

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	North Kensington Recovery - Grenfell Health and Wellbeing Service (GHWS)
<b>Commissioner Lead</b>	Mary Mullix, Director, North Kensington Health Recovery, NWL CCG
<b>Provider Lead</b>	Ann Sheridan, Managing Director – Jameson Division, CNWL
<b>Period</b>	1 <sup>st</sup> April 2022 - 31 <sup>st</sup> March 2024
<b>Date of Review</b>	Starting September 2022

### 1. Purpose

#### 1.1 Strategic Context

Ever since the fire at Grenfell Tower in June 2017, partners in the NHS North Kensington Recovery Programme, including North West London CCG and Central and North West London Foundation Trust (CNWL), have been working together to coordinate the health and wellbeing response for those affected by the fire.

In April 2019, NHS England committed up to £50million for additional acute, primary, mental health and community-based care services to support the recovery of the North Kensington community. This resource was intended for investment over a 5-year period up until March 2024.

In 2020 the North Kensington Recovery programme – following extensive engagement with community groups - published a Health and Wellbeing strategy, which established the following vision:

“That high quality health and wellbeing services are in place, appropriate to the needs of survivors, bereaved and residents and which contribute to building individuals’ and the community’s resilience”

The strategy also places emphasis on services being culturally competent, continued co-production with the local community, the NHS’s role in promoting community resilience, and the importance of measuring the impact and outcomes of the work undertaken. Services must also take into account international evidence and good practice from disaster recovery elsewhere, and adapt to a range of high profile events, including the Public Inquiry.

CNWL’s Grenfell Health and Wellbeing Service (GHWS) is a key part of the NHS recovery programme, 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.

## 1.2 Aims

The GHWS has the following aims:

- Continue to co-produce a service alongside the community and for the community, constantly adapting, seeking feedback and integrating change into service provision
- To reduce the psychological, social and emotional impact of trauma and loss related distress as a result of the fire
- Support people on a journey of recovery where they are able to better self-manage their distress and help to develop emotional resilience.
- Promote and co-produce emotional wellbeing and resilience building at the individual, family and community level
- In line with the NHS Long Term Plan vision, the aim of service is to design and implement a new population-based model which continually strives to remain culturally appropriate to meet the needs of the local population and to address issues of health inequalities.

## 1.3 Policy Context

In terms of national and regional policy guidance, the following documents provide a backdrop to the service response

- The NHS Long Term Plan (2019)
- NHS England (2014) Achieving Better Access to Mental Health Services by 2020
- No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages (2011)
- Department of Health and NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing
- Mental Health of Children and Young People in London (Public Health England, December 2016)
- London Mental Health Response to Major Incidents: Pathway documents (2017)
- Improving Access to Psychological Therapies Programme
- Post-traumatic stress disorder (NICE Guidance NG116)
- Promoting health and preventing premature mortality in black Asian and other minority ethnic groups – Quality Statement 5: Support for people with mental health problems (NICE Quality Standard QS167)
- Older people: independence and mental wellbeing (NICE Guideline NG116)

In addition, issues raised in local policy documents need to be considered as follows:

- Journey of Recovery: Supporting health & wellbeing for the communities impacted by the Grenfell Tower fire disaster (JSNAs for Westminster & Kensington and Chelsea) <https://www.jsna.info/grenfell-tower-fire-disaster>
- Mental Health and Wellbeing in Kensington and Chelsea and Westminster, JSNA Report <https://www.jsna.info/document/mental-health-and-wellbeing-jsna>

- Mind the Gap – A Review of the Voluntary Sector Response to the Grenfell Tragedy (Muslim Aid, May 2018) <https://www.muslimaid.org/grenfell-report/>
- Maybe Things Can Change: A BME Community Needs Assessment after Grenfell (Musawa: BME Community Consortium, July 2018) [http://www.musawa.org.uk/wp-content/uploads/2018/07/MUSAWA\\_REPORT-Maybe\\_Things\\_Can\\_Change.pdf](http://www.musawa.org.uk/wp-content/uploads/2018/07/MUSAWA_REPORT-Maybe_Things_Can_Change.pdf)
- Connecting with boys and young men at the margins of services in North Kensington: A short study (Shane Ryan, August 2018) <https://www.jsna.info/sites/default/files/RBKC%20Boys%20and%20Men.pdf>
- Community Voices: Conversations with North Kensington residents about their health and wellbeing (February 2020)
- A Health and Wellbeing Strategy for North Kensington to March 2024 (September 2020), NWL CCG
- Health Partners review
- Poverty and Prosperity in Kensington and Chelsea (November 2021); Kensington and Chelsea Foundation

## 2. Service Scope

### 2.1 Service User Groups Covered Including Exclusion Criteria

#### **GHWS: Inclusion Criteria**

- All individuals and families who have developed emotional health and wellbeing problems as a direct or indirect result of the Grenfell Tower fire or whose pre-existing emotional health and wellbeing problems have been worsened by exposure to the Grenfell Tower fire or its consequences, including those attending local schools and their families; and local voluntary organisations including their staff to promote community recovery at all levels.
- Availability for this Community based support will need to be tailored depending on the nature of the support needed at the time, but can be open to residents of the K&C population. This is reviewed on a case-by-case basis.

#### **GHWS: Exclusion Criteria**

- Adults, children and young people with difficulties unrelated to the fire
- Adults, children and young people who are at immediate significant risk to themselves or others requiring emergency action.
- Individuals whose problems are primarily related to drug and alcohol use that are more properly supported by specialist services commissioned by the local authority or elsewhere, however we will continue to work with individuals who present with secondary alcohol and drug related problems that are trauma related.
- Adults, children and young people whose primary need is best met by other Secondary Care or specialist services e.g. Community Mental Health Teams, provision for people with learning disabilities etc.

## 2.2 Geographical Population

Although the initial response focus on the 'North Kensington' neighbourhoods close to the Grenfell fire evacuation and population mobility means that not everyone within the eligibility criteria is now resident in the North Kensington area. Many people who were living in Grenfell Tower, Grenfell Walk, Barandon Walk, Testerton Walk and Hurstway Walk were displaced into hotel accommodation, and many have been rehoused elsewhere in Kensington & Chelsea and beyond. Consequently, GHWS needs to operate across Borough boundaries to reach its target population.

Some individuals who were affected were not local residents but were present on the day or were involved with the wider response e.g. community volunteers and local business people. These individuals may access support via GWHS or their local emotional health and wellbeing services.

## 2.3 Service Description - Overview

**(i.e. what is provided in terms of assessment, care planning, interventions etc.)**

Partners in the North Kensington Recovery programme are committed to continue to co-design and collaborate with the community to ensure the offer meets the health and wellbeing needs of the community.

As such, 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 pre-existing services and has offered a primarily trauma-informed therapeutic based service to our 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.

There are a number of additional issues which will have an impact on the recovery of the local community, most notably environmental issues related to air and soil toxicity, the ongoing Public Inquiry and the future of Grenfell Tower itself. All of these need to inform evolving service. In January 2019 NHS England launched the Long-Term Plan, which sets out the national perspective of how the NHS wants to improve care for patients over the next 10 years. Many of the priorities in this plan are aligned with the feedback received from the local community, including promoting more integrated services and supporting people to take more control of their own health.

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 our community. This specification sets the foundations for delivery of the transformed service.

In Jan 2022, the GHWS was reorganised to form Neighbourhood teams each of which are aligned to the local wards of North Kensington:

- Neighbourhood 1 covers Dalgarno, St Helens and Nottingdale wards
- Neighbourhood 2 covers Golborne and Colville wards.

Working in this way will allow each Neighbourhood team to be tailored in terms of staffing and provision to meet the requests of the local population based on age, faith, language and need.

The 5-part model with community resilience at the heart has been developed:



The implementation of the new 5-part model of care will:

- Help deliver a more culturally competent offer that responds to the social and cultural needs of the local community
- Support more co-production with community, local organisations and resident groups
- Allow the service to be tailored to reflect the needs of the local community and cater for diversity
- Allow the delivery of a more diverse and less medicalised offer – noting one size does not fit all and holding adaptability at its heart.
- Allow the Grenfell Health & Wellbeing Service to be more visible in the community
- Work in an integrated way with other services to deliver a joined up holistic, ageless service – providing support across all ages within families
- Allowing us to better communicate what we offer, increase the number of people we reach and improve access to our services
- Helping us to understand the communities we serve better and help work to address the racial disparities, social factors relating to ill health and to minimise the health inequalities within specific local populations
- Help develop the skills of the community and build on community assets

- Increase early intervention, health promotion and behaviour change through local programmes
- Encourage closer, more joined up working with our primary care, GP colleagues to help ensure all areas of need are met for our service users

GHWS will continue to work across all age ranges to provide specialist support and therapy for those who have been affected by the Grenfell Tower fire focusing on the following areas of the 5-part model. This includes directing people into appropriate support depending on the level of complexity/need. Each element of the five-part model can be applied at a primary preventative level and at a secondary complexity mental health level.

#### **1. Information and self-care:**

- Provide relevant health and wellbeing information to all clients and wider community in a variety of formats and languages.
- Where appropriate directing/referring individuals to other relevant service/support such as housing, financial, employment, education and social etc and providing a detailed handover where necessary.
- Ensuring local services are fully up to date on the services we offer and a clear referral process to enable people to access our service.

#### **2. Early intervention and prevention:**

- Working in partnership with other community providers who are delivering services at a primary and secondary level.
- Provide tailored workshops to adults, parents and children and young people, accessible to all community members focusing on key emotional health and wellbeing topics
- Tailored training for local organisations, residents' associations, individuals who are working with affected population etc.
- Presence and support at local community events.

#### **3. Collaboration:**

- Working with community organisations, community individuals, residents' associations, service user consultants etc. to co-produce wellbeing activities and interventions
- Work with other NHS partners both internally and externally to deliver joint care.
- Consultation and Supervision for local community organisations.

#### **4. Interventions:**

- Individual interventions including but limited to:
  - Therapeutic interventions
  - Arts Psychotherapy
  - Counselling
  - Psychotherapy
  - Psychodynamic Therapy
  - Cognitive Behavioural Therapy
  - Family/Systemic Therapy
  - Compassion Focused Therapy
  - Bereavement Counselling and Psychotherapy

- Together for Grenfell Collaboration
- Employment Support
- Youth Mentoring
- Case Management including social work, occupational therapy, peer support
- Trauma Informed Interventions such as:
  - Narrative Exposure Therapy
  - Eye Movement Desensitisation and Reprocessing
  - Trauma Focused Cognitive Behavioural Therapy
  - Attachment, Regulation and Competency
- Group interventions such as:
  - Teaching Recovery Techniques
  - Compassion Focused Therapy
  - Tree/Team/Recipes of Life
  - Arts Therapy (Music, Art and Drama)
  - Nature's Way: Gardening Group
  - Together for Grenfell
  - Bereavement and Loss
  - Other group work to be developed as need arises.

#### **5. Community issues and event responses:**

- Have a presence at planned community events such as the silent walks, anniversary, public meetings including the Inquiry etc. to show solidarity and to be on hand should anyone require emotional health and wellbeing support.
- Support unexpected occurrences which may be triggering to the community where possible. The support provided will be developed collaboratively with local community members who are responding on the ground to manage expectations.

#### **Staffing: GHWS**

This service to continue to be staffed in sufficient numbers and sufficient range of expertise to cater for the required demands. Neighbourhood 1 and 2 staffing will have the same staffing skill mix with the staff numbers tailored to the needs of that particular neighbourhood. The Neighbourhoods will work together to support all Grenfell affected individuals and families. Whilst GHWS staff are aligned to the Neighbourhoods, clients will be supported by an appropriate staff member regardless of which Neighbourhood the client is resident in. It is anticipated that the skill profiles will include:

- Neighbourhood Leads
- Deputy Neighbourhood Leads
- Senior Therapists
- Therapists
- Assistant Psychologists
- Community Connectors
- Social Workers
- Occupational Therapists

- CAHMS Practitioners
- Peer Support Workers
- Employment Specialists
- Administrators
- Performance Analysts
- Other specialisms as required.

**Working with local partners to achieve operational effectiveness:**

- Evidence joint working and/or collaboration with other community-based services to facilitate onward support following conclusion of interventions with GHWS.
- Developing clear pathways working with existing partners
- Ensuring that all communities are included to embed resilience across North Kensington.
- Increasingly close working between GHWS and other services within CNWL and Community Living Well. This is to ensure a sustainable future service and to facilitate achievement of local and sector strategic objectives.
- Where planned, local service development projects will have an impact on the GHWS and there is sufficient resourcing and contribute to the planning and development of these projects with relevant partners. This may include new integrated models of care involving multiple local services and partners, including Primary Care Networks (PCNs).
- Close working with other health, local authority and third sector providers to achieve a comprehensive approach to broader wellbeing and to promote good health in North Kensington.

### 3. Service Delivery

#### 3.1 Location of Service

GHWS will operate from:

- St. Charles Centre for Health and Wellbeing, Exmoor Street, London, W10 6DZ
- A range of satellite sites including:
  - Local GP practices
  - Local schools
  - Other community venues
- A remote offer (telephone and video access) will also continue post-COVID-19 for those who wish to access this.

#### 3.2 Days / Hours of Operation

GHWS will operate:

- Monday to Thursday 8am to 8pm.
- Friday 8am to 5pm – telephone support is available until 8pm

CNWL also provide a telephone-based Night Service via the SPA. This operates from 10pm – 7am, 7 days a week.

Hours may be subject to changes based on a review of usage and consultation with service users and community representative groups.



### 3.3 Referral and Discharge Processes

#### Referrals:

A referral can be made via:

- GP – via email
- Self – referral form <https://grenfellwellbeing.com/self-referral-form/>
- Telephone: 0208 637 6279
- Email: [Grenfell.wellbeingservice@nhs.net](mailto:Grenfell.wellbeingservice@nhs.net)
- RBKC Dedicated Service
- GHWS Dedicated Service or Community Collaboration Team
- Referrals from other providers including third sector providers, local authority staff and acute and community NHS providers via the routes described above.

#### Triage Process:

All referrals will be triaged by a team made up of a multitude of relevant professionals to identify need in relation to the Grenfell Tower fire and the appropriate support required. This could result in further assessment and treatment by GHWS, or referral onto the other more appropriate NHS services such as Community Living Well, rapid response/crisis intervention services etc. or other provision such as those run by the community and third sector. GHWS will prioritise provision for bereaved and survivors.

#### Ending support:

After navigation/therapy/support by GHWS all individuals will be discharged as appropriate with an end of treatment plan. This will include how they can re-contact services should they feel the need for more help. If appropriate, it will also include joint working and/or collaboration with other community-based services to facilitate onward support. The patient's GP and the original referrer (if not self) will also be informed of ending support, subject to the requirement of the duty of confidentiality and obtaining appropriate consent. GHWS will work with communities to find appropriate resources in supporting clients into community support where required.

### 3.4 Response Times

#### GHWS:

- Referral received to initial attempted telephone contact: 3 working days
- Waiting times for access to therapeutic treatment within 8 weeks.
- For children, the family will be contacted within the working week of the acceptance of the referral to arrange a time to meet for the initial assessment.

### 4.0 Key Performance Indicators

GHWS will continue to record and report monthly activity.

Number of referrals to GHWS (recorded separately for Adult and CYP):

- Number of referrals signposted to more appropriate support
- Number of Adult referrals declined GHWS support
- Number of referrals for GHWS Support

Therapy activity (recorded separately for Adults and CYP). The core reporting will include:

- Number of referrals entering GHWS Therapy
- Number of referrals starting GHWS Therapy within agreed timescale
- Number of open cases
- Numbers completing therapy
- The service collects standardised measures including the GAD7, PHQ9, TSQ and IES-R or PSSI5 where appropriate. Specific measures are used for specific conditions where appropriate in line with national practice, for instance for bereavement. GHWS are currently reviewing measures as part of the data quality improvement Plan and will be reported as developed in the Quarterly Report.
- The Quarterly Report will also report a range of information on the GHWS over and above the quality reporting requirements within the standard NHS contract. This may be added to with agreement of both parties and includes a range of feedback on the service from clients and staff, service improvement projects and demographic data.

Waiting times (recorded separately for Adults, CYP)

- Typical (median) waiting time into GHWS Therapy (calendar days)
- Average time from referral to first attempted contact
- Average waiting time from consultation to starting GHWS Therapy
- Number of referrals waiting to start GHWS Therapy
- Average waiting time from referral for those waiting to start GHWS Therapy

### **Data Quality Improvement Plan**

A DQIP has been jointly created to set out additional improvements to be made in terms of data recording to show the activity and impact of service improvements, feedback received, and outcomes of the service. This takes into account the strategic direction of travel of the overall service, together with feedback received from recent engagement work, all with the intention of establishing a dataset which better reflects emerging issues. This includes:

- Joint review of the make up of people accessing the services to better understand the patterns of take up and the impact of any planned service change, in particular on those with protected characteristics outlined in the Equalities Act.
- Identifying the best means of measuring the impact of services on individuals' emotional health and wellbeing – improvement or otherwise.
- Any other relevant data reporting requirements