identify any signs of respiratory disease and changes in breathing patterns and capacity. This service is designed for survivors who had prolonged smoke exposure, and in addition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

3.3.2.1 Activity

As at June 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'), 176 have been referred in total, and 161 (88%) have been seen by the service.

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.



3.3.1.1 Adult Respiratory Long Term Monitoring Outcomes

A service evaluation is proposed and will commence in the next quarter.

3.3.2.1 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 13th July 2021 regarding provision of services. There has been no information received by Imperial from any of these providers confirming services provided.

3.4 Self-Care

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

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 bespoke 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.

3.4.1 Quarter 1 2023/24 Reports

The Q1 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 Q1 2023/24

KCSC had gathered feedback from VCS providers and their service users about the complexity of the monitoring and evaluation matrix / the questions asked to service users. This feedback has been reviewed with Envoy Partnership who co-produced the monitoring matrix with VCS providers. The review work has also been linked up with wider NWL personalisation work. Key feedback includes:

- too long for most service users to complete
- the post v pre style of question is too confusing and complex
- Many service users struggle with a language barrier

Healthier Future providers will continue to use the core measures in the original monitoring matrix and are taking part in the development of a standardised measure through the NWL personalisation work stream. These measures will be available in the next report.

Referrals to massage have been re-opened and all staff are working through operational issues with a new SOP in place.

Our Power Hub have not renewed their current contract as they requested an additional £6-10k to cover venue hire costs which couldn't be met within the existing budget.

3.4.1.1.1 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 Q2 report,

A number of case studies have been reported this month showing the positive impact across a number of the self-care services.

3.4.1.1.1.1 ADKC Legal Advice

The client first contacted ADKC for support with a major adaptation / Disabled Facilities Grant (DFG) case.

The client had been waiting approximately 4 years for the repair of a "rise and fall" kitchen unit. The client advised that during the first 2 years after the unit stopped working, they were struggling to arrange for it to be repaired by the Housing Association. This left them with a kitchen they could not safely use, since the unit had stopped working in an inaccessible position. Ultimately, the Housing Association passed this case to the Council for a more extensive kitchen adaptation.

The client advised they had been communicating with the Council regarding the kitchen adaptation for around 2 years when they contacted ADKC, but it seemed they had reached a stale-mate. The client felt that the proposed designs for the kitchen adaptation did not meet their needs and would not work for them. They had attempted to communicate their concerns, however felt that no progress was being made. They had also suggested an alternative design for the kitchen, which involved fewer changes to the current layout. This, they felt, had worked well for them for many years and in their opinion their design was simpler, cheaper and afforded them the appliances and the space they needed.

The client contacted ADKC when they were given a deadline date, by which they had to either accept the design offered, or their case would not progress.

Approximately 3 months after first contacting the Council on behalf of the client, a new kitchen design has now been drawn up, which is acceptable to both the client and the Council. The client was able to communicate their design plans and the reasons they felt it preferable to the designs that had been offered so far. They felt their voice was being heard and that their requirements were being taken into consideration. In previous months, they noted that they had struggled to have their questions answered.

The client felt that without the support of ADKC, they would be no closer to getting the kitchen they need.

3.4.1.1.1.2 Digital Champions

Case Study 1:

John had limited exposure to computers and technology due to a lack of resources and opportunities in his early life. As the world increasingly relies on digital platforms, John realized the urgent need to acquire computer skills to enhance his employability and broaden his horizons.

Hearing about the classes offered at the Dalgarno centre, he eagerly enrolled to embark on a transformative journey.

John faced many challenges, where I had to adopt a comprehensive approach to teaching him computer skills. As he progressed through the computer classes, he experienced a remarkable transformation. He quickly learned how to use popular software applications and became proficient in internet usage, enabling him to conduct research, communicate effectively and access online resources. John's newfound abilities enhanced him with the tools to connect with his family and friends digitally.

John's enhanced digital literacy skills enabled him to pursue online learning opportunities, expanding his knowledge and exploring new fields of interest.

Case Study 2:

This Case study explores the story of F.A, a woman seeking who was seeking asylum from a war torn country. She possessed limited formal education and lacked essential computer literacy skills. This lack of digital proficiency posed a significant challenge throughout her asylum seeking process, as she struggled to access vital information, communicate effectively and navigate the complex legal procedures.

F.A progressed through the computer classes, she gradually developed confidence and proficiency in using computers. She learned to access online resources, communicate effectively via email, create and format documents. These newfound skills not only bolstered her confidence but also proved vital in her asylum application process.

F.A was granted asylum (and a British Passport), providing her with the legal right to remain in the UK and begin rebuilding her life.

3.4.1.1.1.3 Family Friends

Case 1

B was referred to Family Friends by Early Help for emotional support due to her social isolation, anxiety and physical disabilities. B came from Pakistan to the UK, 12 years ago and has a PHD in business. She has a five-year-old son, who lives with her. She is separated from her husband and has been re-housed due to his physical and emotional abuse. B, also suffered physical injuries during the birth of her son which have left her with bladder incontinence and an inability to carry heavy loads or walk far.

She still manages to care for her son and walk the short distance to his school each day, but is unable to carry out other more strenuous tasks and is socially isolated due to her anxiety and the impact of her incontinence.

Until a Befriender could be found for B, Family Friends have offered her support by inviting her to our groups and outings. B attended our Tea & Chat group in May and enjoyed making new connections with other parents.

Family Friends are now in the process of matching B with a volunteer which will mean that in addition to attending our groups and trips, B will have regular support from her Befriender to help tackle her anxiety, isolation and boost her confidence.

Since Family Friends have started supporting B, she reports feeling more confident and happy to have met other peers. She also has managed a stressful court hearing and has achieved a good outcome with regards to the ongoing parenting arrangement.

Case 2

P is a 17-year-old boy who was referred to Family Friends for Big Buddy support in March 2023. P's mother experienced domestic violence from P's father, from whom she is separated, and as a result is depressed and sometimes struggles to engage with P. P has diagnosed ASD and ADHD and has no male role models in his life who he can talk to and is quite socially isolated.

P is now matched to his Big Buddy, Fred, and they have had weekly sessions together and are establishing a good rapport. So far, they have tried out rock climbing and other sports of P's choice.

P's mum is very happy that her son is trying new things and building his confidence and social skills with a supportive male. In addition, the Family Friends youth connector is checking in with P regularly and inviting him to relevant groups and trips including a new monthly games group where young people can come together to play games and share food. P is excited about this group and his Big Buddy intends to come to help him broker new peer relationships.

3.4.1.2 ACAVA Men's Shed Q1 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 are summarised below along with a highlights of activity and information from the Men's Shed Q1 2023 Report.

3.4.1.2.1 Activity and Sessions

Tinkering Sessions

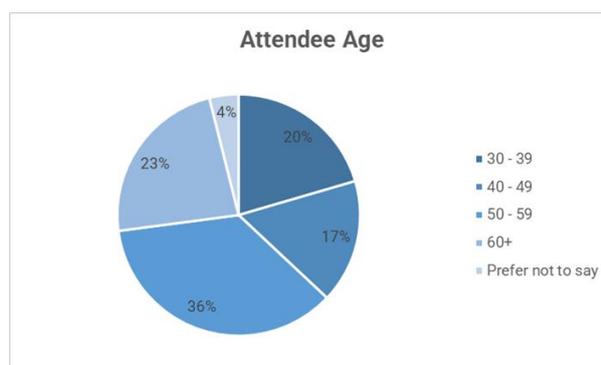
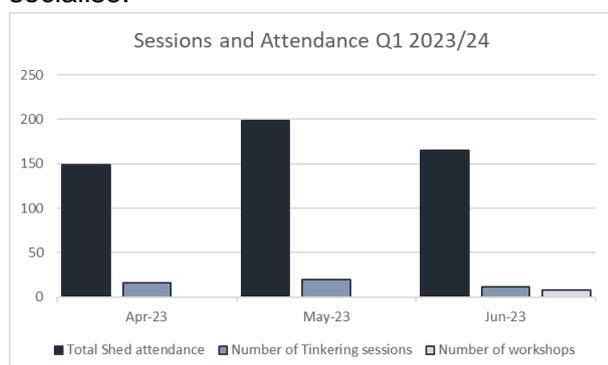
Tinkering sessions remain the core shed activity. The time in the shed allows members to work on practical projects and enjoy the benefits of socialising and meeting others. The sessions are delivered weekly and are designed to create a welcoming and engaging workspace.

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 391 unique individuals through its doors. In Q1 2023 it provided 513 places, over a number of sessions and workshops, for local people to come and work on projects, share and learn skills or simply socialise.



59% of attendees in Q1 were aged over 50, of which 39% were aged over 60. During this time 289 of the 531 places were taken by men and 221 by women.

3.4.1.2.2 Outcomes

3.4.1.2.2.1 Creative evaluation report

The aim of the 'You tell us' Creative evaluation session was to take an in depth look at the impact shed participation has on shedders.

Using the ['World Café'](#) method, they posed five questions for open responses, and a set of closed questions based on the ONS4 questions to measure wellbeing. The ONS4 based questions were the same as those posed in January 2022, which were adapted to ensure we maintain their trauma informed approach.

To ensure a representative sample of regular shedders 5 men and three 3 women, at least two thirds of whom were aged over 50, were invited.

Themes

The responses to the questions we posed grouped into two clear themes. These were: Skills and Enjoyment, and, Social Connection and Wellbeing.

Skills and Enjoyment

Shedders told us that their primary motivation for attending sessions at the shed is the enjoyment they get from learning and practicing practical and creative skills; and the access to quality materials and tools. They recognise that ACAVA's focus and expertise in art and creativity is a unique offer among similar shed and maker space projects locally and regionally. In their own words they told us:

'I look forward to learning something new, a new skill, and to continuing with the project which I have already started.'

'Being able to come and just have tea and socialise and mainly to be able to attend a shed that has all the tools and a lot of material to make things happen successfully.'

Social Connection and Wellbeing

There was general agreement that being part of the shedder community has a positive effect on an individual's wellbeing. There was also evidence that coming to the shed supports shedders to strengthen their social networks both within the shed and wider locally.

'Great art friendly folks, tools, distraction and a cup of tea.'

'Funny enough, bumping into my neighbour with whom I had friction while carrying a (project) I was working on broke the ice and buried a psychic hatchet.'

However, issues in the local community and the political and religious views of some shedders were flagged up as problems which may reduce the positive effects. There was also a warning

regarding shed capacity, in that any irregularity in availability of places / sessions for shedders to attend the shed may adversely affect the positive impact shedders currently experience.

'Some shedders can be intimidating or share views that are offensive or worrying'

'I dislike having others talk over people and foster their religious or medical views on others'

'The community is still very divided since Grenfell'

ONS4 Wellbeing Questions

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

	Yes, always	Yes sometimes	No, not at all
January 2022	42%	58%	0%
August 2023	33%	67%	0%

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

	Yes, always	Yes sometimes	No, not at all
January 2022	80%	20%	0%
August 2023	60%	40%	0%

Does coming to the Shed bring you happiness?

	Yes, always	Yes sometimes	No, not at all
January 2022	82%	18%	0%
August 2023	17%	66%	17%

Does coming to the Shed help reduce feelings of anxiety?

	Yes, always	Yes sometimes	No, not at all
January 2022	38%	62%	0%
August 2023	33%	33%	33%

Cost of Living Crisis

A number of shedders told us that the shed was making a difference to them and others during the current cost of living crisis.

'In the cold months it's a place to keep warm for some'

'Being a female on my own and living in a house which needs a lot of repair... I receive advice and suggestions; I can straighten my wonky cut floorboards; I can borrow tools, I also find the atmosphere relaxing and friendly. I am 60+ and do not earn a wage / salary the shed helps by me not forking out a lot of money in repairs so the money I save I am able to pay my energy bills and treat myself now and again, thank you.'

Next Steps

Review findings of the session and use them to inform future development and decision making for the shed. Areas for consideration include:

- Capacity and timetabling
- Maintaining a safe and respectful culture within the shed
- Soft skills development

3.5 Emotional Wellbeing

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 our 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 and 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
Community issues and event responses*	Evaluation form individual/organisation who requested the support	<ul style="list-style-type: none">▪ Currently: a general evaluation form is under review before sending it to relevant individuals/organisations to get a baseline▪ Onwards	Ongoing

			<ul style="list-style-type: none"> ○ Implement a consistent approach to collect feedback ○ Reporting will follow-up in the near future 		
Collaborations*	Evaluation form to organisations/resident groups re how they found the process (helpful/not helpful)		<ul style="list-style-type: none"> ▪ This quarter: mapping of organisations that GHWS has collaborated with 	Completed	
			<ul style="list-style-type: none"> ▪ Currently: a general evaluation form is under review before sending it to relevant individuals/organisations to get a baseline ▪ Onwards <ul style="list-style-type: none"> ○ Implement a consistent approach to collect feedback ○ Reporting will follow-up in the near future 	Ongoing	
Interventions	Goals questionnaire		<ul style="list-style-type: none"> ▪ Official launch of goals questionnaire during January 2023 ▪ Reporting included in the Quarterly reports 	Completed	
	Case studies		<ul style="list-style-type: none"> ▪ Continuous collection of case studies from the distinct teams where appropriate 	Completed	
Early intervention and prevention	Engagement	Community connectors	<ul style="list-style-type: none"> ▪ Engagement activities that community connectors support ▪ New reporting template under construction 	Completed	
		Workshops	<ul style="list-style-type: none"> ▪ Workshops delivered and respective feedback is being included on the Quarterly reports 	Completed	
	Feedback forms for workshops				
	Case studies about Employment support		<ul style="list-style-type: none"> ▪ Continuous collection of case studies about 	Completed	

		Employment support where appropriate	
Information and Self-care	Web activity: Number of views/downloads on the website/Twitter/Facebook	<ul style="list-style-type: none"> ▪ Web Digital Activity is being shared in the Quarterly reports 	Completed

***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 information about communications requests and outcomes for this quarter due to a pause in reporting until a new Communications Manager is appointed.
 - GHWS open day in May to promote the broad range of support available within the service to the community and ongoing partnership with other organisations
- **Early Intervention and Prevention**
 - 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 13 referrals to the employment service in this quarter
 - Community Connectors – The report template is being updated to better reflect the activity of this service. This will be reported next quarter.
- **Collaborations**

A robust reporting mechanism is still being developed. In Q1 there were:

 - 10 collaboration requests received
 - 49 ongoing collaborations and
 - 4 completed collaborations.

These include:

 - A number of Workshops at St Clements which have been ongoing with steady attendance and good feedback. A Yoga session was run by the CYP Clinical Lead in the Church. This had good feedback so there is now a plan to expand. The team are also looking at longer term Mindfulness programmes.
 - The Aquamotion group is a project for Dedicated Service women in collaboration with Kensington Leisure Centre is very popular.
 - Kensington & Chelsea Food Bank – a GHWS member of staff is present to provide general support including Signposting and Engagement and referral to relevant parties.
- **Interventions**
 - Client Feedback
 - PEQs – Limited response. GHWS has spoken to Community Living Well in order to understand their PEQ feedback mechanism and how to replicate
 - 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.
 - No case studies reported for this quarter.
- 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		Apr-23	May-23	Jun-23
Community Issues & Event Responses	Number of community issues supported in month	1	0	0
	Number of events supported in month	2	3	4

GHWS actively supported a number of events during the quarter this included the 6th Anniversary on the 14 of June:

- GHWS actively supported the community
- Clients and the community were grateful for the support provided

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 communications requests and outcomes over the last quarter, due to a pause in communications reporting until a new Communications Manager is appointed.

3.5.1.1.2 GHWS Open Day

Grenfell Health and Wellbeing Service (GHWS) organised an Open Day on 23rd May 2023. It aimed to promote the broad range of support available within the service to the community and ongoing partnership with other organisations.

The open day was well attended and over 150 local people came to visit the service on the day, including a special visit from Baroness Scott.

The Open Day resulted in a good uptake by the community and feedback was collected through different routes: (i) Feedback form and (ii) Comments book.

- Feedback Forms

Only nine people completed the feedback form. This low number may result from having two simultaneous feedback routes on the same day.

Summary

- A total of 9 people completed the GHWS Open Day Feedback form. The majority of respondents corresponded to organization representatives followed by service users.
- The Open Day was divided into two parts: afternoon (1-4 pm) and evening (4-7 pm). A larger number of the respondents attended the afternoon part, which corresponded to jobs and organizations fair;
- The Open Day highlights for the participants were:
 - Information provided about GHWS service

- Interaction with GHWS workers in a relaxing atmosphere
- Good food
- In terms of the layout, feedback has shown that this was not so optimal as the space was small when busy, as well there was no signs/volunteers directing people to relevant rooms.
- The majority of participants reported that have learned something new about GHWS.
- Overall, respondents considered that everything they were expecting was covered during the Open Day.
- Comments Book

The feedback shared in the comments book is shown below. The comments were all positive.



Feedback was also collected from the staff and clients that attended the taster sessions that took place on the day, and from the Service User Consultants that supported the day. This feedback will be summarised and reviewed to allow GHWS to understand what went well and what needs to be improved from both an event and support provision perspective.

3.5.1.2 Early Intervention and Prevention

3.5.1.2.1 Workshops

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 run in Q4 2022/23.

Activity Area		Apr-23	May-23	Jun-23
Early Intervention & Prevention	Number of workshops delivered in month	6	2	5
	Number of employment referrals received in month	6	0	4

The following is feedback from some of the workshops run in the Quarter.

3.5.1.2.1.1 Tree of Life

The Tree of Life is a hopeful and inspiring approach to working with people who have experienced hard times.

This approach enables people to speak about their lives in ways that make them stronger. It involves people drawing their own 'tree of life' in which they get to speak of their 'roots' (where they come from), their skills and knowledge, their hopes and dreams, as well as the special people in their lives.

The Tree of Life enables people to speak about their lives in a way that strengthens their relationships with their own history, their culture, and significant people in their lives.

Tree of Life is a narrative approach (giving the stories of our lives meaning) and has been used in various communities around England and the world, in many different contexts such as with groups of migrants, communities who have suffered from a disaster, women who have been subject to abuse and many others. Tree of Life has a particular emphasis on culture and heritage so can be a helpful approach in ethnically diverse communities.

The feedback surveys show positive feedback for this workshop with 100% of participants that completed a feedback survey saying they would recommend the workshop to a friend or family member.

Name of Workshop/Group	Tree of Life	
Dates Run	05/04/2023	
Location	The Clement James centre	
Number of attendees	8	
Number of surveys collected (where appropriate)	7	
Demographics of attendees where possible	N/A	
Feedback Survey Responses		
Did you find this workshop helpful? (0 – Not at all helpful; 5- Very helpful)	Would you recommend this workshop to a friend or family member? (0 – Not at all helpful; 5- Very helpful)	
<ul style="list-style-type: none"> • Rate 0: 0 • Rate 1: 0 • Rate 2: 0 • Rate 3: 0 • Rate 4: 0 • Rate 5: 7 	<ul style="list-style-type: none"> • Rate 0: 0 • Rate 1: 0 • Rate 2: 0 • Rate 3: 0 • Rate 4: 0 • Rate 5: 7 	
What did you like about the workshop?	What could we do to improve the workshop?	

<ul style="list-style-type: none"> • “Getting everything on paper. Seeing others art work. Discussing. Enjoyable.” • “Everything. Trees draw and other staff.” • “Drawing tree with beautiful colours markers. Speaking about family and friends. Thank you. It was very good.” • “Thank you so much. Very helpful.” • “The positive energy. It makes me happy. And great presenters.” • “I love making art. I really enjoyed the holistic nature of the exercise in bringing lots of parts of me and my life together. It was great to have so many materials, especially loved paint stiches.” • “Everything. I wish I could come every week.” 	<ul style="list-style-type: none"> • “More colours.” • “Mindfulness part.” • “Maybe ways of helping more people to speak, e.g. going around. Being aware when a participant speaks a lot, leaving less time for others to speak.”
<p>How did hear about this workshop?</p>	<p>If you attended a workshop in person, how satisfied were you with the venue?</p> <p>(0 – Not satisfied; 5- Very satisfied)</p>
<ul style="list-style-type: none"> • Referral: 3 • Social Media: 0 • GHWS staff: 0 • Newsletter: 0 • Website: 0 • GP: 0 • Another Professional: 0 • Other: 2 • Did not responded: 2 	<ul style="list-style-type: none"> • Rate 0: 0 • Rate 1: 0 • Rate 2: 0 • Rate 3: 0 • Rate 4: 1 • Rate 5: 6
<p>GWS is constantly striving towards providing a service that is culturally informed, understanding and respectful for everyone regardless of their gender, sexuality, race/ethnicity, language, religion, age and/or disability. How satisfied are you that we are meeting this aim?</p> <p>Is there anything else you would like to add?</p> <p>(0 – Not satisfied; 5- Very satisfied)</p>	
<ul style="list-style-type: none"> • Rate 0: 0 • Rate 1: 0 • Rate 2: 0 • Rate 3: 1 • Rate 4: 0 • Rate 5: 6 	

Additional feedback was shared by a member of staff from the Clement James centre

"I thoroughly enjoyed yesterday's session. I felt the Tree of Life was such a lovely way of engaging with our history, strengths, community and hopes, and the four of you each provided such a safe, encouraging and compassionate presence. I can see how much this was appreciated by the group. Thank you so much!"

3.5.1.2.1.2 Yoga

The feedback surveys show positive feedback for this workshop with 100% of participants that completed a feedback survey saying they would recommend the workshop to a friend or family member.

Name of Workshop/Group	Yoga
Dates Run	12/04/2023
Location	The Clement James centre
Number of attendees	N/A
Number of surveys collected (where appropriate)	4
Demographics of attendees where possible	N/A
Feedback Survey Responses	
Did you find this workshop helpful? (0 – Not at all helpful; 5- Very helpful)	Would you recommend this workshop to a friend or family member? (0 – Not at all helpful; 5- Very helpful)
<ul style="list-style-type: none"> • Rate 0: 0 • Rate 1: 0 • Rate 2: 0 • Rate 3: 0 • Rate 4: 0 • Rate 5: 4 	<ul style="list-style-type: none"> • Rate 0: 0 • Rate 1: 0 • Rate 2: 0 • Rate 3: 0 • Rate 4: 0 • Rate 5: 4
What did you like about the workshop?	What could we do to improve the workshop?
<ul style="list-style-type: none"> • “Lovely instructor, good pace for beginners. Friendly staff. Helpful for mind and body. Very enjoyable and found very beneficial.” • “Excellent sessions. It’s really helpful. Thanks to the wellbeing team.” • “I really enjoyed it.” 	<ul style="list-style-type: none"> • “Make it regular.” • “More often classes like this. Also, it to be in the evening or at the weekends”
How did hear about this workshop?	If you attended a workshop in person, how satisfied were you with the venue? (0 – Not satisfied; 5- Very satisfied)
<ul style="list-style-type: none"> • Referral: 0 • Social Media: 0 • GHWS staff: 0 • Newsletter: 0 • Website: 0 • GP: 0 • Another Professional: 2 • Other: 2 	<ul style="list-style-type: none"> • Rate 0: 0 • Rate 1: 0 • Rate 2: 0 • Rate 3: 0 • Rate 4: 1 • Rate 5: 3
GWS is constantly striving towards providing a service that is culturally informed, understanding and respectful for everyone regardless of their gender, sexuality, race/ethnicity, language, religion, age and/or disability. How satisfied are you that we are meeting this aim?	

Is there anything else you would like to add?

(0 – Not satisfied; 5- Very satisfied)

- Rate 0: 0
- Rate 1: 0
- Rate 2: 0
- Rate 3: 0
- Rate 4: 0
- Rate 5: 4

3.5.1.2.1.3 Older Adults Group – Tree of Life

The Older Adults Group participated in Tree of Life sessions in April in May. The majority of the clients who completed a survey found the workshop very helpful.

Name of Workshop/Group	Tree of Life Older Adults project	
Dates Run	11/04/2023 02/05/2023 09/05/2023	
Number of attendees	4	
Number of surveys collected (where appropriate)	4	
Demographics of attendees where possible	Older Adults group	
Feedback Survey Responses		
Did you find this workshop helpful? (0 – Not at all helpful; 5- Very helpful)	Would you recommend this workshop to a friend or family member? (0 – Not at all helpful; 5- Very helpful)	
<ul style="list-style-type: none"> • Rate 0: 0 • Rate 1: 0 • Rate 2: 1 • Rate 3: 0 • Rate 4: 0 • Rate 5: 3 	<ul style="list-style-type: none"> • Rate 0: 0 • Rate 1: 1 • Rate 2: 0 • Rate 3: 0 • Rate 4: 0 • Rate 5: 3 	
What did you like about the workshop?	What could we do to improve the workshop?	
<ul style="list-style-type: none"> • “Going through history of my life and present. Good to interact with people running the workshop.” • “The workshop reminded of my past life at home, in my country, university, friends, family and many other achievements. I also learned to draw.” • “I liked the sense of connection in the group that came to the workshop. I also liked the focus on our positive life stories.” • “Not sure.” 	<ul style="list-style-type: none"> • “More time and clearance to people who can’t comprehend the reason of the workshop.” 	

3.5.1.2.2 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.

The workshops provide a supportive, educational environment where people can learn from people with professional experience of mental health and from people with lived experience of mental

health. All of the workshops are coproduced and are designed to contribute towards wellbeing and recovery.

The GHWS Recovery College delivered 5 workshops over Q1 (April to June 2023). The feedback received for the workshops was positive.

Workshop	Date
Understanding Anxiety	19/04/2023
Understanding and Managing Emotions	26/04/2023
Getting a good night's sleep	04/05/2023
Managing Emotions	18/05/2023
Understanding Depression	22/06/2023

3.5.1.2.3 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.
- Community Connectors report template is undergoing changes to better reflect the work they do, no details are provided for this quarter.

3.5.1.2.4 Employment Support

We have employment specialists within the GHWS who work to support both GHWS and DS clients with their employment needs.

Employment Support for Q1 (Apr-Jun 2023)				
	Apr - 23	May - 23	Jun- 23	Total Q1
Referrals to employment service:	6	3	4	13

The employment team are working to ensure that the totality of their work is recorded which will give a much more rounded picture of the nature of the work they do. This will be included in the next quarter report.

3.5.1.3 Collaborations

A key element 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 3rd sector organisations.

Activity Area		Apr-23	May-23	Jun-23
Collaboration	Number of collaboration requests received in month	4	1	5

	Number of ongoing collaborations	18	17	14
	Number of collaborations completed in month	0	1	3

GHWS are in the process of developing a robust reporting protocol for collaborations including feedback mechanisms as part of the DQIP and will be able to report once this has been developed. 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 Kensington & Chelsea Food Bank

The Kensington & Chelsea Food bank that takes places every Tuesday and Friday. A GHWS member of staff is present to provide general support:

- Voucher issuing
- Signposting
- Engagement and referral to relevant parties, including GHWS.

Food Bank Centre	No. vouchers issued	Adults Engagement	Number of sign- posting	Number of referrals
Kensington & Chelsea Food Bank	70	200	71	5

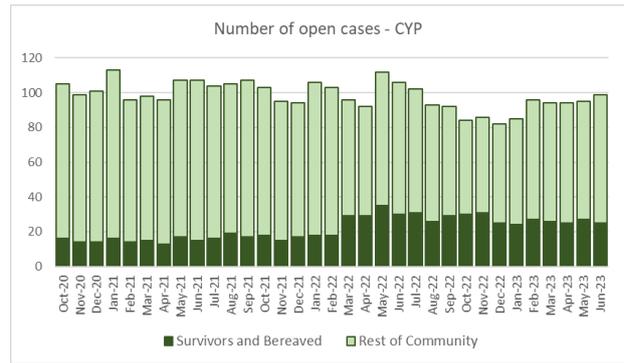
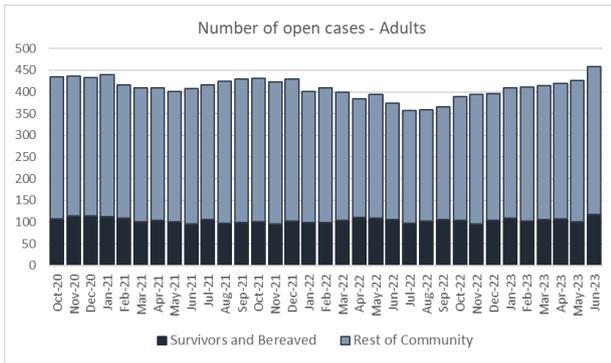
During the period between 7th of April 2023 to 30th June 2023. A total of 70 client's vouchers were fulfilled, 200 Adult engagements, 71 sign-posting, 5 referrals, during 3 sessions.

3.5.1.4 Interventions

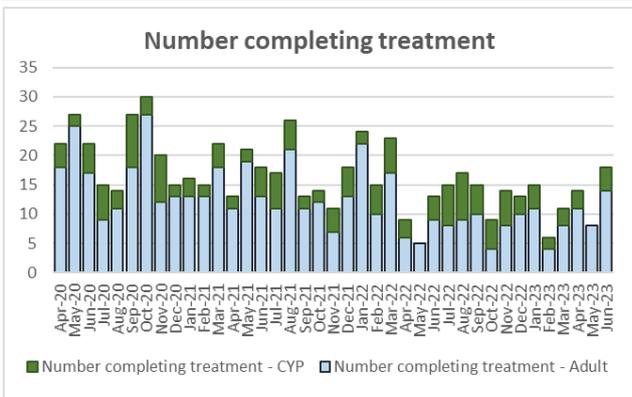
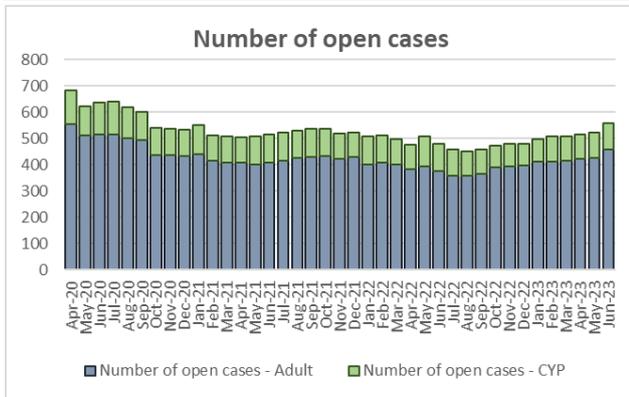
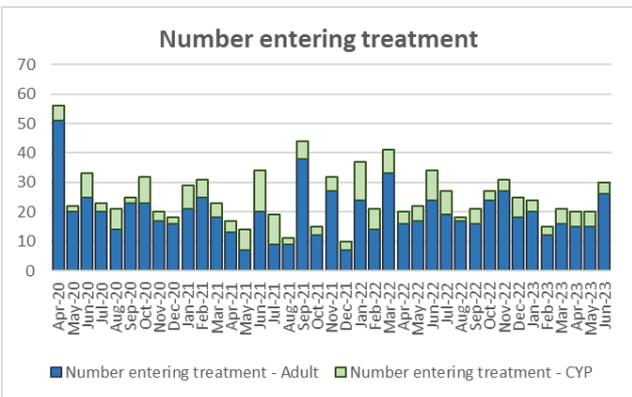
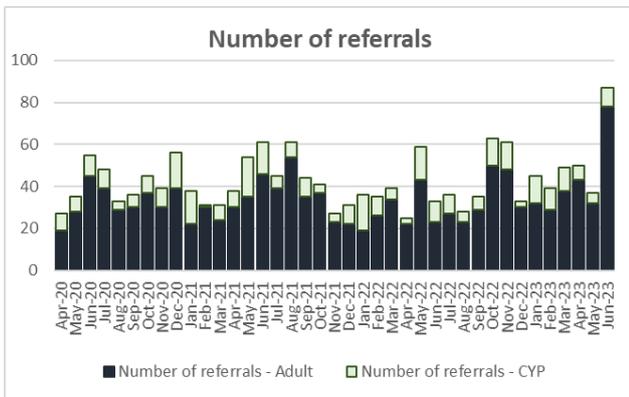
The GHWS aims to work alongside clients in a way that is tailored to them, their family and community. The offer includes a range of different therapies, groups and culturally adapted interventions (some of which are still being developed).

3.5.1.4.1 Therapy activity

In June 2023 there were 558 open GHWS cases; of those 142 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.

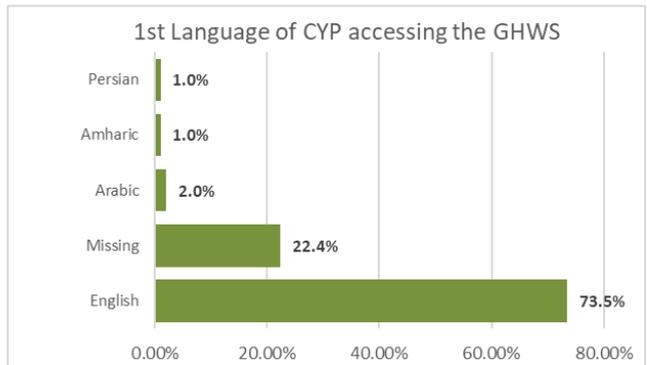
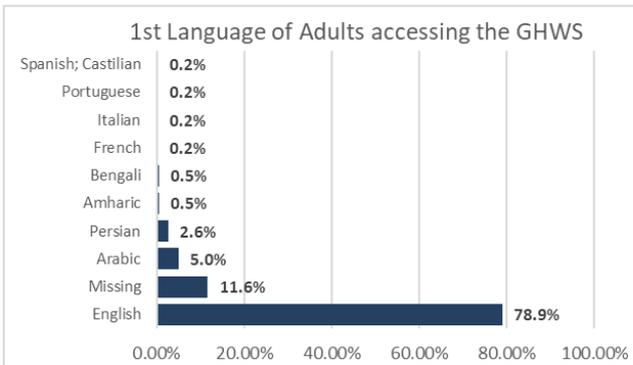
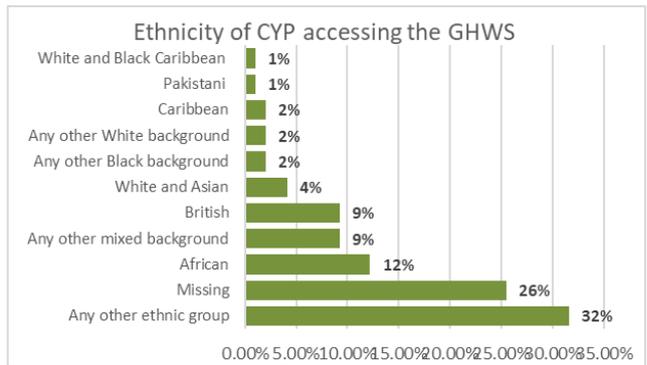
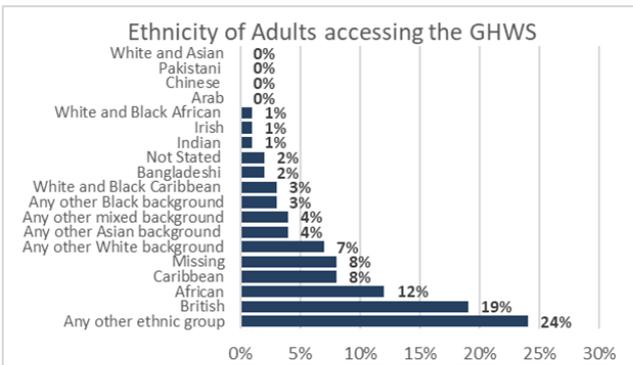
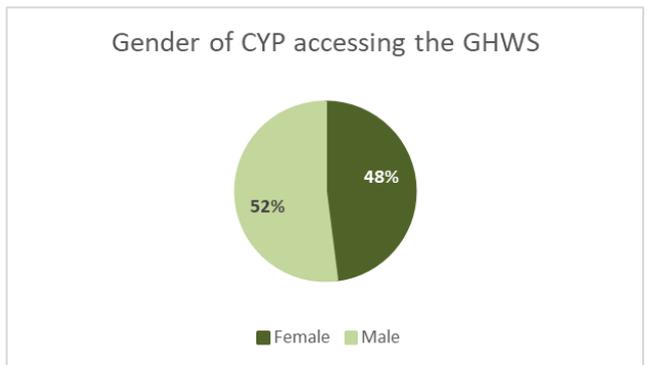
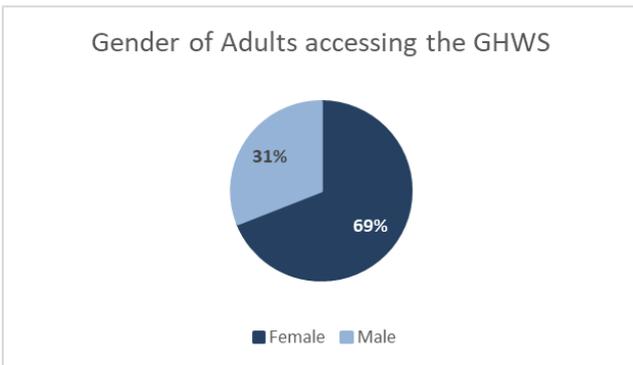
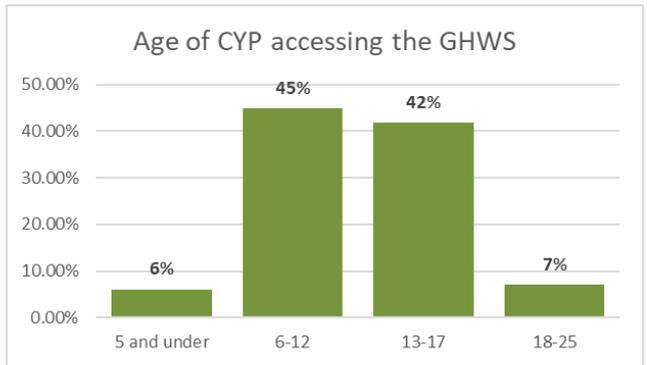
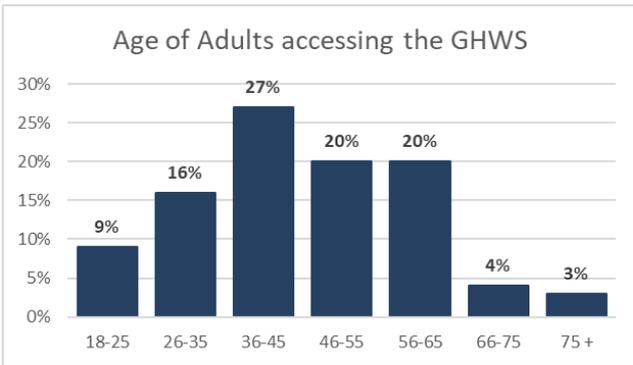


GHWS activity numbers fluctuate based on the needs of the community as well as external factors Inquiry, Tower discussions, news articles etc.

There was a significant increase in Adult referrals in June, this follows the usual pattern around the anniversary but has been affected by the withdrawal of private therapy provision for the Survivors and Bereaved.

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		Apr-23	May-23	Jun-23
Interventions: Group Work	Number of Groups run in month*	6	6	5

* 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:

- 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 (Apr-Jun), GHWS had conversations with Community Living Well (CLW) in order to fully understand their PEQs feedback mechanism and how this could be replicated by our service. The clinical platform used by both GHWS and CLW already has PEQs in the system that can be easily shared with clients depending on their stage of support provision. This is widely used by CLW.

Following on this, GHWS has adopted a phase approach:

- I. Collaborative review of PEQs by staff and service users.
- II. Explore all possible feedback routes: email, text, in person and etc.
- III. Establishment of guidelines and staff training.
- IV. Monitor PEQs collection and reporting.

In the next Quarter (Jul-Sep), GHWS aims to have the PEQs fully outlined and ready for launch.

- 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 Q4:

For Q1 there were 88 responses. Below is a chart showing the breakdown of responses received.



Any additional feedback was fed back to the appropriate team.

- Other feedback: Verbal, Text and email feedback

Clients often text or email their clinicians directly with feedback and thanks. CNWL have set up a feedback email address (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 Q3. It is all positive.

"'S' is 10 out of 10. She deserves a promotion."

A school thanked a GHWS member of staff for the collaborative work done for supporting several children.

"If I don't get to see you, just want to say thank you for all of the utterly INCREDIBLE work you've done with 'C', 'B' and others

For 'C', you have made all the difference. Without your support I doubt he would have been able to come into school each day and show the resilience he has shown. You have also really supported us professionally in school to manage risk when we've been worried about his safety in school and at home. I know he and his family will be forever grateful for your skill and care in managing his really complex mental health and always making time for him – even at incredibly short notice. Thanks SO much; you've really gone above and beyond."

Also, a compliment via a North Kensington GP surgery was shared about GHWS:

"Just last week, I received a glowing report from a local person (who doesn't lightly give these) of how GHWS has evolved."

Further feedback specific to the Dedicated Service is detailed in section 3.2.1.2.

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	Jan-Mar 2023	Apr-Jun 2023
Goals defined	37.0%	45.2%	8.6%	27.2%
Goals not appropriate/relevant	N/A	4.4%	N/A	0.9%
Goals not defined	63.0%	50.4%	91.4%	71.9%

The detail for CYP Goal based measures can be found in section 2.6.3.4.3.1.

Currently, there are 470 Adults open cases:

- 128 cases have goals defined, which corresponds to 27.2% of the open cases.
- 338 do not have goals established, which represents 71.9% of the open cases.
- Goals are not appropriate/relevant for remaining 4 cases (0.9%).

There was a good increase in GBM completion for Adult open cases from 8.6% (Jan-Mar quarter) to 27.2% (Apr-Jun quarter). Furthermore, goals are not relevant/appropriate for 4 open cases (0.9

%). For the remaining 338 (50.4%) cases, staff are reviewing them and verifying if goals can be used or not.

Entered treatment	Goals defined			Total
	Yes	No	Not relevant	
Yes	123	284	4	411
No	5	54	0	59
Total	128	338	4	470

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.

GHWS continues to:

- Actively promote goals amongst clients
- Re-iterate the importance of using goals among the Adults team
- Provide ongoing training and clear guidelines.

They hope that this will translate into a larger number of open cases having goals established by clients.

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.
- **CRIES (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.

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.

There are no adult case studies provided for the current Quarter.

3.5.1.4.3.4 Group Work

The following groups ran during Q3

- Nature’s Way: Gardening group
- Older Adults Wellbeing
- Bereavement Group
- GTEP (Group EMDR)
- MBCT (Mindfulness Based Cognitive Therapy) Group
- Hand of Hope

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.

Bereavement Group

The bereavement group is the outcome of a community response when we met earlier this year to discuss options with those dealing with grief and bereavement in the community. The group meets on Thursday evenings for two hours with an open membership and an open-ended lifespan – yet attendance by a core membership ensures narrative continuity.

The group is facilitated rather than led by therapists: the group itself leads the process, viewing this as one means of dealing with grief – by taking control within a wider post-Grenfell process they have viewed as outside their control. This structure validates the depth of knowledge, experience and wisdom within the group, encouraging a mutually supportive environment and a degree of autonomy in the hands of its community stakeholders.

Group-cohesion continues to strengthen as it builds its own narrative through story-sharing; reducing self-blame and increasing resilience as group members see their stories reflected back in the experiences of other group members.

Name of Group	Bereavement Group
Dates Run	13/04/2023 24/04/2023 18/05/2023 01/06/2023 08/06/2023 - a special joint sub-group meeting was held with the London Fire Brigade
Number of attendees	Not available
Number of surveys collected (if appropriate)	N/A
Group self-stated objectives	
<ul style="list-style-type: none"> • That this group not only operate as a therapy group/process group, but as a ‘praxis’ group where it seeks greater safety and security in the wake of the Grenfell fire, attempting threat-reduction in the physical as well as the psychological realm. To have access to higher-quality fire-prevention information – relevant since many group members experienced trauma as well as loss. As one group member put it: ‘I just want not to be scared all the time.’ • The group wish to appropriate a sense of ‘taking back control’ within a post-Grenfell process they have viewed as outside their control, and in order to moderate a sense of hopelessness in their community. The group wishes to exercise a greater sense of autonomy in group process, where therapists are ‘part’ of the process rather than a veiled or neutral presence, contributing to the group’s own narrative. • The group wishes to build its own narrative through the sharing of stories and through other devices, such as bringing in objects that have relevance and meaning to the deceased they are grieving; sharing meals favoured by/shared with their loved-ones, recreating memory and generating meaning with fellow group members contemporaneously. 	
Feedback to date	
<ul style="list-style-type: none"> • Group members have shared ad-hoc appraisals during group sessions: <ul style="list-style-type: none"> ○ Group member identified reduction in self-blame as a result of participation – sense of ‘guilt’ she would pass fears onto her children has diminished. Another reflected on reduced anxiety and a sense of general relief following ventilation. Shame-reduction, stress-reduction and some fear-reduction has been cited. ○ Group members shared a feeling of being ‘less alone’ in their plight. Group member said she discovered she was smiling more from others – and that she was in fact a little happier. ○ Two group members said they joined various therapy bereavement groups following the Grenfell fire, but felt themselves inhibited from speaking due to group protocols and therapeutic ‘expectations’. Eventually they turned to online groups, after which they ‘stopped trying to find grief groups’ altogether. In this group, they observed, they felt less inhibited and nervous after the first few sessions, experienced greater freedom to share their stories and worries in a non-judgmental/protected environment, and have experienced more acceptance and self-acceptance. 	

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.

Name of Group	Older Adults Wellbeing
Dates Run	Every Tuesday morning
Number of attendees	N/A
Group Activities	
<ul style="list-style-type: none"> • Between April and June 2023, the older adults group participants engaged in a variety of workshops and activities. These have included: <ul style="list-style-type: none"> ○ 'Tree of Life Sessions ○ Art therapy taster sessions ○ Workshops on 'Understanding and Managing Emotions', 'Assertiveness' and 'Managing the Grenfell Anniversary.' • The Older Adults group had an Easter party on Tuesday 4th April and some photos are shown below. • The group have had a 'chair yoga' and a 'dancing for health session.' • The group have also enjoyed some social events, which included a trip out to Kensington Palace and a visit to the café in the garden at Museum of Brands. • The group have also been involved in a 'Life stories in songs' project in collaboration with a local songwriter. The culmination of this project was having their individual songs recorded and then played live at both the One Community festival and the Trellick Tower festival. 	
Feedback	
<ul style="list-style-type: none"> • One member whose song 'Lady with Blue Hair' was sung in public said that she 'felt like a star because people knew the song was about me and came up to me and wanted to speak to me about it.' • A member whose sister recently died in the war in Sudan said: 'It is so important to me to come to the group and to be able to talk about my sister and to have a place where I can cry and feel comforted by everyone.' • Another group member said 'coming to the group is the one thing that gives my life meaning and it gives me a reason for getting up on a Tuesday morning.' (We are focused on trying to support him to find other things in his life outside of the group that will give him more reasons to want to get up). However, as a result of being in the 	

group he has now overcome digital exclusion and told us with a big smile that he 'now uses his IPAD every.'

- Another group member said 'What I love about our group is that we do so many different types of things....I can dance and sing and discuss lots of different things and laugh and cry sometimes.'

Hand of Hope

A collaboration between Al Hasaniya and Grenfell Health and Wellbeing Service providing a space where Arabic and movement are forms of communication. The group offered 6 sessions of Movement Psychotherapy workshop, where the women share movement and music together and reflect on what comes up for them while drawing from their experiences in their personal lives.

Name of Group/Workshop	Hand of Hope x Movement Psychotherapy Workshop
Dates Run	24/04/2023 02/05/2023 09/05/2023 15/05/2023 22/05/2023 29/05/2023
Number of attendees	5-10
Number of surveys collected? *	7
Demographics of attendees where possible	All Arabic-speaking women
Feedback	
<ul style="list-style-type: none"> • Grenfell surveys were used for outcomes measures. <ul style="list-style-type: none"> ○ These mainly showed improvement among everyone, including, “reducing stress in connection to Grenfell. Most seem to have “found the group to be helpful”, especially in “increasing levels of personal reflection”. They also expressed that “the group has helped me feel more relaxed and calmer” and “the group has helped me to feel more resilient/able to cope with my difficulties”. ○ The survey also highlights the progress of “talking more to group participants outside of the session” and “feeling more connected to the community”. All participants shared that they would recommend the group to others. ○ The women shared verbally that they enjoyed being able to think about mental health in a creative way that allowed them to think about memories from their home countries. They also highlighted the importance of being able to have similar sessions in their native language. 	
Next steps	
<ul style="list-style-type: none"> • The group has requested to have another set of workshops after summer, staff from both services will be working with potential members on how specifically what would be helpful to improve the topics that scored lowest on the survey. There are plans to resume in October (still in early stages). 	

3.5.1.5 Community Issues and event responses

Activity Area		Apr-23	May-23	Jun-23
Community Issues & Event Responses	Number of community issues supported in month	1	0	0
	Number of events supported in month	2	3	4

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:

- Follow-up article in the Mirror about firefighters
- Kensington Eid celebrations
- Young Person and Youth Iftar
- Q&A with Secretary of State
- Morley College Fun Community Open Day
- Men’s Health Day at the Dalgarno Community Centre
- Children’s Remembering Together Event
- Grenfell Tower visits
- One Heart Festival
- Grenfell Anniversary event - Thistle Hotel Marble Arch

6th Anniversary on the 14th June:

- GHWS actively supported the community.
- Clients and the community were grateful for the support provided, for their quiet humility and how the service get on with the job.

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:

- I. General evaluation form is under review
- II. Send the form to relevant individuals/organisations
- III. Start reporting in the near future

3.5.1.6 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 Q1 the Adult SUIT were involved in the following projects:

- **Open Day planning:** two adult service user consultants were part of the planning committee for the open day and a number of the consultants attended on the day.
- **Arts space collaboration:** one adult service user consultants have been a part of this project
- Interview panels for all GHWS roles recruited in this quarter.
- **Mentoring of CYP service user consultants:** two service user’s consultants’ mentor the young service user consultants.

- **Focus group for MILL project:** four service user consultants attended this focus group for MILL research.
- **Grenfell Recovery College workshops:** co-facilitated by adult service user consultants.
- **Community workshops (such as at the volunteer centre):** co-facilitated by adult service user consultants.
- **Feedback for 'smiley face machines' in GHWS waiting room**
- **Presentation to SMT:** on co-production and service user involvement work at GHWS
- **Co-facilitating a crèche to children to develop skills:** social skills, separation anxiety if appropriate, exploring and confidence building while parents are accessing swimming/wellbeing offer.
- **Supporting staff in setting up the Discovery College**
- **6th anniversary:**
 - Anniversary planning team.
 - Supporting events on the Grenfell anniversary, including at community venues such as the SPACE and the leisure centre.
 - One of our service user consultants facilitated a number of creative writing sessions for the community on the anniversary, and was supported by another adult service user consultant.

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)

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 266 CYP Enhanced Health Checks (EHC) completed across practices and the community. A total of 246 CYP have had at least one EHC.

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

	Number in cohort	1 st EHC	% uptake
Survivor (inc residents of Grenfell Walk)	89	48	54%
Bereaved	40	20	50%
Total	129	68	52%

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).

- There are plans to review the Enhanced Health Check template in July and August 23. The aim would be to update the template to reflect the changing needs of survivors and bereaved.
- A CYP Social Prescribing Link Worker project is due to start in September/October 2023, this will include proactive case management of eligible CYP. They would be invited to an Enhanced Health Check CYP session 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.

3.6.1.2 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.

As of March 2023 out of the 238 EHCs conducted, 26 resulted in onward referrals, indicating an 11% referral rate. It's important to note that some patients received multiple referrals, resulting in a total of 35 onward referrals. Of these 26 patients there were no recorded onward referrals for those patients from a bereaved family.

These numbers are small but it can be noted that the majority of the recorded onward referrals were when the service first started in 2019 and have decreased over the years.

It is planned to continue analysis of this data with further clinical input and with refreshed data.

3.6.2 Paediatric Long-Term Monitoring Service [Regulation 28]

3.6.2.1 Activity

As at June 2023 the total number of bereaved and survivors recorded by the NHS Dedicated Service is 223. Of these children, 156 have been offered, a further 63 is not known and is has not been possible to contact 4.

Of the 44 tower survivors 98% have been offered the service by the Dedicated Service and 91% have been referred into the service.

		Referred**	Referred %	Seen	Seen %	Dissented	Dissented %
Survivor in Tower	44	41	93%	35	80%	5	11%
Survivor Other	80	42	53%	37	46%	0	0%
Total Survivor	124	83	67%	72	58%	5	4%
Bereaved	100	53	53%	34	34%	5	5%
Total	224	136	61%	106	47%	10	4%

The service has seen 35 of the 41 of the referred tower survivors, 5 have deferred and will be contacted in the future to be booked in for next year, 1 is booked in to be seen.

Work is ongoing to look at those 88 that have not been referred.

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.

This conversation is ongoing but the following areas have been agreed:

- Impact of service
- Patient feedback
- Case studies
- Activity data

The following areas are still being finalised

- Anonymised data showing emerging trends/ health needs
- Onwards referrals
- Evidence of the need for the service

Meeting to take place with Imperial Paediatric Long Term monitoring team, to discuss data sharing.

Data Task and Finish Group to be set up in October 2023 to address. Resources from WISC and NWL BI team has been requested to support and develop

- Data sharing
- Collation of anonymised data
- Centralised Grenfell surveillance dashboard

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

Creative Workshop

Name of Workshop/Group	Creative workshop
Dates Run	13/04/2023 14/04/2023
Number of attendees	30 (25 children and 5 adults - parents)
Location	Our Power Hub
Number of surveys collected (where appropriate)	N/A
Demographics of attendees where possible	N/A
Feedback	
<ul style="list-style-type: none"> Our Power Hub staff and service users were quite happy with the support provided. It was all verbal feedback and unfortunately it was not possible to have any feedback survey done. 	

Developing Resilience

This corresponded to the first Discovery College workshop for young people as part of a pilot at Morley college on Thursday 22nd June. The workshop on 'Developing Resilience' was facilitated by GHWS staff and a Grenfell Service User Consultant. Nine people attended the workshop. The feedback from the young people was very good and the young people have given a list of topics for future workshops.

Name of Workshop/Group	Developing Resilience	
Dates Run	22/06/2023	
Location	The Clement James centre	
Number of attendees	9	
Number of surveys collected (where appropriate)	9	
Demographics of attendees where possible	N/A	
Feedback Survey Responses		
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"> Excellent: 5 Very Good: 2 Good: 2 Some Value: 0 No Value: 0 	<ul style="list-style-type: none"> "All of it!" "Developing resilience help us to deal with different situations in life." "Discussions of strategies for developing resilience." "Strategies and how everyone was so involved in sharing." "The breathing exercises." 	

	<ul style="list-style-type: none"> • “Very informative! Good for people to say what they feel.” • “How to be resilient.” • “Learning coping mechanisms and being able to share.” • “How to cope with difficult situations”
Is there anything you would like us to do differently to help you learn in this workshop?	
<ul style="list-style-type: none"> • Workshop being a bit longer • More discussion time 	

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 Q2 2023/24.

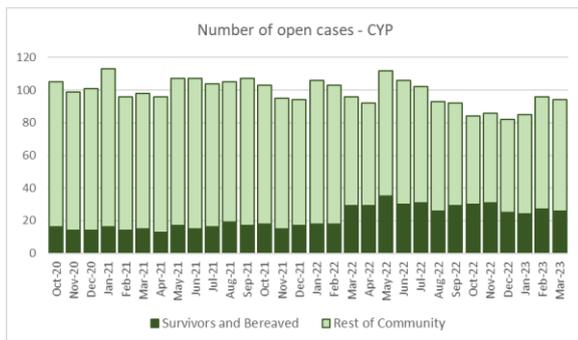
3.6.3.3 Collaborations

There were no CYP specific collaboration requests in Q4.

3.6.3.4 Interventions

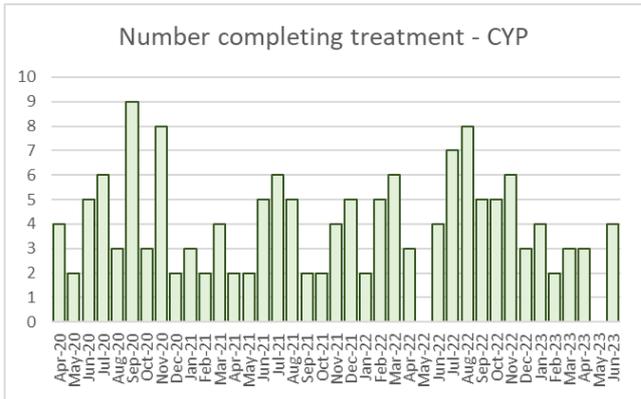
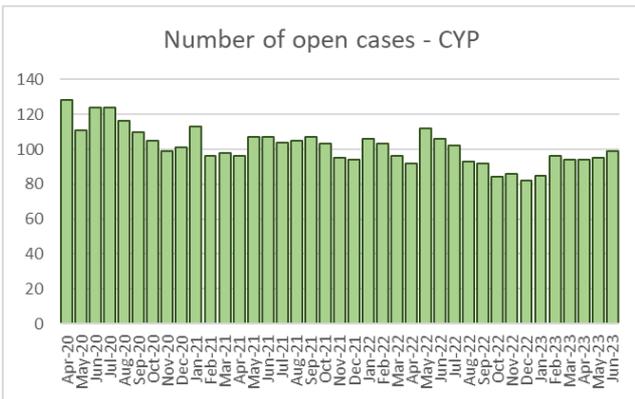
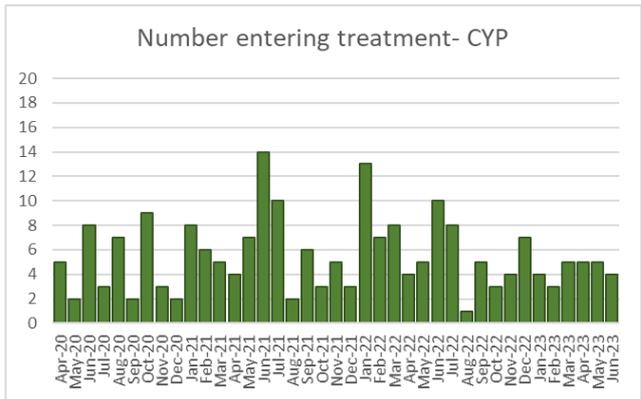
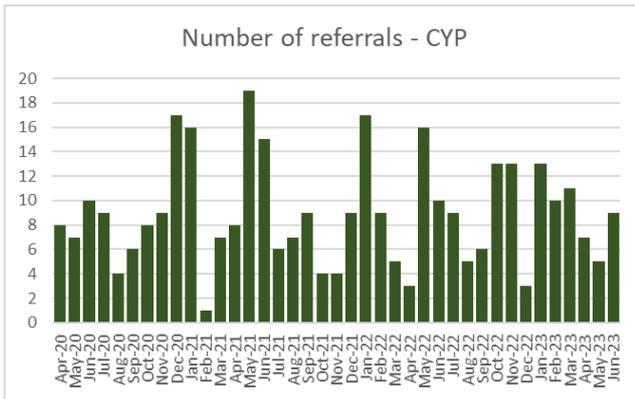
The GHWS aims to work alongside clients in a way that is tailored to them, their family and community. The offer includes a range of different therapies, groups and culturally adapted interventions (some of which are still being developed). For CYP all therapies offered involve the use of play and creative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

3.6.3.4.1 Therapy Activity



At the end of June 2023 there were 99 open cases of which 25 are from survivor or bereaved families. Additionally, 24 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.

Staff have been reviewing if every client on their caseload has a goal-based measure completed. In certain circumstances goals may not be applicable – client declined offer of goals recording or piece of work being done with client does not justify goals usage. On those occasions, this is properly recorded on the clinical system as 'GBM not relevant'.

For goals that are able to be assessed, the majority have resulted in either an improvement or goal accomplishment.

A total of 115 CYP cases were considered in the analysis:

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

Goals have been defined for 52 out of 115 (42.5%) cases, which is an increase of over 5% in completion when compared to the last quarter.

Goals are not appropriate for 5 open cases, the remaining 58 (50.4%) are being reviewed to see if goals can be used

Entered Treatment	Goals Defined			Total
	Yes	No	Not relevant	
Yes	34	52	5	91
No	18	6	0	24
Total	52	58	5	115

Goals on CYP cases are defined using an in-built functionality in the clinical platform that enables the **set-up and scoring of up to 3 goals**.

Goals scores range from: 0 = Not achieved to 10 = Achieved.

The goals' outcomes were assessed and categorised as:

- **Goal not defined:** absence of a particular goal being established.
- **Only scored once:** only a score available, so scores variation cannot be estimated.
- **Worsen:** goals scores have decreased over time when considering the first and last scores recorded.
- **No change:** first and last scores are the same.
- **Improvement:** goals scores have increased over time.
- **Goal achieved:** when a score of 10 has been recorded, so goal has been accomplished.

For goals that have multiple scores recorded, the majority have resulted in either an improvement or goal accomplishment.

Outcome	Goal 1		Goal 2		Goal 3	
	Value	%	Value	%	Value	%
Goal not defined	1	1.9	22	42.3	33	63.5
Only scored once	14	25	12	27.3	8	15.4
Worsen	7	13.5	4	7.7	3	5.8
No change	1	1.9	2	3.8	2	3.8
Improvement	16	30.8	6	11.5	3	5.8
Goal Achieved	13	25	10	19.2	3	5.8
Total	44	100	44	100	44	100

- Over the last quarter (April to June 2023), GHWS developed different strategies in order to increase goals usage:
 - GBM guidelines were reviewed and updated.
 - Further training provided to staff.
 - Active promotion of goals among clients.
 - Mechanism to record when goals are not appropriate/relevant for a particular case in the clinical platform.
- The previous strategies have resulted in:
 - Increase of goals completion for open cases: 45.2%.
 - Understanding of cases where goals are not appropriate/relevant: 4.4%
 - Ongoing review of cases: 50.4%
- GHWS continues to:
 - Actively promote goals among clients.
 - Re-iterate GBM importance among staff.
 - Provision of ongoing training and clear guidelines.

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.
- **CRIES (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.

No CYP case studies have been provided for Quarter 1.

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. We 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.

Name of Group/Workshop	Children and Young People's Gardening Group
Dates Run	Every Wednesday from 4-5pm
Number of attendees	<ul style="list-style-type: none"> • At most, 5 children at one time. • 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. • Parents get sent a text reminder the day before the group or the morning of the group.
Group Activities	
<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • 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

In Q1, the Young People SUIT were involved in a number of projects including:

- Lavender walk
- Our Community Inheritance
 - As part of the Clement St James Wellbeing series. It took place on 3rd May 2023. A young Suit helped us to deliver the arts-based intervention as a self- esteem project.
- Banner Making with the Royal College of Art
- Presentation with the UKTC
 - The young SUITs were invited to speak at a conference run by the UK Trauma Council, about how school staff can support students after a critical incident. The Young SUITs prepared and delivered a presentation about what they thought was helpful and unhelpful in their experiences at school after the Grenfell Tragedy and why, and their recommendations for school staff supporting children going forward.
- Video's with Young K&C
 - One of our young SUITs developed a proposal for a project around creating short videos with the local community asking what helps them to feel good and resilient. We linked in

with Young K&C who asked us to participate in their video project promoting awareness of services for young people in the borough.

- GHWS Open Day
- Home is Project
- North Kensington Children's Festival

3.6.3.3 Children's SUITs

The children's SUITs are a group of 8-11-year olds from the local community who use their voices to provide feedback and shape the Grenfell Health and Wellbeing Service. The group is called the 'Young Heroes'.

The Young Heroes met for their monthly meeting 3 times this quarter. Through these meetings the Young Heroes have contributed lots to the service.

- They reviewed the new GHWS Goal Cased Outcome Measure sheets for CYP.
- They also reviewed the design and contents of the Children's Therapy Room (Room 15), as well as Room 10 which is being transformed into a sensory room.

Outside the monthly meetings, one Young Hero also came along to the GHWS Open Day on 23rd May, where she helped to co-facilitate the Team of Life taster to a group of attendees.

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.

There were a number of engagement and community events attended and supported by the NKR CYP work stream lead.

- Child Health Advice and Tips (CHAT); Attended a session with 15 parents under 5 play group, the session was hosted by a GP.
- Joint meeting with RBKC colleagues (Grenfell Partnership Team), and Primary School Head Teachers.

Key discussion points included

- Overview of plans for next phase of the work on Grenfell including the JSNA
 - Schools felt they need ongoing emotional and wellbeing support and expressed concerns about support being scaled back.
 - Schools would like input in what services are commissioned as they see majority of children and have asked to be able to received direct funding to arranged and agree emotional and wellbeing support.
 - Schools present at meeting have invited CYP Lead and RBKC colleagues to visit their schools and meet pupils to scope needs and discuss co-production opportunities
 - Schools also discussed the need for support staff who are feeling overwhelmed.
- Tania Moore Chief Executive of Youth Alliance to talk through the current CYP Grenfell Services and Core CYP mental health offer.

- There was a request for training to support young people and parents with first aid training.
- Youth Alliance expressed interest in access Peer Support once it is available. They are keen to offer Peer Support to the CYP from the travelling community.
- Youth Alliance also expressed an interest to work more closely with NHS services and set up referral pathways where appropriate
- Early Help Partnership
 - 17th April 2023 provided an update on the Grenfell Health and Wellbeing Strategy
 - Actions were agreed, to reduce duplication there is an intention to map related strategies, to clarify where action is already taken in relation to likely areas of focus for the early help system
 - Workshop on 6th June 2023 the following was discussed:
 - Increased need to empower and support parents to understand the services being offered
- CYP Health Partners sub meeting was held on the 22nd May 2023 to provide an update of the CYP programme.
 - Provided update on NKRT commissioned services and mapping of CYP mental health provision.
 - Including update of ICB CYP strategy including plans for alignment of provision with NHS Grenfell services, community services and NHS core services.
 - Clarified concerns around NHS services replacing community mental health project. Explained desire is to work and align.
 - Provided feedback from engagement with CYP and organisations working with CYP. Top priorities included: Access to services, Support for Parents and Carers, information about signposting, Support for workforce, CYP Peer Support/Peer Mentoring
 - It was agreed that the CYP subgroup will meet regularly. Next meeting date to held on 28th September 2023

Future Engagement

The head teachers present at the meeting in June have invited the NKR CYP Lead and RBKC colleagues to visit their schools and meet pupils to scope needs and discuss co-production opportunities. The meetings are planned for September/October 2023, which will feed into development of pilot.

3.6.5 Training and Workshops

No training or workshops this quarter.

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 September/October 2023 and will include development of monitoring and evaluation to measure health literacy.

The NKR CYP Lead is speaking 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 is to start in September 2023.

Paediatric LTM: People happy to attend by themselves. Imperial have reported people opting out of health care professionals supporting them to attend appointment. This demonstrates a positive impact of the service as people feel confident to access specialist service on their own. It also demonstrates a level of confidence to engage with service to explain their health needs.

3.7 Engagement and Collaboration

The number of engagement meetings undertaken in this quarter was 85. This quarter included the 6 Anniversary of the Tower fire.

3.7.1 Sixth Anniversary 14th June 2023

- The community marked the sixth anniversary of the Grenfell Tower fire on the 14th June. It was an important anniversary as six years is the equivalent to 72 months - same as the number of people who lost their lives.
- The mood in the community was solemn and sombre and the community was unified and determined, driven by a shared sense of urgency and the need to seek justice.
- Residents hoped the tragedy would be a catalyst for social change, but the lack of justice and change is causing a lot of anger and frustration. Emotions ran high as people came together, demanding accountability from the council and government.
- Several community events were organised in the month of June and on the 14th to pay respects for those that had lost their lives.
- Health partners organised events designed to allow people to come together to reflect and support each other.
- The engagement team attended several memorial events, and informal gatherings in the community in the two weeks' period before and after the 14th of June.

3.7.2 Health and Wellbeing Strategy Refresh

The Review of Health and Wellbeing strategy for North Kensington was completed after an intense period of consultation and conversations with residents and local organisations over the last six months. The final report was published in this quarter and sets out our actions following input from communities.

This document has been shared with health partners and all relevant stakeholders in North Kensington

3.7.3 Health Partners'

Regular monthly meetings with health partners were held in April and May.

The agenda in April focused on Health and Wellbeing review, supporting community assets, Grenfell specific updates and planning for future health needs (Transition and Sustainability).

Actions from the April meeting

- Issue raised about NHS withdrawing DS support for interpreters to survivors and bereaved.
Action taken: Krishna investigated the matter and reported back to the HPs which clarified the situation. Access to interpreters is now assured.
- HPs requested to see the final document of the Health and Wellbeing review.
Action taken: The final version was shared with the health partners before it was circulated more widely. This provided assurance that the issues raised by health partners and local residents were being addressed.
- HP requested a central log for all community events being planned to mark the sixth anniversary.
Action taken: Radhika created and maintained a log of events. This was shared with all HPs and put on the NHS website.

The 18th May meeting was devoted to in-depth discussions around Grenfell Health and wellbeing service provided by CNWL. David Bailey and Lucy Wood were invited to attend the meeting because the health partners had asked for a face-to-face conversation with CNWL about their Grenfell service offer. They also wanted an opportunity to ask them questions and raise concerns.

The HPs focused on key questions related to the recovery process being community led, emphasising the significance of culturally appropriate mental health support, and understanding CNWL's budget allocation and service evaluation.

Going forward it was agreed that Health Partners and Grenfell Health and Wellbeing Service would play an active role to ensure that more non-medical support from local stakeholders would be available to those impacted by the fire. The need for greater non-medical services was also a key theme in community responses to the review of the Health and Well Being strategy.

Actions from the May meeting

- Health partners requested to see the brief for the evaluation commissioned by Grenfell Health and Wellbeing service. Lucy Wood agreed to provide the brief given to Kings Fund to undertake the work.
- They also requested information about the community connectors. Lucy offered to share information about them.
- Health partners agreed to continue conversations with CNWL about investing in communities and people rather than in purely medical services. They agreed to have a follow up meeting with David Bailey to better understand how the underspent from 5 million allocated to CNWL will be used for the community led recovery.

CYP Subgroup meeting of health partners.

A special subgroup meeting took place in May as a result of the actions emerging from the October meeting of health partners. The HPs wanted specific information on what health services had the NHS commissioned for CYP. They expressed a desire to work closely with NHS so that they can

share their expertise and experience of working with CYP to ensure that the best health services were being commissioned.

Actions

- Camille to meet with Rugby Portobello Trust to discuss the peer support model.
- Introduce the social prescriber (new appointment) to the health partners to understand the service offer and include relevant partners in the directory of services for CYP referrals, ensuring greater connectivity and understanding of the key health challenges for CYP.
- Camille to meet with CYP health partners to better understand their capacity and services they can offer to ensure that these are included in the menu of community-based services for schools to enable them to make CYP referrals.
- Camille agreed to include the CYP community organisations and the health partners in the menu of services and referral options she is planning to develop for schools.
- Maintain the CYP subgroup of the health partners to monitor how the NHS is delivering against what NHS has promised in the Health and Wellbeing strategy review.
- Balance between schools and out of schools and how best that can be achieved to be discussed at a follow up meeting.
- Clarity and details to be provided on the alignment – it would be helpful for people to understand what alignment means in practice. It would be good to explain to people what is being aligned, the reason for it and how it benefits CYP.
- Camille offered to arrange for someone from CAMS to attend a meeting of the HP and explain the services they are providing, their model of services, share data on access and how they are working to improve the waiting times, if this would be helpful.

There was no health partners meeting held in June because Partners wanted time to plan for the sixth anniversary and focus their time on supporting the communities and families.

3.7.4 Other Engagement Work

3.7.4.1 Engagement meeting with Al' Manaar

Al' Manaar Community centre has played a key role in helping the community, survivors, bereaved and those impacted the Tower fire and the continuous support that is provided to the community in North Kensington.

Their faith-based counselling and support services for adults and CYP has contributed significantly to supporting survivors and bereaved and residents in their recovery.

It was agreed to hold monthly meetings with Al' Manaar team to learn from the insights gained from their work with residents and explore ways the work could be supported through social prescribing. This was a good example of community led recovery through the provision of non-medical services.

Regular meetings have been planned to find the best mechanism to support the continuation of this work.

Summary of discussion

- Issues around Muslim men not accessing mental health support due to cultural reasons. Al' Manaar have raised this with Talking Therapies directly on how this challenge will be addressed? Response is awaited.
- Any approach to provide support / services to this cohort needs to make a distinction between mental health and wellbeing issues. The difference between the two must be understood and dealt with differently to ensure the services offered are culturally relevant.
- Self-care support for well-being for Muslim men needs to be culturally appropriate. Crucial to consider the activity being offered and the setting where it is provided for any self-care provision to be culturally accessible for the users. Agreed to examine self-care provision and its cultural appropriateness.
- Faith and religion are key factors to be considered in the context of self-care and well-being services for Muslim population. Al Manaar can play a role to facilitate this.
- Recent example of Al Manaar working with Talking Therapy services to raise awareness of their services in the prayer congregation at Al Manaar attended by 2000 people. The Imam was involved and read a Khutba which included information about the service and a message to people to access the service.
- Plans for Grenfell sixth anniversary.

3.7.4.2 JSNA

NK Engagement team is collaborating with RBKC provider on their JSNA, with a specific focus on gathering qualitative feedback regarding the health needs of the local of older people, individuals residing within a 200-meter radius of the tower, and minority ethnic women.

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 2 2022/23 data will be produced by the end of December 2023
- Closer working with RBKC and public health on the JSNA document to link outcomes and impacts across the whole programme
- 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.