



North West London

**North Kensington Recovery Programme
Outcome and Delivery Report
April to September 2024**



The Health and Wellbeing Strategy (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 underpinned the services that were commissioned in response to the Regulation 28 report.

The HWS 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 of the work streams.

This report presents information on the delivery against Regulation 28 and health outcomes indicators and measures. This includes detail on achievement of the programme against the outcomes.

The structure of the report is:

- Section 1 Executive Summary and Introduction
- Section 2 Delivery and outcome reporting for each work stream
- Section 3 Next Steps



1.1 Executive Summary

This report contains information about the delivery, reach and outcomes of the services commissioned as part of the NHS North Kensington Recovery Programme with particular emphasis on April to September 2024.

A five-year business case was produced by West London CCG in 2018, underpinned by the NHS North Kensington Recovery Health and Wellbeing Strategy (HWS). The strategy gave clear expectation of NHS services and outcomes by detailing high level expected outcomes for each of the work streams. An outcomes framework has been developed to measure and assess the impact of support for people affected by Grenfell. This report attempts to summarise the delivery, reach and impact of services on health outcomes in the 6 months from the 1 April 2024.

1.1.1 Summary of Reach and Outcomes

Primary Care

- Since January 2019 there have been 8868 Enhanced Health Checks (EHC), in April to September 2024 there were a total of 1339 EHCs completed for 1302 patients.
- This is a decrease in activity when compared to the previous 6 months but Q2 (Jun-Sept) shows an increase in activity compared to Q1 mainly due to an increase in EHC to the wider community.
 - There has been a small increase in uptake across survivors and bereaved, when compared to March 2024, with 70% across both cohorts.
- A number of indicators have been put in place to measure outcomes from these services:
 - These are mainly reporting good feedback and outcomes.
 - More work needs to be done to increase the number of Patient Engagement Questionnaires (PEQs) that are returned.
 - Further analysis needed to look at health activity linked to the EHCs which will include any onward referrals and trends identified within the checks.

Dedicated Service

- In September 2024 there were 154 survivors and 121 bereaved actively using the Dedicated Service (DS), a total of 36% of those eligible. In total **96%** of eligible clients have been offered the service with 70% accepting the offer.
- The DS supports a number of collaborations and community events which have all reported positive feedback.
- A total of 11 PEQs were completed in the first six months of the year. The DS clients that completed a PEQ were satisfied with the support received, their involvement in support planning and the care provided but more work needs to be done to increase the response rate for the PEQs
- The GHWS has taken on the responsibility for contacting DS inactive clients on an annual basis. This work is being undertaken by a DS Senior Nurse who proactively contacts inactive clients and families in an effort to engage them in a conversation about their health and wellbeing needs and to ensure they are aware of the offer they are entitled to.
- Central London Community Healthcare NHS Foundation Trust (CLCH) report positive outcomes for their wider Grenfell case management service as evidenced by the case studies and feedback received.
 - Patient Engagement Questionnaires have had limited success with only 18 being completed April – September 2024.



Specialist Services

Adult Respiratory Long Term Monitoring

- As at September 2024 of the 182 adult survivors considered, 168 (93%) had been offered the service with 135 attending.
- Further outcome measures that were agreed for 2024/25 will be reported in the Q4 report.
- To enable reporting against patient experience a process to send out PEQs following an appointment will be implemented.

Paediatric Long-Term Monitoring detail can be found under Children and Young People.

Self-Care

- The 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 have been over 12000 places offered over a number of individual sessions and workshops across the two services since the services started; with over 3000 clients attending April – September 2024.
- The reported outcomes for both services indicate that service users have experienced positive health and wellbeing outcomes as a result of taking part in one or more of the services where outcomes have been reported.

Emotional Wellbeing

- Grenfell Health and Wellbeing Service (GHWS) offered a great number of services in April – September 2024 which included:
 - 16 workshops
 - Employment Support resulting in 8 employment outcomes
 - A number of collaborations including Coffee Morning Slots, DS Spring Family event, Yoga, Remembering Together, One Heart Festival and Kensington & Chelsea Food Bank
 - A range of different therapies, groups and culturally adapted interventions.
 - In September 2024 there were 500 GHWS cases. Overall **96%** of the survivor and bereaved cohort have been offered this service.
 - Sixteen Groups ran during these months including Gardening Group, Older Adults Wellbeing, Women Swim for Wellbeing. These groups were delivered to over 95 people
- CNWL report positive outcomes for their services across all parts of their model evidenced by case studies, feedback and outcome measures which demonstrate the diversity of the work delivered.
- Further work needs to be done to increase the response rate for PEQs and identify and implement measurable outcomes for the group work and workshops.

Children and Young People

- Primary Care
 - There were 107 EHC delivered April to September compared to 65 in the previous quarter. There has been a decrease in survivor and bereaved children accessing this service as they are being signposted to the Imperial Long Term Monitoring Service
- Paediatric Long Term Monitoring



- The reduction in the number of did not attends (DNAs) and an increase in activity towards the end of 2023/24 has continued into 2024/25.
- A total of 54 paediatric review and 26 respiratory reviews.
- As of September 2024, the total number of bereaved and survivor children recorded by the NHS DS is 221. Of these 144 have been referred and 113 seen.
- Work is ongoing to identify those that have not been referred to ensure that they have all been offered the service.
- There is a service designed Patient Reported Experience Form (PREM) for use with parents and patients. The overall feedback was very positive.
- Grenfell Health and Wellbeing Service (GHWS)
 - At the end of September 2024 there were 94 open cases with the GHWS. Overall **97%** of survivor and bereaved children have been offered the service with 50% accepting.

The information contained in this report shows the services are reaching significant numbers of survivors, bereaved and local community. Further work is needed to ensure that all eligible people are offered all services that they are entitled to access.

The report shows that whilst we have ample data showing the activity of the services, there is still limited reporting on the outcome and impact of the services on health outcomes.

More detailed information for each of the workstreams can be found in Section 2 of this report.



1.2 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.

On the 19th 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 NHS North Kensington Recovery 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 of the work streams. An outcomes framework has been developed to measure and assess the impact of support for people affected by Grenfell. This report attempts to summarise the impact of services on health outcomes in the 12 months from the 1 April 2023.

This report presents:

- Detail on the achievement of the programme against the health outcomes indicators and measures, and status on reporting against these outcomes.
 - The North Kensington Recovery Team worked with commissioned service providers to develop indicators and measures to report against the identified high level outcomes.
- Information about activities and services that contribute to the NHS delivery of regulation 28. The services were commissioned by the ICB and they meet the individual concerns set out in the Regulation 28 Report as follows:

| | Regulation 28 Concern | Service(s) |
|---|--|--|
| 1 | That no structured health screening programme is in place for those who were exposed to risks of smoke and dust inhalation during the Grenfell Tower fire. | <ul style="list-style-type: none">• Primary care led enhanced health checks• Adult respiratory long-term monitoring• Paediatric long-term monitoring |
| 2 | That those subject to smoke and dust inhalation are at risk of developing health conditions in particular respiratory illness after particulate and poison inhalation. | <ul style="list-style-type: none">• Primary care led enhanced health checks• Adult respiratory long-term monitoring• Paediatric long-term monitoring |

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| | | |
|---|--|---|
| 3 | That there may have been exposure to asbestos during and after the fire that could possibly cause late onset health issues such as mesothelioma. | <ul style="list-style-type: none"> • Primary care led enhanced health checks and Grenfell related appointments • Adult respiratory long-term monitoring • Paediatric long-term monitoring |
| 4 | That without an appropriate system of health screening, there is a risk that illness may arise unnoticed or present later in survivors, first responders and site workers, and thus reduce their life expectancy. | <ul style="list-style-type: none"> • Primary care led enhanced health checks and Grenfell related appointments • Adult respiratory long-term monitoring • Paediatric long-term monitoring |
| 5 | That the NHS needs to undertake a risk evaluation and then consider an appropriate regular health screening programme for survivors of the fire and first responders and site workers. | <ul style="list-style-type: none"> • Primary care led enhanced health checks • Adult respiratory long-term monitoring • Paediatric long-term monitoring |
| 6 | That survivors and first responders and site workers, need to be given access to guidance and/ or information that would help them to understand what could be the health consequences of being exposed to the hazardous environment of the site of the fire. | <ul style="list-style-type: none"> • Primary care led enhanced health checks and Grenfell related appointments • Adult respiratory long-term monitoring • Paediatric long-term monitoring <p>Healthcare advice is given on an individual basis when patients attend their annual appointments.</p> |
| 7 | That the NHS needs to oversee and co-ordinate and provide appropriate mental health support for all those affected by their involvement in the incident, be they survivors, bereaved, local residents or first responders or other workers involved in the aftermath. The potential impact of this disaster is very wide ranging. | <ul style="list-style-type: none"> • Grenfell Health and Wellbeing Strategy • Self-Care Services |
| 8 | It may be that the provision of some care services, for physical or psychological damage may be provided by occupational health services outside the NHS, however a scale and risk assessment of need and care provision needs to be undertaken to minimise persons affected slipping through the net and being lost from appropriate supportive services. | <ul style="list-style-type: none"> • Grenfell Dedicated Service • Annual recall in place for: <ul style="list-style-type: none"> • EHC • Paediatric Long Term Monitoring, and • Adult Respiratory Long Term Monitoring |

- This report details the impact that services provided by the NHS have on the Regulation 28 requirements. Other organisations also have responsibilities for meeting these requirements, such as employers of site workers. These are not covered in this report.



2.1 Primary Care work stream

The Primary Care Enhanced services are 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.

Highlights from Apr-Sept 2024

Enhanced Health Checks

- Increased delivery at Colville Medical Centre and Notting Hill Medical Centre
- Template Review
 - Reviewed completeness of template across practices
 - Provided training for clinicians new to delivering the service
 - Made changes to the template to ensure the focus is on people affected by the Grenfell fire
 - Reminders on the focus of the checks

Community Enhanced Health Checks

- The care coordinator has spent one day a week going to community events and working with the VCS to make sure people know that EHCs are available as there has been feedback from surveys that the community do not know what is offered to them as part of the enhanced service

2.1.1 Primary Care Services and Activity

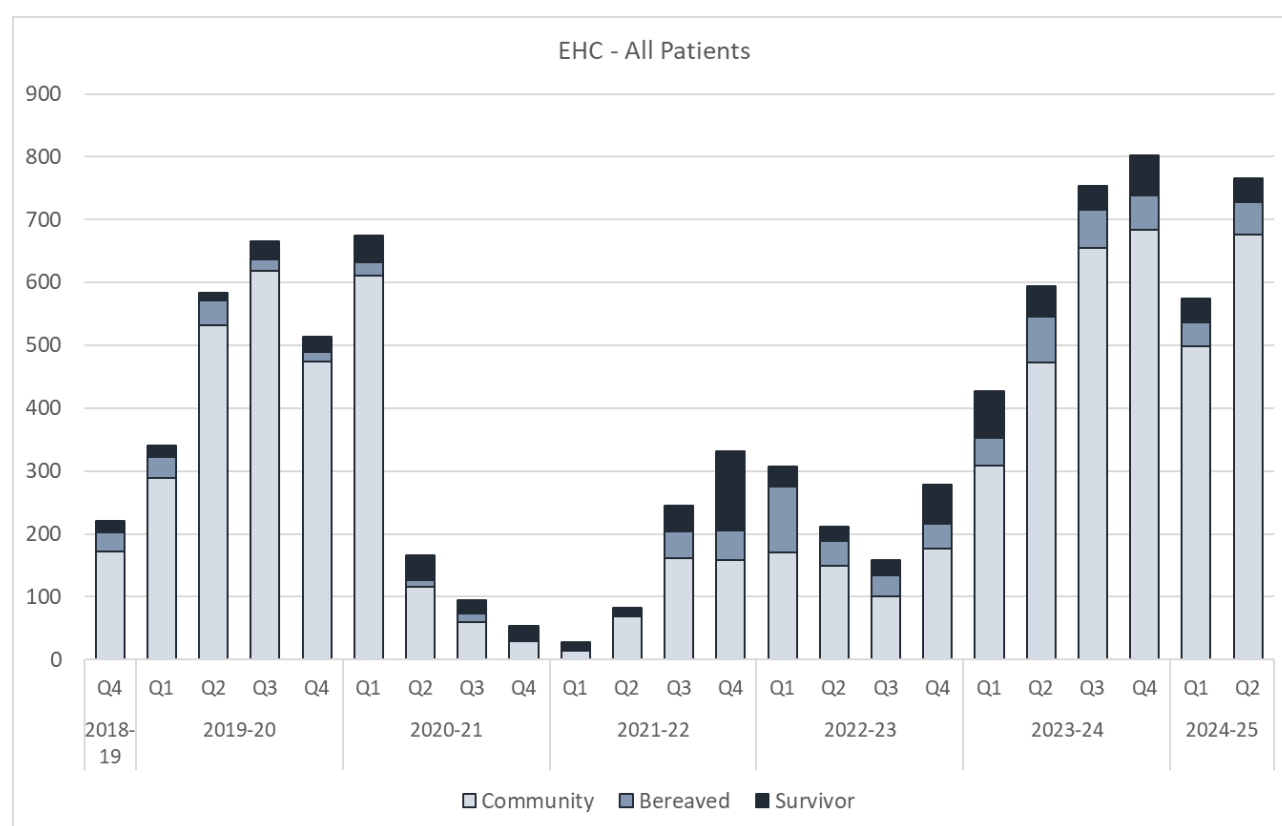
2.1.1.1 Enhanced Health Checks

Activity

Since January 2019 there have been 8868 Enhanced Health Checks (EHC) completed across practices and the community.

In Apr-Sept 2024 there were a total of 1339 EHCs completed for 1302 patients. This means that 37 patients had two EHCs, this is being investigated by the primary care lead.

This is a decrease in activity when compared to the previous 6 months but Q2 (Jun-Sept) shows an increase in activity compared to Q1 mainly due to an increase in EHC to the wider community.



| | 1st EHC | Yearly EHC | Total EHCs | % 1st EHC |
|-------------|---------|------------|------------|-----------|
| Survivor | 6 | 68 | 74 | 8% |
| Bereaved | 16 | 71 | 87 | 18% |
| Community | 780 | 361 | 1141 | 68% |
| Grand Total | 802 | 500 | 1302 | 62% |

The table above provides a breakdown of EHCs completed, categorised by patient type and whether it was their initial EHC or a follow up. It shows that 22 of Survivors and Bereaved received

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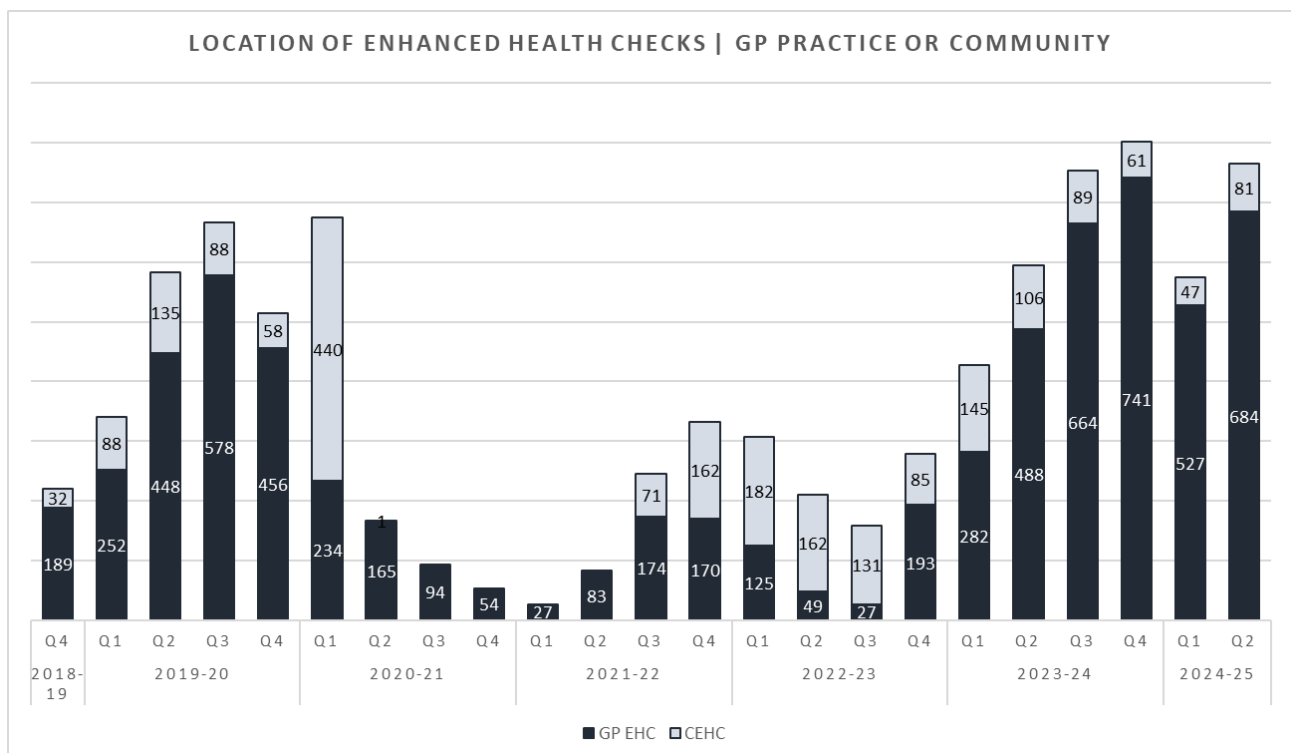
their first EHC in the first 6 months of 2024/25. This has increased the uptake of EHC across the survivor and bereaved cohort when compared with March 2024.

The table below shows the uptake amongst survivors and bereaved with 70% across both groups.

| | | Cohort | Uptake Sept 2024 | % uptake Sept 24 | % uptake March 24 |
|---|--------|--------|------------------|------------------|-------------------|
| Survivors (including residents of Grenfell Walk) | Adults | 348 | 263 | 75 | 74 |
| | CYP | 89 | 56 | 62 | 62 |
| | Total | 437 | 319 | 73 | 72 |
| Bereaved | Adults | 449 | 308 | 69 | 65 |
| | CYP | 40 | 22 | 55 | 55 |
| | Total | 489 | 330 | 67 | 64 |
| Total | Adults | 797 | 571 | 72 | 69 |
| | CYP | 129 | 78 | 60 | 60 |
| | Total | 926 | 649 | 70 | 67 |

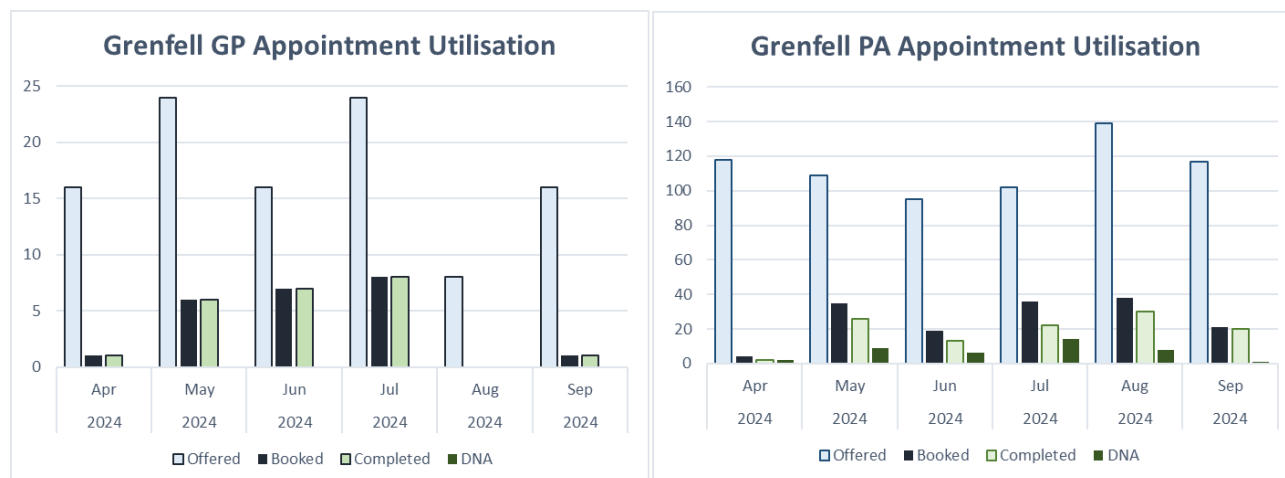
Note: The numbers of bereaved and survivors reported in this table are the numbers as recorded in the Primary Care system (SystemOne) not from the Dedicated Service.

There has been an increase in uptake across all cohorts, particularly adult bereaved which has increased 4% in 6 months.





Community Enhanced Health Checks



During April – September 2024 there were 784 appointments offered, 176 booked with 136 completed. With a utilisation rate of 22% and a DNA rate of 23%.

Utilisation of these appointments still remains low. Strategies have been put in place to try to increase usage including:

- Use of appointments to follow up patients and address more long-term complex issues including facilitating medication reviews, chasing referrals and monitoring health
- Increased work by the care coordinator to promote EHC in the community and promoting local self-help community services.

2.1.1.2 Grenfell Appointments

Historically, the purpose of a North Kensington Extended Appointment was to provide longer appointments with a GP. Following feedback, this specification was updated to encourage more practices to offer Grenfell enhanced services and acknowledges the complexities that exist in North Kensington.

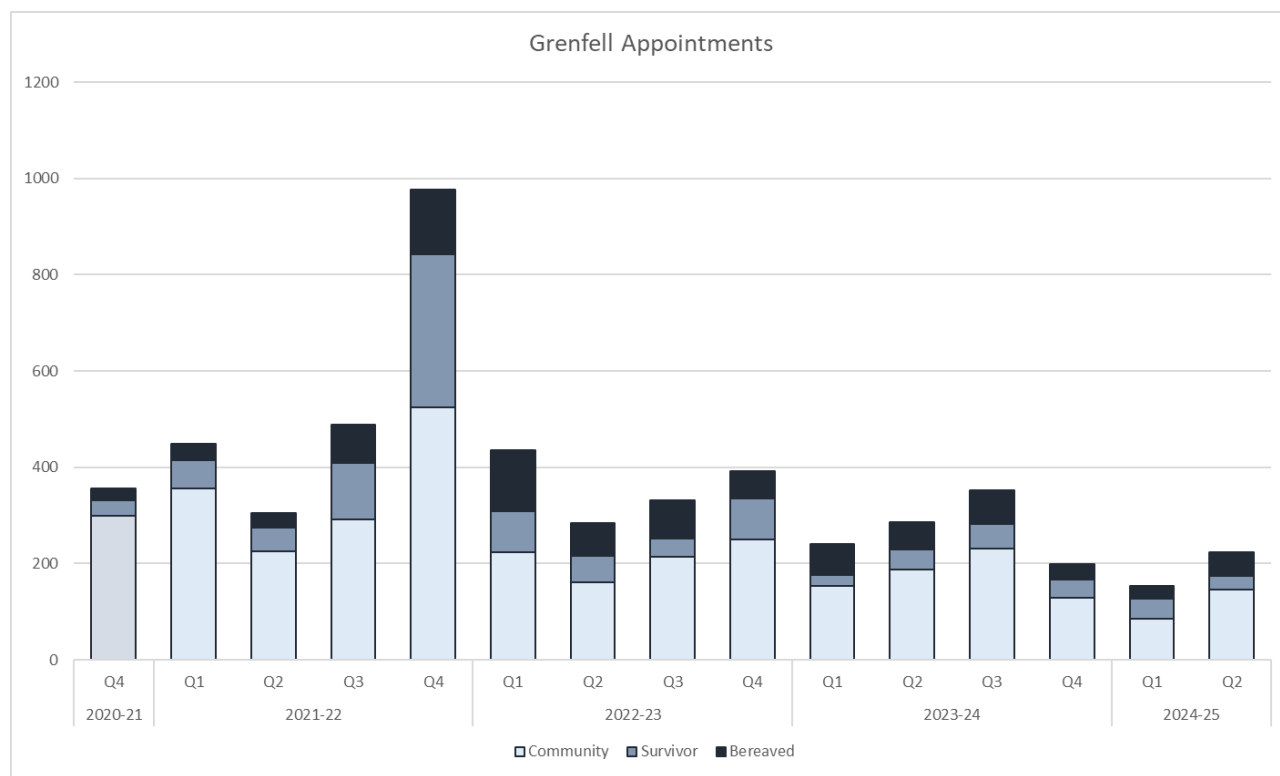
Service Aim

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

A number of key performance indicators have been identified for the practices. The detail can be found in section 2.1.2.1.



Activity



2.1.2 Outcomes

High Level Outcomes with indicators

The table below details the high level outcomes identified in the HWS for this work stream, alongside the agreed indicators and methods of measurement.

| High Level Outcome | Indicator | Method of measurement |
|--|--|---|
| 1. A consistent high standard of service across all practices | 1. Practices level of service is the same | a. Agreed key performance indicators (includes clinical review of notes) |
| | 2. Patient feedback on level of service | a. Patient Engagement Questionnaire (PEQ) b. Annual GP Patient Survey |
| 2. Skilled in identifying mental and physical impact of the fire on the local population Patients reporting services culturally sensitive and appropriate | 3. Improvement in Health following Enhanced Health Check (EHC) or Extended Appointments (EA) | a. Reporting of health activity linked to EHC and GRAs. Improvement in patient health |
| | 4. Staff upskilled following training | a. Evaluation of Leads Training |
| | 5. Patients report improved level of service (including cultural competence) | a. PEQ |



Summary

1. 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. More detail is provided in section 2.1.2.1.1 and 2.1.2.2.

These measures show some good feedback but more work needs to be done to increase response rates to the Questionnaires.

Clinical Audit

- Due to Information Governance Issues the Quality and Clinical audits did not take place in 2023/24, these problems have now been resolved and the audits are taking place. Any findings will be reported in the Q4 report.

Patient Engagement Questionnaire

- April – September 2024 feedback via the PEQ following an EHC or Grenfell Related Appointment is predominantly positive.
 - EHC – 84% said their experience of the Health Check was good or very good, but only 63% said that it helped to assure them about their health following the fire. This is being reviewed alongside the additional text feedback.
 - GRA – 86% of the patients reported a good experience of their appointment with all levels of feedback above 85% other than those asking about access to appointments. The issues with access and ease of making an appointment is a reflection of the issues in Primary Care.
 - Unfortunately, the response rate still remains low, the work stream lead is looking at ways of improving the response rate, including sending the PEQs out more regularly.

GP Patient Survey

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

The headlines for patients registered with North Kensington Practices for the period April 2023 to March 2024 are:

- 79% of North Kensington patients indicate a good overall practice experience compared to 74% nationally
- 71% of North Kensington patients indicate it is easy to contact their practice by phone compared to 50% nationally
- 75% of North Kensington patients felt they waited about the right time for an appointment compared to 66% nationally
- 45% of North Kensington patients indicated a Frequency of seeing a preferred healthcare professional compared to 40% nationally
- 86% of North Kensington patients indicated Healthcare professional treated patients with care and concern compared to 85% nationally

2. Skilled in identifying mental and physical impact of the fire on the local population Patients reporting services culturally sensitive and appropriate

There is limited evidence of achievement against these outcomes.



Reporting of health activity linked to EHCs and GRAs.

Analysis of this activity including onward referrals will now be done as part of the clinical audit and will be reported in the Q4 report.

Evaluation of Leads training

The Grenfell Clinical Network was set up during 2023/24 to provide a space where multi professional NHS clinical staff and frontline non-clinical staff representatives, to come together. Its role includes identifying training needs and providing a space where learning and development opportunities can be offered to clinical staff across physical and mental Grenfell specific services.

The engagement team worked in partnership with the North Kensington community to develop a training module on Developing a Culturally Competent General Practice. This has been delivered at a number of practices with further roll out planned.

PEQ

- 88% of patients who stated it was relevant said the healthcare professional recognised/understood cultural or religious needs when attending an Enhanced Health Check.
- 90% of patients who stated it was relevant said the healthcare professional recognised/understood cultural or religious needs when attending a Grenfell Related Appointment.

2.1.2.1 Primary Care Outcome measures detail

2.1.2.1.1 Quality/Clinical Audit

The Audit is now ongoing. The stages are detailed below.

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

This will be followed by a clinical audit which will review referrals from EHCs, whether patient health has improved after multiple EHCs, etc. It will also look at those patients who have had a LTM appointment to ensure that the practice has coded any diagnosis/referrals/outcomes into SystemOne.

This process was held up because of IT issues and IG clearance it will be reported in the Q4 report.

2.1.2.1.2 Patient Engagement Questionnaires (PEQ)

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

Feedback from the questionnaires is primarily positive.



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

In April – September 2024 there was a response rate of

| Service | Texts Sent Apr-Sept 2024 | Responses | Response Rate | Response Rate 2023/24 |
|---------|--------------------------|-----------|---------------|-----------------------|
| GRA | 932 | 51 | 5% | 5% |
| EHC | 1008 | 84 | 8% | 7% |

The work stream lead is looking at ways of improving the response rate, including sending the PEQs out more regularly. This is currently being held up due to IG and data clearance.

Enhanced Health Check responses

Of the 84 responses 32 did not consider that they had had a recent EHC.

For the 84 people who answered the questions following an EHC.

| | |
|-----|--|
| 94% | Had to wait a less than two weeks after the appointment was booked |
| 90% | Very easy or fairly easy to make an appointment for the EHC at the practice |
| 63% | Definitely or to some extent the EHC helped to assure about their health following the fire |
| 94% | The Healthcare professional was good or very good at listening |
| 88% | The healthcare professional recognised/understood cultural or religious needs (where stated it was relevant) |
| 79% | Experience of the Enhanced Health Check good or very good |

The feedback is mainly positive for the Enhanced Health Check.

There has been a slight decrease across all of the questions detailed in the table above when compared to the responses in 2023/24.

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

Psychological support did not emerge from this health check

Thank you

All the staff were great, from the person who guided me to reception to the doctor, all were excellent. The doctor was very gentle and reassuring and supportive. Thank you Grenfell Health for looking out for my health. I am most appreciative. I hope your service can continue for a great deal longer. It is needed.

The appointment should be done by a doctor

It's a absolutely great service don't know what I would do without it thanks very very much yours fatefully

Many of these questions are not relevant. I did not really know what was going on as it was not properly explained to me at the

Grenfell Related Appointments responses

Of the 24 patients that responded; 3 did not request such an appointment, 1 had a regular GP appointment, 3 had not had any appointment and 2 were blank.

For the 24 people who answered the questions following an appointment:

| | |
|-----|--|
| 73% | Had to wait a week or less after the appointment was booked |
| 73% | Very easy or fairly easy to make an appointment at the practice |
| 93% | The appointment helped with their health concern |
| 93% | Needs met, definitely or to some extent |
| 90% | 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 appointments across most of the questions. There has been a slight increase across all of the questions detailed in the table above when compared to the responses in 2023/24. The issues with access and ease of making an appointment is a reflection of the issues in Primary Care.

There is additional feedback shown below. All feedback is shared with the relevant practices.

Very pleased with the surgery

I would be nice to see the same doctor especially as I have an ongoing problem but the locums that attend to me have been good it's just tiresome to keep having to retell my story

This is my family doctors which I have been attending since a child now adult and I find it just as important now as always excellent service always by doctors and reception staff are extremely efficient at booking appointments and helping me where they can.



Feedback/Outcomes from Community Enhanced Health Checks

Patient feedback has been very good,

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

The feedback shows that of the 49 responses for Apr – Sept 2024 100% were very satisfied or satisfied with their appointment.

| | | | | | | | | |
|---|-----------------------------------|-----|--------|-------|----|-------|--|---------|
| | Feedback | | | | | | | Actions |
| How did you find out about the Community Enhanced Health Check? | GP Practice | | 4.08% | | 2 | | 'other' included referrals, community centre staff, and resident association groups. | |
| | Care coordinator | | 69.39% | | 34 | | | |
| | Friend/Relative | | 4.08% | | 2 | | | |
| | Other | | 22.45% | | 11 | | | |
| | TOTAL | | | | 49 | | | |
| Did you try to contact your GP for the same issue, prior to booking into our service? | Yes | | 24.49% | | 12 | | | |
| | No | | 75.51% | | 37 | | | |
| | TOTAL | | | | 49 | | | |
| Would you have preferred to have spoken to your GP or our clinician? | Own GP | | 16.33% | | 8 | | | |
| | Our Clinician | | 28.57% | | 14 | | | |
| | Either | | 55.10% | | 27 | | | |
| | TOTAL | | | | 49 | | | |
| How easy was it to find our clinic? | 1 | 2 | 3 | 4 | 5 | TOTAL | Scale from Easy to hard | |
| | 57% | 16% | 10% | 10% | 6% | 49 | | |
| | 28 | 8 | 5 | 5 | 3 | | | |
| How satisfied were you with your appointment? | Very Satisfied | | | 79.6% | | | 39 | |
| | Satisfied | | | 20.4% | | | 10 | |
| | Neither Satisfied or Dissatisfied | | | 0% | | | 0 | |
| | Dissatisfied | | | 0% | | | 0 | |
| | Very Dissatisfied | | | 0% | | | 0 | |
| | Total | | | | | | 49 | |

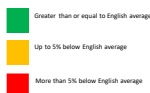


2.1.2.1.3 Annual General Practice Patient Survey

GP Patient Survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.
- The GP Patient Survey (GPPS) is a national independent survey run by Ipsos on behalf of NHS England. The survey is sent out to over two million people across England and is designed to give patients the opportunity to feed back about their experiences of their GP practice. The GPPS is the only patient experience survey that is standardised across the country. Sound, statistically-valid results are available for most practices in the UK (wherever enough patients have responded), enabling comparison of patients' experiences with those of other practices and PCNs in a meaningful way. The survey is anonymised and is the best available barometer for patient satisfaction with their GP practice. The headlines for patients registered with North Kensington Practices for the period April 2023 to March 2024 are:
- 79% of North Kensington patients indicate a good overall practice experience compared to 74% nationally
- 71% of North Kensington patients indicate it is easy to contact their practice by phone compared to 50% nationally
- 75% of North Kensington patients felt they waited about the right time for an appointment compared to 66% nationally
- 45% of North Kensington patients indicated a Frequency of seeing a preferred healthcare professional compared to 40% nationally
- 86% of North Kensington patients indicated Healthcare professional treated patients with care and concern compared to 85% nationally

| Practice Name | Overall experience | Your GP Services | | | | | | Your Last Contact | | Your Last Appointment | | | | | | | | When Your GP Practice is Closed |
|---------------------------------|---|--|--|---|---|--|---|---|--|---|---|---|---|--|--|---|--------------------------|--|
| | Overall experience of the practice (% good) | How easy is it to contact your practice by phone? (% easy) | Helpfulness of reception and administrative team | Ease of contact using GP website (% easy) | Frequency of seeing a preferred healthcare professional | Ease of contacting the practice using the NHS App (% easy) | % People who have booked appointment online | Known what the next step would be within 2 days | Overall experience of contacting practice (% good) | Given a choice of time and day of the appointment | How do you feel about how long you waited for your appointment? (% about right) | Healthcare professional listening to patients | Healthcare professional treating patients with care and concern | Healthcare professional considering mental wellbeing | Patients involvement in own care and treatment | Confidence and trust in the healthcare professional | Needs met in appointment | Experience of NHS services when the GP practice was closed |
| NORTH KENSINGTON MEDICAL CENTRE | 84.4% | 72.7% | 92.7% | 50.4% | 59.0% | 42.5% | 39.0% | 85.9% | 75.7% | 58.5% | 61.7% | 87.9% | 86.3% | 81.3% | 92.1% | 92.8% | 90.3% | 67.7% |
| THE GOLBORNE MEDICAL CENTRE | 87.9% | 92.2% | 96.4% | 82.6% | 49.5% | 56.8% | 46.9% | 81.5% | 83.0% | 68.9% | 84.1% | 98.4% | 92.9% | 87.1% | 100.0% | 94.8% | 83.0% | 59.6% |
| THE NOTTING HILL MEDICAL CENTRE | 78.4% | 79.9% | 90.3% | 50.5% | 59.6% | 55.5% | 40.4% | 94.0% | 81.6% | 66.0% | 81.4% | 85.3% | 85.9% | 79.7% | 91.8% | 93.8% | 93.8% | 58.3% |
| COLVILLE HEALTH CENTRE | 84.0% | 86.2% | 91.4% | 55.6% | 39.6% | 77.8% | 40.9% | 96.8% | 80.7% | 87.6% | 92.3% | 87.8% | 87.6% | 79.0% | 90.4% | 92.8% | 88.6% | 69.7% |
| THE FORELAND MEDICAL CENTRE | 69.3% | 42.1% | 74.7% | 26.5% | 36.3% | 27.3% | 42.9% | 87.3% | 55.7% | 55.7% | 74.3% | 84.3% | 81.9% | 69.5% | 84.9% | 89.3% | 88.8% | 54.6% |
| THE EXMOOR SURGERY | 79.0% | 68.6% | 89.1% | 58.0% | 27.2% | 69.3% | 36.0% | 93.5% | 78.6% | 62.1% | 71.0% | 84.5% | 83.7% | 72.9% | 82.0% | 90.7% | 92.3% | 48.0% |
| THE GOLBORNE MEDICAL CENTRE | 86.9% | 83.9% | 92.7% | 83.8% | 42.2% | 72.5% | 49.9% | 97.8% | 90.6% | 78.3% | 82.0% | 93.1% | 93.7% | 87.2% | 88.9% | 95.9% | 92.0% | 72.2% |
| PORTOBELLO MEDICAL CENTRE | 71.5% | 56.4% | 80.3% | 46.7% | 42.0% | 34.8% | 39.3% | 91.7% | 66.2% | 57.1% | 88.8% | 82.2% | 82.3% | 75.3% | 95.5% | 88.0% | 86.7% | 51.2% |
| ST. QUINTIN HEALTH CENTRE | 83.3% | 77.5% | 84.7% | 60.0% | 64.4% | 58.7% | 37.4% | 96.9% | 65.5% | 60.7% | 69.8% | 86.1% | 83.9% | 72.8% | 96.0% | 90.9% | 95.9% | 75.4% |
| BARLBYS SURGERY | 67.6% | 52.5% | 81.1% | 36.5% | 32.1% | 64.6% | 70.8% | 96.0% | 70.3% | 52.8% | 74.1% | 85.8% | 77.6% | 67.3% | 72.5% | 87.4% | 82.8% | 42.6% |
| WL Average* | 80.4% | 75.0% | 88.6% | 57.7% | 64.2% | 57.5% | 45.1% | 92.6% | 71.3% | 68.1% | 79.5% | 88.8% | 87.4% | 78.3% | 90.5% | 93.9% | 91.0% | 60.5% |
| NWL Average | 74.0% | 59.0% | 81.0% | 52.0% | 45.0% | 46.0% | 39.0% | 91.0% | 70.0% | 61.0% | 63.0% | 85.0% | 83.0% | 73.0% | 89.0% | 91.0% | 89.0% | 56.0% |
| England Average | 74.0% | 50.0% | 83.0% | 48.0% | 40.0% | 45.0% | 41.0% | 93.0% | 67.0% | 53.0% | 66.0% | 87.0% | 85.0% | 73.0% | 91.0% | 92.0% | 90.0% | 56.0% |
| NKR Practice Average | 79.0% | 71.2% | 88.3% | 54.2% | 44.5% | 56.9% | 44.3% | 92.1% | 76.8% | 62.8% | 75.9% | 87.5% | 85.6% | 77.2% | 89.4% | 91.6% | 88.3% | 59.5% |



The figures above are calculated as an average across ten North Kensington practices. We do know that patient satisfaction can vary between practices and this is constantly under review to see where improvements can be made.

- There were a number of areas where some practices are showing as more than 5% below the English Average. The West London GP Team worked with the practices looking at the areas highlighted, the work stream lead linked in with them and prioritised working with the practices around access to the enhanced offer.
- Foreland and Barlby are outliers, meetings were set up with these practices in quarter 3.



2.1.2.1.4 Improvement in Health following EHC

Reporting of health activity linked to EHC and Grenfell Appointments.

Information from the EHC will also be analysed as part of the ongoing audit and will be reported as part of the Q4 report.

Onward Referrals

It is planned to continue analysis of this data with further clinical input. These will be looked as part of the ongoing audit.

2.1.2.1.5 Staff Upskilled following training

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

The Grenfell Clinical Network was set up during 2023/24 to provide a space where multi professional NHS clinical staff and frontline non-clinical staff representatives, across various West London Borough geography-wide health and wellbeing services provided specifically focused on populations affected by the Grenfell Tower fire including the Survivor and Bereaved population cohorts, to come together.

Its role includes providing a confidential space where Grenfell specific clinical concerns that require peer review, escalation or further investigation can be brought for discussion, to identify training needs and provide a space where learning and development opportunities can be offered to clinical staff across physical and mental Grenfell specific services.

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

The roll out to Primary Care has been discussed at GP contract meetings. Logistics were developed and the roll out of the training commenced.

Unfortunately, due to sickness within the NKR team the rollout of the training has been slower than hoped.

2.1.2.1.6 Patients report improved level of service (including cultural competence) – PEQ

PEQ detail can be found in section 2.1.2.1.2

99% of patients who stated it was relevant said the healthcare professional recognised/understood cultural or religious needs when attending an Enhanced Health Check.

91% of patients who stated it was relevant said the healthcare professional recognised/understood cultural or religious needs when attending a Grenfell Related Appointment.



2.2 Dedicated Service work stream

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

The 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

In addition to the NHS Dedicated Service which is accessible to the bereaved and survivors, the NHS also commissions a separate case management service from Central London Community Healthcare NHS Trust (CLCH) for the wider community who have been impacted by the fire

Highlights from April – September 2024

NHS Dedicated Service

- The DS continues to collaborate with Kensington Leisure Centre and Grenfell foundation to provide a Women's Swimming and Wellbeing group that attends to both physical and psychological wellbeing needs.
- The Aquamotion and Wellbeing Group is an ongoing group that receives positive feedback from all attendees highlighting how important it has been to have a space to share with each other their experiences and to be supported by feeling understood and respected.
- DS staff continue to support Survivors and Bereaved at community events including:
 - DS Spring Family event.
 - Anniversary support.
 - Remembering together project. Children and Young people of the survivor and bereaved families come together to find creative ways to remember on the anniversary.
 - DS staff supported their clients (and other core participants) in collecting a copy of the inquiry report on 3 September. Staff were available to provide emotional wellbeing support. The DS were also present at various community events throughout the month.

Recall Programme

- A Grenfell Health and Wellbeing service (GHWS) DS senior nurse is proactively contacting inactive clients and families to engage them in a conversation to ensure they are aware of the offer that they are entitled to.

Wider Grenfell Case Management

- Proactive case finding incorporating traditional direct referral pathways and community engagement has enabled the caseload to continue to grow over the last 6 months.
- The total caseload stands at 199 at September 2024.

2.2.1 Services and Activity

2.2.1.1 NHS Dedicated Service (DS)

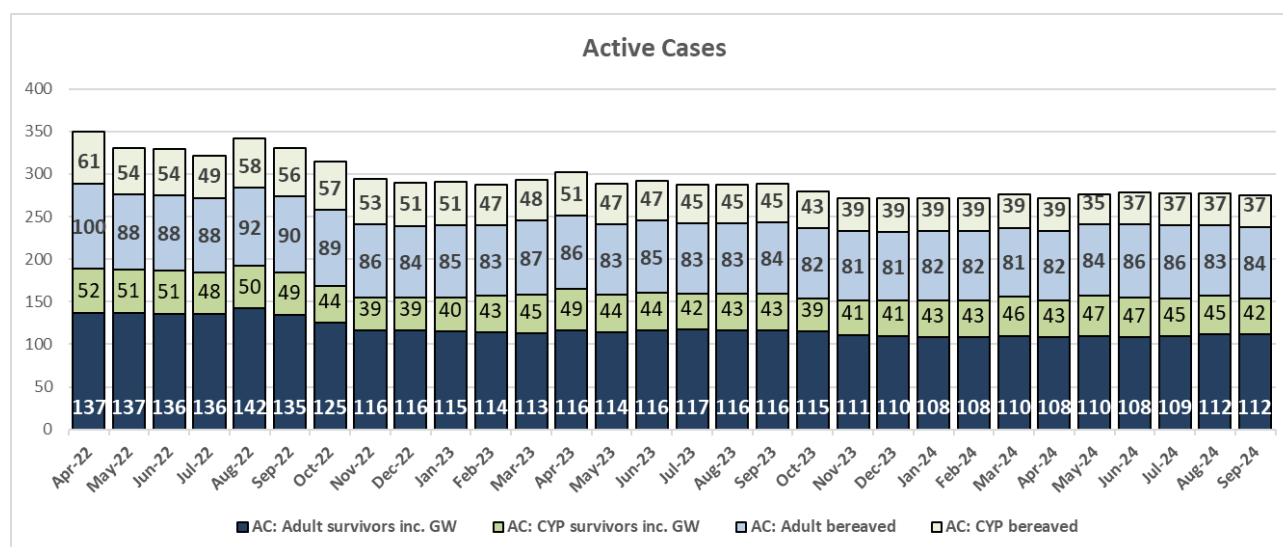
The DS team have been proactively offering and facilitating access to the appropriate NHS and non-NHS physical health services contained in the NHS Dedicated Services portfolio, to all those who are eligible for the service and whose contact details it has;

- 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.

| | Cohort | Number in cohort | Accessing DS September 2024 | % Accessing |
|---|--------|------------------|-----------------------------|-------------|
| Survivors (including residents of Grenfell Walk) | Adults | 330 | 112 | 34% |
| | CYP | 122 | 42 | 34% |
| | Total | 452 | 154 | 34% |
| Bereaved | Adults | 219 | 84 | 38% |
| | CYP | 102 | 37 | 36% |
| | Total | 321 | 121 | 37% |
| Total | Adults | 549 | 196 | 36% |
| | CYP | 224 | 79 | 35% |
| | Total | 773 | 275 | 36% |

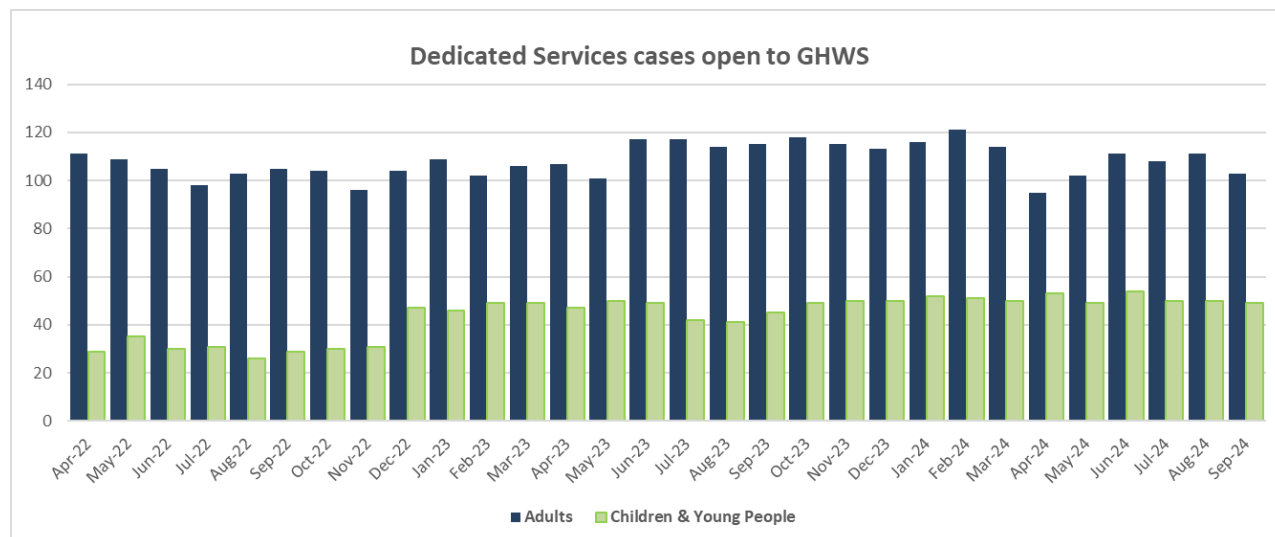
At the end of September 2024 there were 154 survivors and 121 bereaved actively using the DS, a total of 36% of those eligible. In total 96% of eligible clients have been offered the service at some time with 70% accepting.



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.

North West London

End of September 2024 shows a slight a very slight decrease in the numbers of clients active with the NHS DS compared to the numbers accessing at the end of March 2024. The numbers fluctuate, clients pass away and babies are born. It also depends on the time of the year, closer to the anniversary or specific world events result in people needing more support than at other times.



2.2.1.1.1 Collaborations

Women's Swimming and Wellbeing group:

- The GHWS continues to collaborate with Kensington Leisure Centre and Grenfell Foundation to provide a wellbeing group that attends to both physical and psychological wellbeing needs.
- This group was designed specifically for women who were directly impacted by the Grenfell fire (survivors of Grenfell tower/directly bereaved).
- The women have now completed a second set of 12 swimming and psychological wellbeing sessions and a third programme begun on the 23rd April 2024.
- With the sustainability of the group in mind, four (4) Survivor and Bereaved women from previous rounds of swimming lessons have now joined the latest programme as mentors/facilitators. This has enabled them to share their experiences and learn new skills in facilitation, and the hope of being able to set up groups/projects that they can lead themselves in the future.
- The project continues to have a positive impact, as the women reported improvement in their physical health and wellbeing. They also have been able to strengthen links with community, as well as form strong relationships with others as they participated in the activities which they otherwise would not be able to do due to various barriers.
- All of the women have overcome the fear of the water and some of them become competent in their swimming skills.

Aquamotion:

- The Aquamotion and Wellbeing Group is a weekly, women only water activity followed by a wellbeing session offered by GHWS DS staff to bereaved and survivor women at the Kensington Leisure Centre. This is an ongoing group that continues to receive referrals from the wider GHWS. The group is facilitated by GHWS DS staff. There are 14 people at any one time.

North West London

- Recent feedback from group members have highlighted how beneficial the sessions continue to be on their overall physical health and emotional wellbeing and that they have noticed improvement in these areas of their life.
- Attendees relayed how important it has been to have a space within the group to share with each other their experiences and be supported by feeling understood and respected. They felt the space also provides them with an opportunity to access/increase their social support and gain a sense of community and belonging, whilst improving their wellbeing and resilience. As well as value the opportunity to form close relationships with group members and reduce isolation.

2.2.1.1.2 Event Responses

DS staff continue to support Survivors and Bereaved at community events throughout the year.

- An event held at QPR football stadium where DS staff provided emotional wellbeing support and arts and crafts activities for young children. GHWS DS staff continue to provide ongoing health and wellbeing support to Survivors and Bereaved, particularly in the lead up to the 7th year anniversary on the 14th June 2024.
- GHWS DS organised a Dedicated Service Spring family event that took place at the Venture Centre on the 20 April 2024 from 2-5pm. Six (6) members of the DS team and two GHWS therapists attended the event and put on activities including biscuit decorating (with homemade biscuits), slime making, henna, jewellery making, VR and arts and crafts activities. Refreshments, snacks and hot food were also provided. Around 50 children and 30 adults attended.

The event provided families with the opportunity to have a fun day out with other Grenfell DS families and get to meet GHWS staff. GHWS staff had the opportunity to hear from families about what they would like to see being offered by the GHWS and information was provided about groups and other therapeutic interventions on offer within the GHWS.

Feedback from attendees:

- *"We would love more activities like this"*
- *"Families have offered to help organise and host future events"*
- *"An enjoyable day – thank you"*

Some families said they would like more family events, more outdoor activities, trips for parents during school time and a group for parents with special needs children e.g. Autism.

- Anniversary support
 - DS staff were present at the Grenfell Tower on the day to support Bereaved and Survivor Clients
 - DS staff were present throughout the community on the day as well as the silent walk.
- Each year GHWS DS staff support the Remembering Together project where Children and Young People of the bereaved and surviving families come together to find creative ways to remember families, dear friends, and loved ones on the anniversary.
 - The Remember Together event was held on the 1 June 2024 at Clement James Centre. The event was co-delivered by GHWS DS and CYP staff and included fun activities, like biscuit and jewellery making and arts and crafts activities for children and young people.
 - 15 Survivor and Bereaved families attended, 34 clients in total.

- Families reported on the day that they enjoyed the creative activities and coming together as a community to connect & remember. Children and young people engaged with all the creative activities making graffiti, decorating biscuits, making art and writing music.
- Inquiry
 - DS Staff supported their clients (and other core participants) in collecting a copy of the Inquiry report on the Tuesday 3rd September. Staff were available to provide any emotional wellbeing support.
 - DS were also present at various community events throughout the month to support clients around the Inquiry report.

2.2.1.1.3 Recall Programme

The GHWS has taken on the responsibility for contacting inactive clients on an annual basis. This work is being undertaken by a DS Senior Nurse who proactively contacts inactive clients and families in an effort to engage them in a conversation about their health and wellbeing needs and to ensure they are aware of the offer they are entitled to.

- A total of 59 DS Inactive clients (50 Adults and 9 Children) have so far been considered for the DS Recall Programme.
- From the 59 inactive clients considered:
 - 53 were contacted
 - Five (5) had previously expressed a preference not to be contacted by GHWS
 - One (1) is deceased

| Contact details | No. of Clients |
|--------------------|----------------|
| Contacted | 53 |
| Do not contact | 5 |
| Deceased | 1 |
| Grand Total | 59 |

- Of the 59, the outcomes were as follows:

| Contact outcome | No. of Clients |
|-------------------------------------|----------------|
| Client lives abroad | 1 |
| Accessing other NHS Health Services | 4 |
| Became DS Active | 7 |
| Deceased | 1 |
| Declined DS offer | 23 |
| Do not wish to be contacted | 5 |
| No response | 18 |
| Total | 59 |

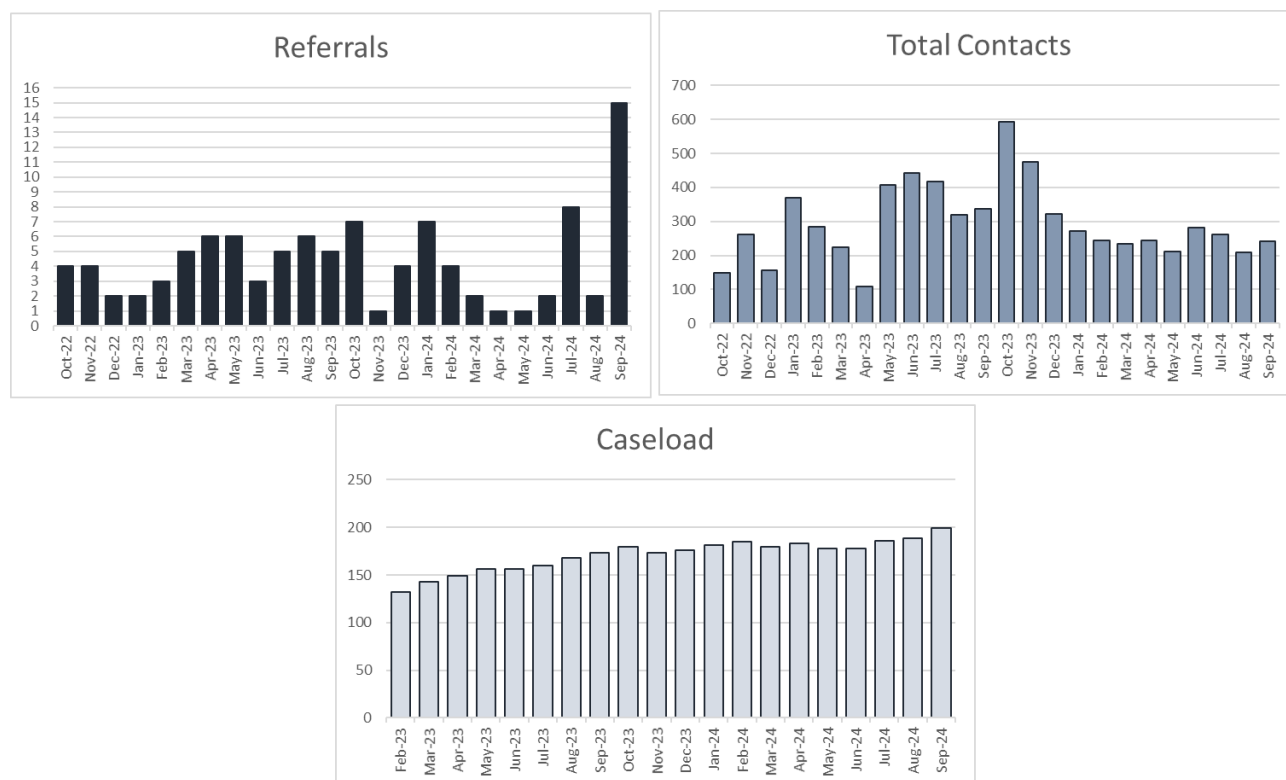
2.2.1.2 Wider Grenfell Case Management

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

- Case Management of complex cases with a 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

Activity

Activity was reported from October 2022, there were known discrepancies in the data. The data is correct from February 2023 onwards.



- There continues to be an increase of referrals into the service due to the team successfully outreaching to a local travelling community and engagement from Goldborne GP Practice.
- This increase in referrals had led to a steady increase in the size of the caseload over the quarter.

2.2.2 Outcomes

High Level Outcomes with indicators

The table below details the high level outcomes identified in the HWS for this work stream, alongside the agreed indicators and methods of measurement.

| High Level Outcome | Indicator | Method of measurement |
|--|---|--|
| <p>1. 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>1. People are offered and navigated to the correct health services depending on their individual circumstances, to increase awareness of 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 by themselves.</p> | <p>a. CNWL report:</p> <ul style="list-style-type: none"> Questionnaire to be developed with clients to see if service has helped to meet their health goals, confidence with accessing services, etc. Case studies and client feedback <p>b. CLCH Report</p> <ul style="list-style-type: none"> PREMs feedback survey Care Plan Reviews Case Studies Use of ONS4 form |

Summary

CNWL Report

- CNWL report positive outcomes for their service as evidenced by the case studies and client feedback detailed in section 2.2.3.1 which demonstrate the diversity of the work delivered by the service. This includes very positive feedback for Aquamotion and the Women's Swimming collaborations.
- A total of 11 PEQs were completed in the first six months of the year. The DS clients that completed a PEQ were satisfied with the support received, their involvement in support planning and the care provided.
- More work needs to be done to increase the response rate for the PEQs.

CLCH Report

- CLCH first produced the report in Q2 2023/24 and report good outcomes from the service as evidenced by the case studies and client feedback detailed in section 2.2.3.2.
- There has been a limited response to the feedback form with only 18 completed in the first 6 months of 2024/25. 100% of patients are satisfied with the support that they have received. Work is ongoing to increase the response rate for the form.
- The service aims for every patient referred to the service to have a comprehensive assessment followed by a care plan comprised of goals based on agreed priorities.
 - As at September 2024 62 patients (31%) did not have a care plan. The service acknowledges that this is a large proportion and aim to make this a key focus in the coming months.
- The aim is to undertake ONS4 assessment at every initial assessment and thereafter every 6 months or as determined by significant factors affecting a patients wellbeing. There has been an increase in numbers and percentage of ONS4 assessments for April – September 2024 which indicates that staff are more proactive in completing the assessments.

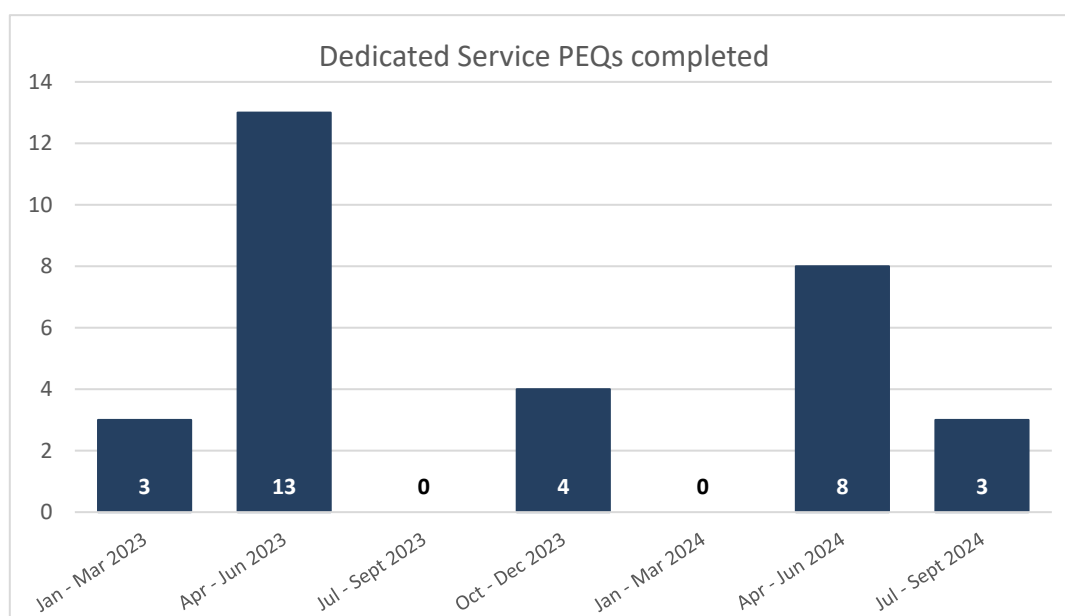
More detailed outcome and feedback information is shown below.

2.2.2.1 NHS DS Outcomes and Feedback (CNWL Report)

2.2.2.1.1 Patient Engagement Questionnaire (PEQ)

The DS has developed a PEQ specific for this team to ascertain whether or not the clients feel they have met their health needs. DS Service User Consultants reviewed this PEQ proposal and implemented further changes based on the received suggestions.

Completion rates continue to be low.



Feedback collection varies throughout the year, and there are ongoing strategies.

Summary of feedback:

- A total of 11 PEQs were collected in the first 6 months of the year.
 - Feedback is always lower in Q2 due to the summer holidays and many people being away.
- The majority of clients were satisfied with the DS service
 1. 100% of the 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
 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.
 3. 90% of clients felt their needs were properly addressed.

One client is not pleased with the offer:

- Rated 0: no further details were provided.
The client emphasized that GHWS is very helpful but other associated services have failed.

4. 100% of NHS DS clients who completed a PEQ consider they are treated with dignity and respect by the service.

2.2.2.1.2 Other Feedback

Clients often text or email their clinicians directly with feedback and thanks. There was none shared for April – September 2024.

There are a number of case studies detailed that demonstrate the diversity of the work delivered by the service alongside positive outcomes.

Case Studies

| DS Case study 1 | |
|----------------------------------|---|
| History and Presentation: | DS client has been accessing support via the NHS DS to address the wide-ranging impact on their daily functioning of depression, PTSD and early life trauma. |
| Intervention: | <p>The DS worker has been offering emotional wellbeing support and helping the client to explore meaningful daytime occupation including structure and working towards their goal of returning to full time education. The DS worker has been helping the client to develop a daily routine and break down larger goals into more manageable bite-size tasks.</p> <p>It has been important to build trust and consistency in the relationship between the client and DS worker to enable the client to use their DS sessions to meet their occupational and physical health goals (such as cooking healthily). The DS worker has also supported the client to access talking therapy.</p> |
| Outcome: | The client now reports feeling more hopeful and is better able to attend appointments regularly. |

| DS Case study 2 | |
|----------------------|---|
| History: | A DS worker has been working with a client who lost several members of their family in the fire. Since the fire the client has been diagnosed with PTSD and depression. The client also suffers from severe physical pain. The client's accommodation is feeling very crowded. The housing situation is having a significant impact on the client's mental health. |
| Presentation: | The client believes their health and personality have changed completely as a result of the fire. They previously worked full-time but since the fire have not been able to return to work. This along with the housing situation has led to feelings of anger and frustration and also some difficulty in regulating their emotions. The client feels let down by services and has struggled to engage consistently. |
| Intervention: | The DS worker has worked with RBKC to attempt to build a trusting relationship with the client to assess their needs and the needs of children. The client has a long-standing relationship with their RBKC worker so it is important to work together to build trust. The client requires support to evidence how their housing situation is affecting their mental and physical health. |



| | |
|-----------------|--|
| Outcome: | As a result of this new trusting relationship the client has given the DS worker consent to meet with their family to assess their individual needs. The DS worker has also now had a successful joint home visit where the client gave consent for further home visits to meet with the client and their family. The DS worker continues to build a relationship in order to support the client and the family through their housing and with their health needs. |
|-----------------|--|

| DS Case study 3 | |
|----------------------|---|
| History: | Client is a survivor with a history of significant loss and bereavement prior to the fire. |
| Presentation: | Client has a diagnosis of depression and PTSD. Client also hears voices which can be derogatory in nature. The client's emotional wellbeing is linked to their ability to play sport, which is currently compromised by an injury. The client struggled with re-traumatisation and suicidal thoughts following Grenfell Testimonial week, where they spoke about their experiences. Poor sleep is also a concern for the client. |
| Intervention: | <p>Client has a history of poor engagement with services and was historically inactive to most of the support services. They actively sought out their current GHWS DS worker to ask for support.</p> <p>The GHWS interventions have included working with the client to attend and engage with health appointments, liaison and coordination with the GP and secondary mental health care services.</p> |
| Outcome: | <p>Client is now currently being seen by both GHWS and secondary care mental health services, where they access regular psychiatric reviews. In contrast to historical engagement patterns, the client is attending and engaging with all health appointments. GHWS DS worker has also expedited an appointment in relation to the client's injury which has delighted the client and, in turn, improved their mood.</p> <p>With assistance from GHWS DS worker, an OT intervention is underway to provide client with sleep hygiene advice, provide aids and adaptations to support independence with personal care tasks and support the client to build structures and routines.</p> <ul style="list-style-type: none"> Overall, Client is working well with the GHWS DS worker and is taking the necessary steps to regain their independence and improve their mental health and wellbeing. |

2.2.2.1.3 Collaborations

Feedback from a number of collaborations is detailed below.

Aquamotion

The women have shared very positive feedback

- Recent feedback from group members have highlighted how beneficial the sessions continue to be on their overall physical health and emotional wellbeing and that they have noticed improvement in these areas of their life.
- Attendees relayed how important it has been to have a space within the group to share with each other their experiences and be supported by feeling understood and respected. They felt the space also provides them with an opportunity to access/increase their social support and gain a sense of community and belonging, whilst improving their wellbeing and resilience. As well as value the opportunity to form close relationships with group members and reduce isolation.
- Feedback from the women who attend Aquamotion and the wellbeing group that follows:
 - “T” previously reported that she had been struggling to raise her arms however since joining the sessions, she is now able to raise her arms above her head with no difficulties and states that this has made a difference to her day to day life.
 - “M” previously struggled with ongoing pain that affected her mobility but since joining the group she can see that the pain is more manageable now and hopefully overtime the pain will no longer be there.
 - “M” reports struggling with ongoing pain, her GP recommended a water activity. Since joining she says has seen some improvements.
 - “G” was struggling with pain but the Aquamotion activities have been helping her manage the pain and exercise safely. She looks forward to attending every week
 - “E” stated that Aquamotion is the only form of exercise that she attends and actually enjoys. It helps her manage her mental health and physical health. It also helps her with sleep which has been difficult since Grenfell and losing family.
 - Another participant said that Aquamotion *“is a life line for me and I look forward to attending”*.

Women’s Swimming and Wellbeing group:

- The project continues to have a positive impact, as the women reported improvement in their physical health and wellbeing. They also have been able to strengthen links with community, as well as form strong relationships with others as they participated in the activities which they otherwise would not be able to do due to various barriers.
- Recent feedback for the group below:
 - *“I found talking therapy made things feel worse, its places like this group that really helps me I feel understood here, I don’t have to keep explaining where I’m coming from because everyone in here understands because they’ve been through it. I love how we connect in here through our faith, even though I am catholic there is so much I have in common with my muslim friends in here, I find strength in my faith and love that we bring it in here.”*
 - *“This group has really helps me to get moving and active as well as thinking about my wellbeing, its amazing I don’t feel I judged here I can just be.”*



- *“My family have been through so much in their lives, sometimes I just want to cry, I feel I can do that here.”*
- Two (2) women reported how the group has helped them physically:
 - One participant who was experiencing pain was recommended swimming by her GP. She also had a severe phobia of water after witnessing multiple people drowning. However, after joining this group she has overcome her fear of water and now finds being in the water safe. This has helped in building her confidence every week and in turn improved her pain.
 - Another participant who has physical health concerns finds the water exercise helpful with her sleep. She has now mastered the breathing and is also able to float on her back. This has left her with a great sense of pride as well as the physical benefits.

2.2.2.2 Wider Grenfell Case Management Outcomes and Feedback

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

1. PREMS (feedback survey)
2. Care plan reviews
3. Case studies
4. Use of ONS4 form

The first report was produced in Q2 2023/24.

2.2.2.2.1 PREMS

A Grenfell MCMW specific patient feedback form was completed and came into use in August 2023. Initial cascading of the questionnaire to patients was undertaken via bulk sending of the link and QR code or directly by text message. The team continue offering physical support to some patients to log into the survey and complete it during face-to-face contact, when appropriate.

There has been a limited number of responses but all responses were positive.

| Quarter | Jul-Sept 2023 | Oct-Dec 2023 | Jan-Mar 2024 | Apr – Jun 2024 | Jul – Sep 2024 |
|---------------------|------------------|-----------------|-----------------|-------------------|-------------------|
| Number of Responses | 4 | 10 | 7 | 14 | 4 |

In the last 6 months

100% of the patients who completed the survey felt that:

- Their experience of the service was good or very good.
- The staff treated them with dignity.
- The staff took time to find out about them and their individual needs.
- The staff advised them where to get further support with managing their health and wellbeing.

95% felt that the staff involved them in setting their goals/plans of care.

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

- everything is very good - spoke openly which is very nice.
- very good - actually helping me with GP and medication matters + referrals.
- satisfied with the service.
- covered everything - all my lifestyle and wellbeing.
- very caring with the patient at St Charles generally and professional with Grenfell team.
- very good service and nice to meet people learning to help other people - HSPPC.



- very helpful - kickstarted me on many occasions.
- very helpful in sorting documentation for Shelter
- spoke about everything in detail - linked to a lot of help to help me and my family. Spoke at great length. Showed empathy.
- very relaxed and informative
- good service - pleasant case manager

Feedback on future service improvement was generally constructive and has been taken note of for future practice.

- good to phone patients every 3 months
- follow-up with referrals - make sure they have gone through.
- confused in finding the office before because lost her phone -turned away by reception.
- wasn't happy with service previously as referred to food bank but not contacted or followed up.

Efforts to rectify the low response rates continue.

2.2.2.2.2 Care Plan Reviews

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

The table below show the number of care plans by quarter.

| | 2023/24 | | | | 2024/25 | |
|----------------------|---------|----|----|----|---------|----|
| Quarter | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| Number of Care Plans | 80 | 53 | 50 | 52 | 67 | 23 |

- The total number of care plans completed has decreased significantly in the second quarter of 2024/25, with extenuating factors, including staff annual leave during the period of July-September.
- The team have also, embarked on an initiative within a local travellers' community which has partly led to the increase in caseload. This has also had an impact on the care plan data as the team are currently using temporary plans of care, adapted in line with cultural awareness.
- It is apparent that the number of care plans completed in total is a far less valuable metric than the percentage of patients who have a care plan done in the last 12 months, and this has remained stable as has been the case for the last few quarters. As shown in the table below.

Care plan compliance.



| Quarter | Total caseload | No CP last 12 months | Percentage of patients with no CP last 12 months | Last report |
|----------|----------------|----------------------|--|-------------|
| Q4 23/24 | 182 | 49 | 26% | 24% |
| Q1 24/25 | 179 | 53 | 29% | 26% |
| Q2 24/25 | 199 | 62 | 31% | 29% |

There is a 2% increase in number of patients without a care plan which is attributable to multiple factors, predominantly of which is patient factors such as non-attendance at scheduled care plan appointments. There is also a small proportion of patients whose goals are fully met or no longer require the service and the service is in the process of establishing discharge or step down standard operating procedures.

The service acknowledges there are a large number of patients without care plans and aim to make this a key focus of our activity in the coming months.

2.2.2.2.3 Case Studies

The case studies below have been produced with patients' verbal consent and were obtained to be shared with Stakeholders to provide an insight into how Grenfell Wider Community service works and the benefits of MCMW Care planning (Holistic Approach). All identifiers and patients have been anonymised.



Health and Social Prescribing Co-ordinator - Case Study 1

History:

Ms. PM is a 50-year-old woman residing in a two-bedroom council flat near the Grenfell Tower. On the night of the Grenfell Tower fire in June 2017, she witnessed the tragic event, losing several friends and acquaintances. This experience has profoundly impacted her emotional and psychological wellbeing, leading to chronic insomnia, depression, and anxiety.

Problems/Goals:

Ms. PM shared several health concerns during her assessment.

- She is struggling with frequent, severe migraines that disrupt her daily life.
- She is also very anxious about her health due to a family history of cancer, especially since her father died from bowel cancer.
- PM has long battled with depression and anxiety, which worsened after she witnessed the Grenfell Tower fire and lost close friends. While she attends private hypnotherapy and counselling to help manage her mental health, she still suffers from chronic insomnia, which affects her well-being.

Intervention:

Case Manager care plan

Further examination and investigation of PM's migraines are necessary to determine underlying causes and potential neurological issues. Given the patient's family history and health anxieties, cancer screening is a priority. PM requires screenings for breast cancer, bowel cancer (due to her father's history), and a cervical smear test.

1. PM should be referred to a genetic clinic to assess her hereditary risk factors related to cancer.
2. A routine Diabetic eye screening to be scheduled for November.
3. Due to PM's chronic insomnia and restlessness, it was suggested that relaxation therapies (such as massage and reiki), as well as one-to-one meditation sessions, could help manage her restlessness and improve sleep.
4. A further assessment of her hair loss may be needed to determine if there is an underlying medical cause, potentially linked to her stress or diabetes.

Referrals

- Booked and confirmed Breast screening.
- Scheduled and confirmed Cervical Smear Test.
- Followed up with GP regarding the Bowel Screening referral.
- Requested a referral to Genetic Clinic for a hereditary cancer risk assessment.
- Liaised with GP to address concerns around hair loss and migraines. GP kindly arranged for an Enhanced Health Check.
- Appointment for Diabetic Eye Screening confirmed for November.
- Referral to one-to-one meditation services and massage/reiki for relaxation purposes.

Conclusion

Ms. PM's case shows how closely physical and mental health problems can be connected after a traumatic event like the Grenfell fire. She continues to face challenges, including migraines, mental health struggles, trouble sleeping, and worries about cancer because of her family history. A detailed care plan has been set up in negotiation with her, which includes health screenings, specialist referrals, and complimentary therapies. This approach focuses on supporting both her physical and emotional health. Regular follow-ups are important to make sure her health stays stable, and her concerns are addressed in a timely manner.

Case Manager - Case Study 2

History:

Ms L is a female patient in her early thirties who has been referred into Grenfell MCMW Case Managers' caseload via case finding in March 2021. She is a single mother of two young daughters and receives substantial childcare assistance from her father and ex-partner. On the night of June 14, 2017, Ms L witnessed the tragic Grenfell Tower fire. Living nearby, she has been woken by the commotion and alarms. Although she was not physically injured, she lost several friends and acquaintances in the fire, profoundly impacting her emotionally and psychologically. She was subsequently treated for PTSD, depression, and severe anxiety by local mental health services. Additionally, Ms. L has been dealing with Multiple Sclerosis (MS) since her diagnosis in 2016, with symptoms exacerbating following the Grenfell tragedy and the global COVID-19 pandemic.

Assessment:

- **Grief:** She was struggling with the recent loss of her mother.
- **Weight Management:** Ms. L needed to gain weight.
- **Exercise and Mobility Issues:** Due to MS, she faced significant challenges in these areas.

The MCMW Case Manager supported Ms. L with referrals to relevant specialists, including Bereavement Counsellor, Smoking Cessation specialist, nutritionist, yoga classes, and an Occupational Therapist (OT) for handrails assessment.

However, following the initial assessment, it was challenging to reach Ms. L for further care planning and reassessment. She often appeared in low mood and lethargic, attributing her condition to the MS symptoms that made her very tired.

Care Plan/Intervention:

- **Smoking Cessation:**
 - Referral to a Smoking Cessation specialist. Despite her reluctance, continued encouragement, and support to reduce smoking levels.
- **Nutrition:**
 - Referral to a nutritionist for weight gain and diet management. Encouragement to revisit this once other stressors are managed.
- **Physical Activity:**
 - Referral to a local gym with a discounted membership. Ms. L started a 12-week intervention with structured activities.
- **Mental Health:**
 - Transition from bereavement counselling to integrative psychotherapy services for broader therapeutic support.
- **Mobility and Safety:**
 - Referral to an OT for home adaptations and to the Falls Clinic for further assistance with walking aids and home adjustments.
- **Rehousing:**
 - Support in negotiating a housing transfer once her debt is cleared. Referral to a debt advice centre to assist with debt management.
- **Financial Support:**
 - Assistance with contesting her PIP rate to access higher financial support.

- **Health Screenings:**
 - Scheduling and attendance at breast and cervical screenings. Yearly Enhanced Health Check with her GP and Pharmacist.
- **Back Pain Management:**
 - Referral to massage services for back pain relief.
- **Community Engagement:**
 - Support in her role with the Mothers Group at a local charity organization and connection with Paddington Development Trust for project support.

Conclusion

Ms. L's case highlights the complexities of managing multiple health issues compounded by traumatic experiences and social challenges. Through a comprehensive and adaptable care plan, including various specialist referrals and community support, significant progress has been made in improving her quality of life. Continued support and monitoring are essential to maintain and build upon these improvements.

2.2.2.2.4 ONS4

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

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

The following table shows quarterly comparative data on ONS total assessments, undertaken by the team for the last 3 quarters.

| | 2023/24 | | | 2024/25 | |
|----------------------------|---------|----|----|---------|----|
| Quarter | Q2 | Q3 | Q4 | Q1 | Q2 |
| ONS Assessments undertaken | 35 | 23 | 27 | 23 | 29 |

The table below shows the % of Grenfell Caseload that has an ONS4 assessment.

| Year | Quarter | Grenfell Caseload | Has ONS4 | % |
|---------|---------|-------------------|----------|----|
| 2023/24 | Q3 | 177 | 115 | 65 |
| 2023/24 | Q4 | 182 | 129 | 71 |
| 2024/25 | Q1 | 179 | 132 | 73 |
| 2024/25 | Q2 | 199 | 142 | 72 |

- The number of patients on the Grenfell caseload with an ONS4 has increased in Q2 to 142, an increase of 10 on the previous quarter's figures (a 12% increase). As a proportion of the total caseload this is a slight reduction of 2, but this is misleading since the caseload has grown quite suddenly from 179 to 199.

The number of patients experiencing improvement in their ONS4 scores continues to rise.



2.3 Specialist Services work stream

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

- **Paediatric Long Term Monitoring Service**

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.

See section 2.6 Children and Young People for detail on the delivery, outcomes and impact of the service.

- **Adult Respiratory Long Term Monitoring Service**

The Adult Respiratory Long Term Monitoring Service, provided by Imperial College Healthcare NHS Trust is designed for survivors who had prolonged smoke exposure. In addition to a detailed review of the individual's lung health, the service is able to link into other subspecialty respiratory services and perform further detailed imaging and diagnostic tests when indicated, such as CT scans. This service includes an annual lung function test to identify any signs of respiratory disease alongside a review by a respiratory consultant.

People within the Adult Respiratory Long-Term Monitoring Service are re-called annually to keep any emerging or existing respiratory conditions under review, and to ensure any long-term respiratory consequences would be identified and treated as per the coroner's concerns.

The service also arranges referrals to other sub-specialties for further detailed evaluations, where indicated, including a chest physiotherapy & breathlessness clinic, the interstitial lung disease service, the respiratory infection service, the lung nodule service and the fast track lung clinic. The service has a dedicated administration coordinator who is able to offer flexible appointments according to the individuals' preferences with respect to virtual or face to face reviews at either the St Charles Hospital (run by Central and North West London NHS Foundation Trust) or Chelsea & Westminster Hospital (run by Chelsea and Westminster Hospital NHS Foundation Trust). Evening and weekend clinics are available to improve accessibility.

- **Toxicology Service**

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.

Highlights from April – September 2024

Adult Long Term Monitoring Service

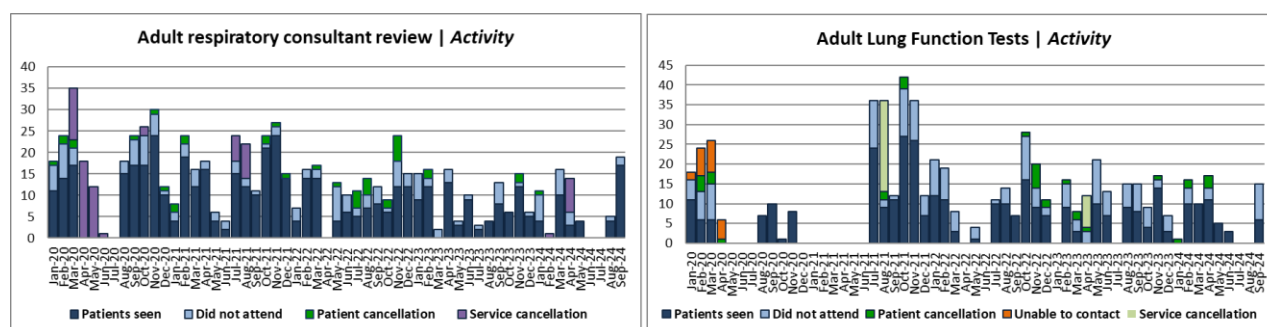
- To assist reporting against patient experience a patient feedback questionnaire is being developed to text to patients following their Respiratory and Lung Function appointments.

2.3.1 Services and Activity

2.3.1.1 Adult Respiratory Long Term Monitoring Service

During April – September 2024

- 28 patients attended an Adult Respiratory Consultant Review this a decrease on the numbers that attended in the six previous months.
- 25 patients attended a Lung Function Test this is a decrease on the numbers that attended in the six previous months.
- This decrease in activity was due to the retirement of the service coordinator. There was a cross over period when no clinics were booked. A new administrator was appointed in September which should increase future booking and attendance numbers.



A total of 168 individuals (93%) from the public inquiry list have been referred to the service 135 attending.

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

2.3.1.2 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.

2.3.1.3 Toxicology Service

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. There have been no referrals or activity recorded for 2024.

2.3.2 Outcomes

| High Level Outcome | Proposed Indicator | Proposed method of measurement |
|---|--|--|
| <p>1. 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>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>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 with transition to adult health services</p> <p>Increased awareness of any health conditions which are considered abnormal against usual population health baselines</p> | <p>1. Report from Imperial from the Adult long-term respiratory service detailing:</p> <ul style="list-style-type: none"> a) Respiratory illness: Detailing whether patients have suffered new respiratory illness as a consequence of the fire. b) Anyone identified with signs consistent with lung cancer or mesothelioma is referred to the fast track cancer service. Patients with other abnormal results are treated within the respiratory specialty. c) Referral to breathlessness clinics for holistic/physiotherapy support with breathlessness where appropriate. d) Patient Experience data <p>2. Report from Imperial from the Paediatric long-term monitoring service</p> <p>3. Report detailing any concerns raised by:</p> <p>PH epidemiologist team to review general health concerns raised by service users via toxicology service.</p> <p>Immediate treatment, investigation, or onward referrals to other services for conditions categorised as abnormal.</p> |
| <p>2. Ensure local offer within North Kensington is mirrored for those who are no longer in-area.</p> | <p>Increased uptake of services for displaced people who have moved elsewhere ensuring they have equity of service.</p> <p>Improved sharing of knowledge of health outcomes across providers to inform commissioning decisions</p> | <p>2. Report from Imperial:</p> <p>Assurance that local providers (eg. ICHT) maintain oversight of health outcomes for all those affected by the fire, regardless of their physical location 'at arm's length'.</p> <p>Findings which could trigger safety concerns to be fed back at local level.</p> |

Summary:

- Any short or long term impacts are identified, information shared with providers and services commissioned.**
Patients are better equipped to manage physical health conditions, build confidence to access local services
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

Report from the Adult Respiratory Long Term Monitoring Service

Currently there is limited evidence to show delivery against the outcomes.



The second part of the service evaluation undertaken by the service in 2023/24:

“To assess the clinical outcomes of the individuals who have accessed the Respiratory service” is not detailed in this report.

Once these findings and outcomes from the evaluation been shared with the community they will be reported further. This will be used to report against some of the indicators in the table above.

The service evaluation will not be repeated annually so the NKR work stream lead has been in conversation with the Adult Respiratory Long Term Monitoring service to agree and finalise what measures can be reported against the high level outcomes identified by the community and to support Regulation 28.

The following measures have been agreed:

- Report from Primary Care data with information of diagnosis, etc. at Adult LTM appointment
- Report from the Adult LTM service detailing
 - Onward referrals data
 - Patient Experience data

To enable reporting against patient experience:

- a process to send out PEQs following appointment will be implemented
- the administrator will use the conversations with patients as an opportunity to ask about aspects of the service.

An initial report has been produced by the North Kensington Recovery information lead looking at onward referrals. Further detail of this measure and the other measures detailed in section 2.1.2.1 will be reported in the Q4 report.

Work is ongoing with Clinical Lead to develop a patient feedback questionnaire to text out to patients following their Respiratory and Lung Function appointments.

Report from the Paediatric Long Term Monitoring Service

This can be found in the CYP section

2. Ensure local offer within North Kensington is mirrored for those who are no longer in-area

The service has worked with the ICB information analyst and the NHS Dedicated Service to ensure that everyone who is entitled to the access the service has been offered the service.

The Paediatric LTM service detail is in the CYP section of this report.



2.4 Self-Care work stream

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

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

Grenfell Social Prescribing Link Worker

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

Highlights from April - September 2024

KCSC

- The reported outcomes indicate that service users have experienced positive health and wellbeing outcomes as a result of taking part in one or more of the services
- Providers and projects continue to share invaluable feedback on the needs of their communities, and the majority engage well with KCSC and the NHS. This includes attendance at quarterly provider meetings and sending in monthly and quarterly monitoring data.
- There have been 660 new referrals, with 1325 sessions delivered to a total of 2138 clients.

ACAVA (Men's Shed)

- Second year of delivery for Make and Reuse creative workshops – 4 courses delivered in the first half of the year.
- Delivered 90 tinkering sessions and 32 specialist workshops, with total attendance of 1284
- Rasha's work at the Shed is being celebrated in a new book. Jan Kastein's book, "Londoners Making London", highlights Rasha's work in ACAVA's Maxilla Men's Shed as a community-focused project that has changed London for the better.

2.4.1 Healthier Future Services and Activity

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.

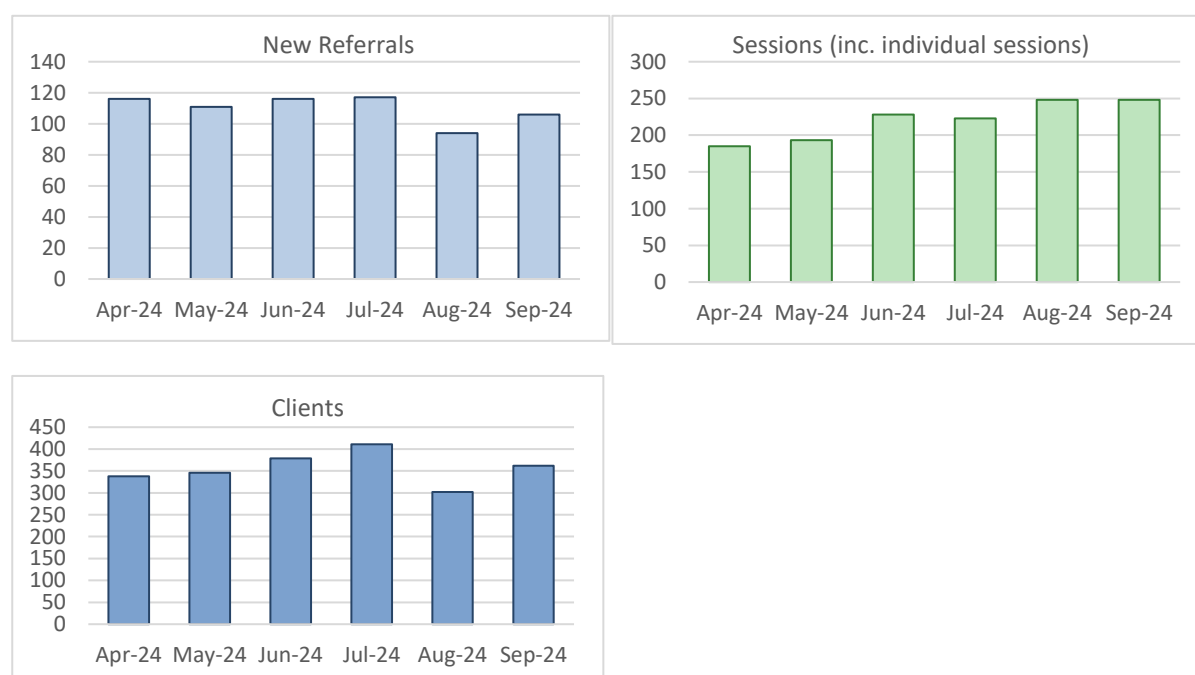
2.4.1.1 KCSC

There have been a large number of diverse KCSC self-care services financed by the NKR programme, including individual offers such as online meditation and legal advice, community offers such as yoga, boxing and cooking groups, and family offers. These offers include a number of offers targeted at specific ethnic groups or communities.

Activity

The below shows the activity for April to September compared to previous quarters if available.

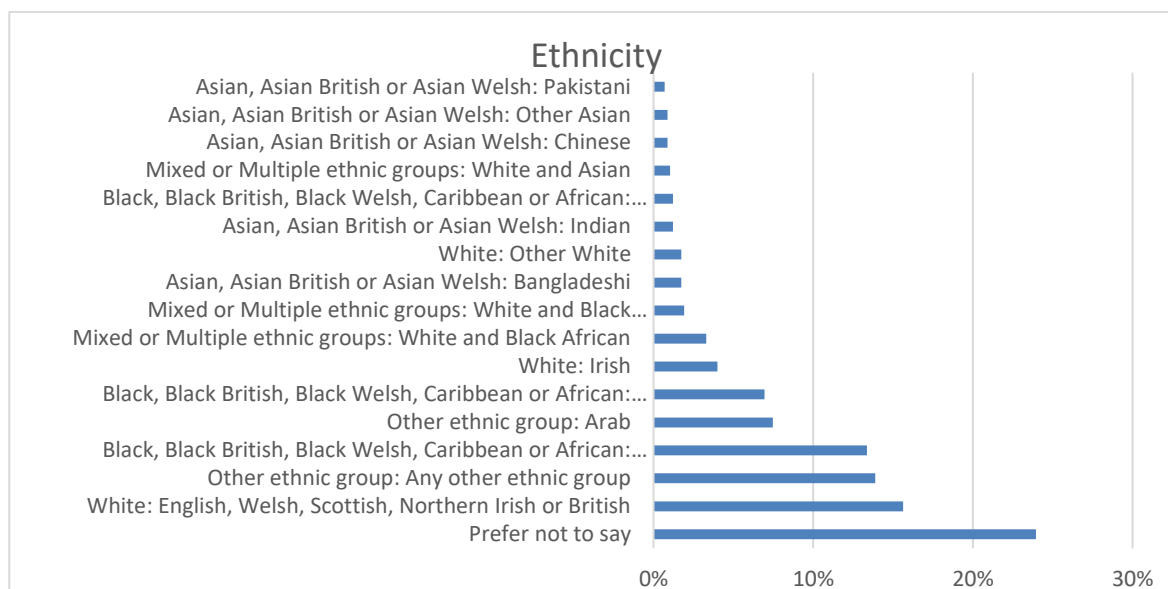
- Referrals: Q1 343, Q2 317
 - These were not reported in the same way before so cannot be compared
- Sessions: Q1 606, Q2 719
 - This is a slight decrease on the six months before.
- Clients: Q1 1063, Q2 1075
 - This is a slight decrease on the six months before



Demographic data was received for approximately 25% of the clients.

Of the 576, 75% identified as a woman

There was also significant ethnic representation.



For age ranges the greatest attendance is seen in the 55-64 age group.

| Age Range | % |
|--------------|-----|
| 55-64 | 22% |
| unknown/PNTS | 21% |
| 45-54 | 18% |
| 35-44 | 13% |
| 65-74 | 13% |
| 25-34 | 8% |
| 18-24 | 2% |

2.4.1.2 ACAVA Men's Shed

Initiated in 2019, in partnership with Kensington and Chelsea Social Council and the NHS Grenfell Recovery Team, the Shed was inspired by the international Men's Shed movement, designed to primarily reach older men, many of whom were not engaging with other community led post-Grenfell support.

Tinkering Sessions

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

Make and Reuse Creative Workshops:

This is the second year of delivery for the Make and Reuse Creative Workshops, a series of free courses designed to inspire the community of makers to reuse materials, support the circular economy, and integrate sustainability into their daily lives.

April – September 2024 Activity

Since opening in September 2019, 6625 places have been filled by 778 individuals, across 862 sessions (Tinkering Sessions, workshops and projects).

North West London

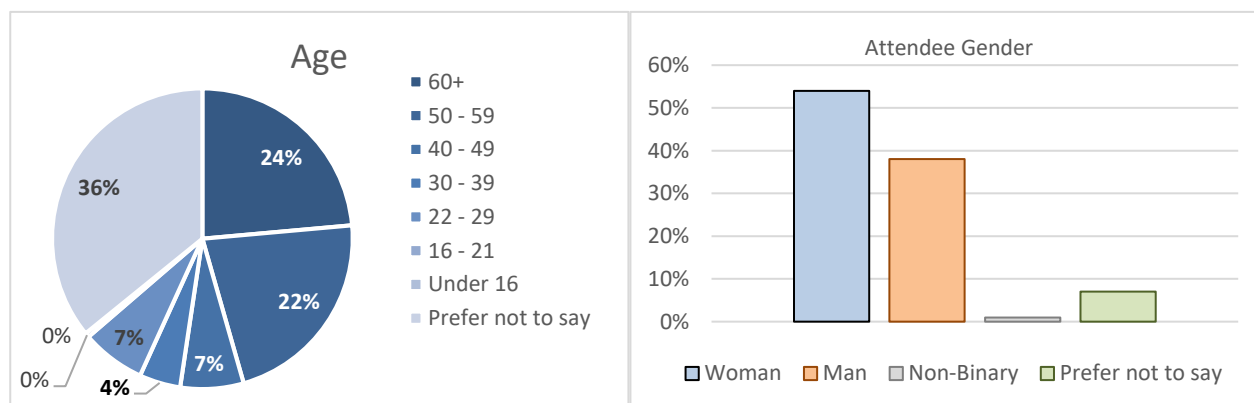
There have been 211 individuals made up of 164 unique new attendees, plus an average of 47 regular repeat attendees per quarter this year.

At least 64% (or 822) of places were filled by K&C residents, made up of approximately 135 individuals; 26% (or 334) places filled by people from elsewhere, and 8% (or 103) places filled by people not wishing to disclose their postcode – ACAVA respects the decision by individuals not to disclose personal data, it helps remove barriers to participation.

There have been 90 tinkering sessions and 4 specialist workshop courses delivered.

- Street Finds - An Introduction to Furniture Construction, Restoration and Modification
8 sessions | 7 participants
- An Introduction to Contemporary Marquetry
8 sessions | 9 participants
- Leatherworking: Creative Thinking & Design
8 sessions | 8 participants
- An Introduction to Circular Carpentry
8 sessions | 8 participants

The total number of attendances and sessions run have been increasing year on year and there continues to be an increase this year compared to last year (year to date).



The gathering of detailed demographic data is a barrier to participation so ethnicity or disability data is not routinely collected.

2.4.1.3 Grenfell Social Prescriber 2024/25

Unfortunately, due to staffing shortages there has not been a report produced for 2024/25.

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

2.4.2 Outcomes

High Level Outcomes with indicators

The table below details the high level outcomes identified in the HWS for this work stream, alongside the agreed indicators and methods of measurement.

| High Level Outcome | Indicator | Method of measurement |
|--|--|---|
| 1. Increased self-care and self-management opportunities taken up and initiated by the community Increased access to culturally appropriate self-care options | 1. Increase in self-care options and activity numbers | a. Number of options, number referred, number of activities, number attending |
| 2. Improved Quality of life Improved feeling of wellbeing Reduced loneliness | 1. Improvement tracked whilst accessing self-care programme, Self-reported improvement from patient feedback | a. Appropriate outcome questionnaire, b. Case studies c. PEQ |

Summary

1. Increased self-care and self-management opportunities taken up and initiated by the community & Increased access to culturally appropriate self-care options

- There was an increase in the number of services offered from 7 in April 2021 to 22 in April 2022. The number of services has now stabilised and the focus has been to increase awareness of the services in the community.
 - The Men's Shed has offered 4 Make and Reuse courses in the first half of 2024/25, each taught over eight sessions, totalling in 32 sessions delivered between April 2024 and September 2024.
 - KCSC have received 660 new referrals, with 1325 sessions delivered to a total of 2138 clients.

2. Improved Quality of Life; Improved feeling of wellbeing; Reduced Loneliness

All Healthier Futures services are monitored against a common outcomes framework, which includes nationally recognised indicators, such as the Warwick-Edinburgh Mental Wellbeing Scale, the ONS4 Wellbeing questions, with some additional questions around happiness with the service.

- The reported outcomes indicate that service users have experienced positive health and wellbeing outcomes as a result of taking part in one or more of the services
- This is evidenced by:
 - KCSC outcomes framework reporting positive health and wellbeing outcomes across all services
 - KCSC and ACAVA case studies showing the diverse services provided and the positive outcomes from these services
 - Make and Reuse Feedback reporting 100% rated the sessions 4 or 5 stars.

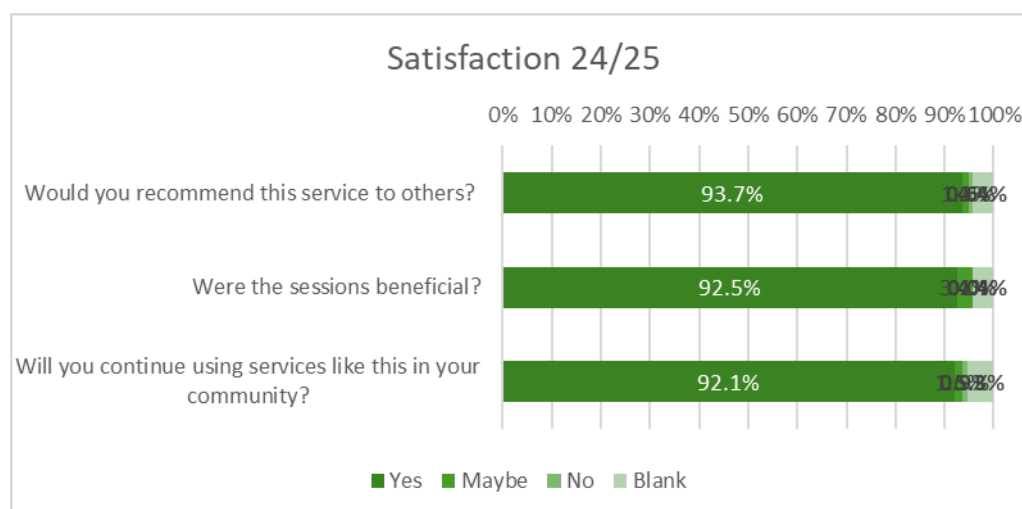
2.4.2.1 Outcomes and Client Feedback

All Healthier Futures services are monitored against a common outcomes framework, which includes nationally recognised indicators, such as the Warwick-Edinburgh Mental Wellbeing Scale, the ONS4 Wellbeing questions, with some additional questions around happiness with the service.

2.4.2.1.1 KCSC Outcomes and feedback

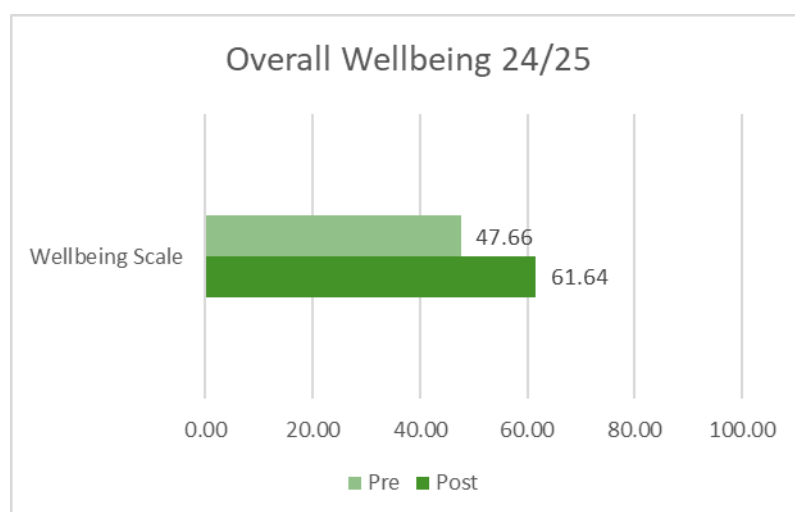
Service Feedback- April – September 2024

Over 92% of users answered “Yes” to all three quality questions

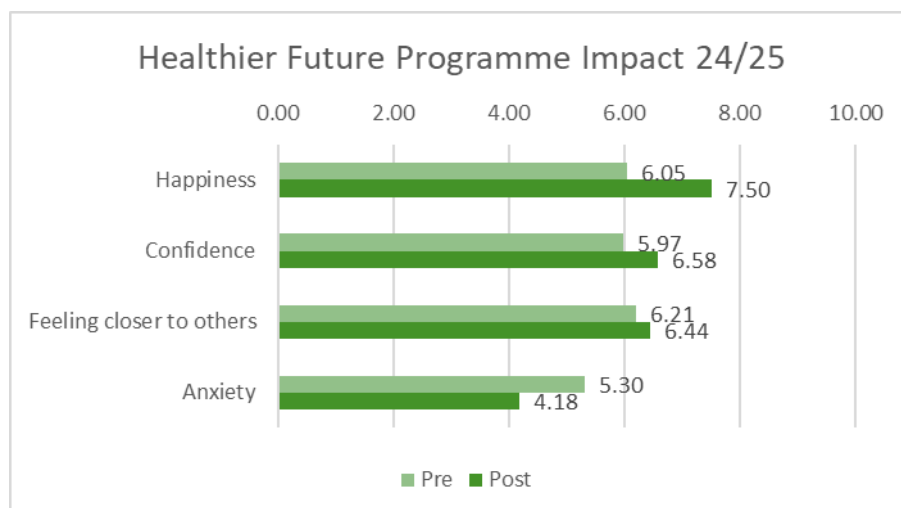


Health and Wellbeing Findings

The reported outcomes indicate that the service users have experienced positive health and wellbeing outcomes as a result of taking part in one or more of the services. The graph below illustrates the data available for the providers that measured change in the core wellbeing indicators.



The chart above shows a notable improvement in reported overall wellbeing, scores increasing from 47.66 to 61.64, reflecting a 23% rise.



The above highlights the specific changes in participants' wellbeing across four key areas:

- **Happiness:** The increase in happiness scores demonstrates that participants feel significantly more positive and content after engaging with the services, showing a 19% improvement.
- **Confidence:** The modest increase in confidence indicates that participants are feeling slightly more assured in their abilities and self-worth, with a 9% improvement.
- **Feeling Closer to Others:** The small increase in feelings of connection with others suggests that while the intervention has made a positive impact, there may be room for further improvement in fostering social relationships, reflecting a 4% increase.
- **Anxiety:** The significant reduction in anxiety levels, with a 27% decrease, highlights the effectiveness of the intervention in alleviating stress and promoting a sense of calm among participants.

Case Studies/feedback

"I am Pre-diabetic and have high Blood Pressure. Because of the Sessions, my health has greatly improved, and my blood pressure has gone down too. I am glad for the Sessions." - FAWA

"I don't know how to tell you how much you helped me; I was feeling hopeless before, you gave me another life" - Clement James

"I have been joining Pamela's yoga class for the last 6 weeks and have really been looking forward to the classes ever since. I noticed my poses are improving already and I feel so much more flexible and energetic as a result. Please, keep the great work, Pam! Thank you." - VCKC Yoga

"The massage therapy has been thoroughly enjoyable. As a young mum I feel exhausted and having a massage has allowed me to switch off from the world and managed to relax me, during a very busy period in my life" - CML

"I had felt very lonely and by coming to the group and participating I feel happy by the end off the session as this took away my anxiety." - ADKC

"I feel that I can ask for advice without fear of judgement. The session provides a minute to clear my mind." - ACAVA

"I really enjoyed the chefs clear easy instructions" - Volunteer Centre



"We enjoy the socialisation with each other" - Pamodzi

"This place is VITAL to the well-being of this community" - Meanwhile Gardens

2.4.2.1.2 ACAVA Men's Shed Outcomes and Feedback

There has not been an evaluation session undertaken in the first 6 months but there is feedback from all of the creative courses.

Make and Reuse Creative Workshops

4 specialist workshop courses delivered.

- Street Finds - An Introduction to Furniture Construction, Restoration and Modification
8 sessions | 7 participants
- An Introduction to Contemporary Marquetry
8 sessions | 9 participants
- Leatherworking: Creative Thinking & Design
8 sessions | 8 participants
- An Introduction to Circular Carpentry
8 sessions | 8 participants

Feedback Summary

At the conclusion of each course, participants are invited to complete an anonymous feedback form, encouraging honest and constructive responses.

- Feedback Participation: 29 out of 32 participants provided feedback via forms.
- Positive Outcomes: All 29 respondents reported positive experiences.

Workshop Ratings

- Overall Rating: The average rating for the workshops was 4.67 out of 5 stars.

Anticipations for the Workshops (Select all that apply)

- Meeting New People: 16/29
- Learning New Skills: 29/29
- Improving Wellbeing through Social Activities: 14/29

Skill Acquisition

- Did you learn any new skills?
 - Yes: 29/29

Continued Use of New Skills (Select all that apply)

- Continue during tinkering sessions: 28/29
- Continue at home: 19/29
- Desire to take further workshops: 25/29

Workshop Experience (Select all that apply)

- Enjoyed interacting with others: 28/29
- Felt inspired by a creative environment: 28/29
- Had the opportunity to work with new tools: 27/29



- Felt more confident approaching new challenges: 24/29
- Felt part of a meaningful social network: 20/29
- Positive impact on wellbeing: 23/29

Feedback Highlights

"I appreciate the opportunity to learn new skills in a very friendly and non-judgemental environment, to meet people both locally and across London. Look forward to more classes and tinkering sessions. Thank you!"

"It was great, and I love how friendly everyone is"

"The course tutors were fantastic, they were patient, understanding, explained thoroughly and were at hand when ever needed"

"After thinking about doing woodwork for a long time, I am so happy that this was the workshop to introduce me into this art form! Such an honour to work alongside new, creative individuals and be taught by very patient tutors/facilitators. Very keen to keep up with Maxilla Men's Shed & the tutors on this workshop. This has inspired me on another level :) very grateful!"

"Very well structured and organised, great energy from the tutors. felt motivated and supported throughout. really enjoyed this one!"

"Amber is nice to work with as she has a lot of patience and willing to help when you get stuck as Marquetry can be very trying and testing. But I like doing it as there are many possibilities and another craft to my collection. so, I will be continuing once I get all the equipment to do so"

"The facilitator was helpful and approachable. My fellow participants were good company, and it was nice getting to know them. We all worked well as a team"

"Absolutely amazing experience! I couldn't recommend highly enough"

"It was a very supportive environment, lots of sharing skills and information"

"Keep it up! Incredible space!!! Advertise to all ages because EVERYONE can benefit from the Men's Shed. 😊"



2.5 Emotional Wellbeing work stream

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

Grenfell Health and Wellbeing Service (GHWS)

The GHWS was commissioned from Central and North West London NHS Foundation Trust (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 Grenfell Tower fire.

This service was acknowledged as a requirement to address emotional health and wellbeing needs 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.

The GHWS service is an enhanced service in addition to business as usual and offers 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. 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.

As a result, and in line with NHS England Community Mental Health Framework, the GHWS service had undertaken a process of redesign in 2022 to provide a more integrated offer in order to improve the quality and diversity of care received by the community. This included diversifying the services multidisciplinary approach to include additional interventions such as Occupational Therapy, Social Work, Employment Support as well as a dedicated Community collaborative arm of the service, on top of the enhanced therapeutic offer that remains. All this together is aimed at providing a holistic, joined up, culturally informed and community led provision of services.

Since this service transformation there has been improved access to culturally appropriate services.

Highlights from April-September 2024

- 16 workshops including tree of life and Recovery College.
- Employment support resulted in 8 employment outcomes
- A number of collaborations including Coffee Morning Slots, DS Spring Family event, Yoga, Remembering Together, One Heart Festival and Kensington & Chelsea Food Bank
- There were a total of 16 Groups run during this six months including Gardening Group, Older Adults Wellbeing, Women Swim for Wellbeing. These groups were delivered to over 95 people
- CNWL report positive outcomes for their services across all parts of their model evidenced by case studies, feedback and outcome measures which demonstrate the diversity of the work delivered.
- A feedback week was held Further work needs to be done to increase the response rate for PEQs and identify and implement measurable outcomes for the group work and workshops.



2.5.1 GHWS Service updates and activity

The following section of the report is structured in line with the GHWS 5-part model, which is a clinical model designed to holistically support the community. With an additional section which details any service wide information.

It includes information from the GHWS monthly activity reports, monthly DAPB updates and the GHWS Quarterly reports. 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 5-part model is a simplistic view of the service and that some areas of activity can apply to more than one part of the model.

2.5.1.1 Service Wide

GHWS Team

Cultural Competency

GHWS have a cultural consultation team which runs monthly meetings for GHWS staff with a different topic each meeting. Once per quarter there is a mandatory meeting which all staff are required to attend unless they are off sick or on annual leave. The purpose is to explore different topics as a team and to ensure there is continued learning as a team. These sessions are generally well attended and valued by staff and improve our ability to offer a culturally competent service.

GHWS also work to the Cultural Competency Framework which is a model for providing services that meet the needs of service users from diverse linguistic, religious, and cultural backgrounds. It illustrates the need for services and staff to be culturally informed, aware, curious, and sensitive.

Service User Involvement Team (SUIT)

Service User Consultants (SUCs) are involved in various activities and projects within GHWS to ensure that they are listening to and acting upon the feedback received wherever possible to ensure they are providing best service they can. There is 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 SUIT teams can be found in section 2.6.1.3.5 of this report.

Adult SUIT

For April – September 2024 some of the Adult SUIT projects are detailed below:

- Service User Consultants joined GHWS Away Day in April.
- Service User Consultants contributed to a Trust-wide meeting on Service User Involvement and Co-Production.
- Write-up of the GHWS SUIT Journey from 2019.
- Portobello stall as part of the Pre-anniversary community reach out.
- Co-facilitated Grenfell Recovery College workshops at Clement James, and the Volunteer centre.
- Sat on a recruitment panel for a trainee art therapist.
- Worked in the swimming project creche.
- Co-facilitated Adult and CYP gardening groups.

- Being on the community collaboration steering group and continued to work with CYP service user consultants and the Discovery College.
- Involved in recruiting a new adult service user consultant from the DS.
- 'Active for Life' festival.
- DS CYP event.
- Kings Fund Conference.

The feedback from the Service User Consultants during their annual appraisals /reflection meetings demonstrates the significance of the Service Use Consultant role for them.

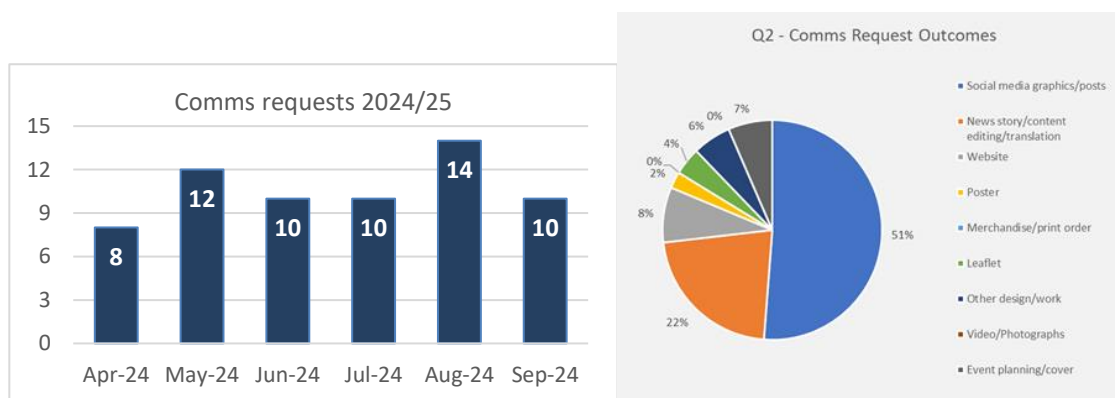
- "It has been so valuable to have these sessions co-facilitated and with lived experience at their core, so important for our communities."
- "The role has given me the opportunity to develop a lot of skills and knowledge. The write-up project provided the opportunity to reflect on the journey of the GHWS Service User Involvement team as well as my own journey."
- "This is a really valuable experience. I am relating to people and it has really helped me with isolation – I feel more connected."
- "I am very grateful. I am making the best of my life. I have learnt that I can still achieve and do things. I believe in myself more."

2.5.1.2 Information and Self-Care

- Providing relevant health and wellbeing information from their service as well as partners to all clients and wider community in a variety of formats, languages and platforms (GHWS website, X (formerly Twitter), Instagram and Facebook)
- Where appropriate navigating/referring individuals to other relevant service/support such as housing, financial, employment, education and social etc. and providing a warm handover where necessary.
- Ensuring local services are fully up to date on the services GHWS offer and a clear referral process to enable people to access the service.

Communications

Details of communications activity and outcomes are shown below:



2.5.1.3 Early Intervention and Prevention

- Provide psychoeducational 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.
- Working in partnership with other community providers who are delivering services at a primary and secondary level.

North West London

- There are employment specialists within the GHWS who work to support both GHWS and DS clients with their employment needs.
- GHWS has Community Connectors that maintain an important link between the community and the service. They participate in different activities within the community and their insight is crucial for developing and improving existing support provision. They provide presence and support at local community events.
- Key areas this report focuses on include:
 - Workshops
 - Employment Support
 - Community Connectors

Workshops

Workshops continue to be delivered at a comparable level to 2023/24 which shows a continuation of delivery of services within the community, in collaboration with community providers. This is in response to feedback from the communities and the desired outcomes from the communities.

| Activity Area | Q1 | Q2 |
|--|----|----|
| Number of workshops delivered in quarter | 7 | 9 |

A number of different workshops were run during the first six months of 2024/25 which were all well attended and received positive feedback including:

- Professional Tree of Life
- Summer art workshop for CYP
- The GHWS Recovery College delivered a number of workshops April to September 2024 with a total of 134 attendees across the 16 workshops; 53 in Q1 and 81 in Q2. Outcomes and feedback from the workshops is included in the outcomes section 2.5.2.

The CYP discovery college is ongoing and there are plans to bring the Tree of Life and Team of Life workshops to the college in the autumn. Workshops are being coproduced with neuro divergent young people about autism and ADHD.

Employment Support

There are employment specialists within the GHWS who work to support both GHWS and DS clients with their employment needs

| Activity Area | Apr – Jun 2024 | Jul – Sept 2024 | YTD |
|---------------------------------|----------------|-----------------|-----|
| Referrals to employment service | 21 | 24 | 45 |
| Active caseload | 11 | 8 | 19 |
| Employment outcomes | 5 | 3 | 8 |

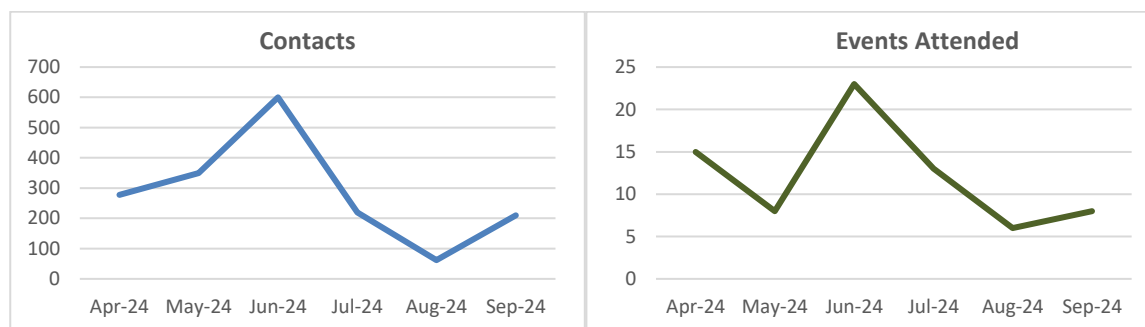
- The activity numbers show slight increase in referrals when compared with 2023/24 but a slight drop in employment outcomes.
- Active caseload numbers were not reported last year.



Community Connectors

GHWS community connectors establish an important link between the community and GHWS. They participate in different activities within the community. Their insight is crucial for developing and improving existing support provision.

The graphs below show the community connectors activity in April to September 2024.



Q2 was quieter than previous quarters for the Community Connectors. It is usual for the service in general to be quieter during July and August as clients and staff take annual leave during the school summer holidays.

The connectors attended and supported a number of different activities during the first six months of the year including:

- The King's Fund Virtual Event
- WAND Children's Group
- Older Adults Group
- Lancaster West Breakfast drop ins
- Community Guided Walks
- Latimer Road Veterans Football Team wellbeing meetings
- North Kensington Fire Station Open Day
- Summer Art workshop
- Banner Making Workshop
- Mosaic Workshop
- Historical Royal Palaces Communityn access Scheme
- One Heart Festival
- 7th Anniversary Activity

2.5.1.4 Collaborations

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

Activity Data

| Activity Area | Q1 | Q2 |
|--|----|----|
| Number of collaboration requests received in quarter | 6 | 5 |
| Number of ongoing collaborations | 49 | 19 |
| Number of collaborations completed in quarter | 4 | 3 |

Where attendance numbers have been recorded estimates showed that the collaborations reached over 450 people with positive feedback.



Collaborations carried out in include:

Coffee Morning Slots (KAA) parents

The aim of the coffee mornings was to provide a safe space for parents to:

- Receive information/support/validation regarding their child's wellbeing needs.
- Think about their own wellbeing needs, how they impact on their parenting and different ways they might be able to access support.
- Form a supportive network with other parents experiencing similar things (including difficulties with school).
- Potentially signpost to other services/community organisations for other needs if appropriate.

DS Spring Family Event

- GHWS organised a fun activities day for DS families, including biscuit decorating, slime making, henna, jewellery making, VR and arts and crafts activities.
- GHWS staff had the opportunity to hear from families about what they would like to see being offered by the GHWS and information was provided about groups and other therapeutic interventions on offer within the GHWS.

Yoga

- GHWS delivered three 45-minute yoga classes at Clement James during their Women's Wellbeing day on the 16th May.
- A Yoga for Beginners course offered for Adults (18+) at Clement James over 4 weeks as part of their wellbeing offer.

Remembering Together: 7th Year Children's and Young People Anniversary

- Each year since June the 14th 2017 following requests by the Children and Young People of the bereaved and surviving families from the Grenfell Tower fire, GHWS has come together to find creative ways to remember families, friends and loved ones on the anniversary.

Kensington & Chelsea Food Bank

The Kensington & Chelsea Food bank takes place 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.

One Heart Festival

- At the One Heart festival, GHWS had stalls offering tile painting, heart decorating, and lavender bag making. GHWS was next to colleagues from Community Living Well, and we were joined by the Lancaster West Neighbourhood team in the afternoon to give information about all the offers available to residents of Notting Dale.

Community Check-in

- GHWS Community Check in event at Notting Hill Methodist Church took place on September 12th.

North West London

- It aimed to be an open and compassionate space. The community could express their response to the Inquiry Phase 2 report and explore ways to look after their and respective families' health and wellbeing.

Community Report

GHWS has developed a report for the Community that highlights GHWS work in terms of:

- Activity numbers: referrals and open cases.
- Clinical Wellbeing groups.
- Events supported.
- Community Collaborations.

An example is shown below:



2.5.1.4 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.

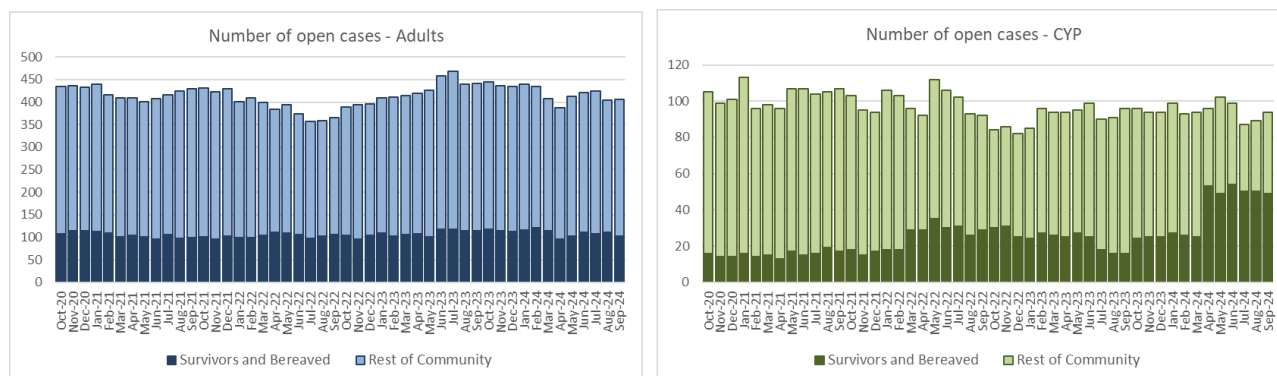
As well as face-to-face support, the offer has been extended to include remote support via telephone and video conference facilities such as MS Teams/Zoom due to the COVID-19 pandemic which has been extremely useful and well received by clients.

This section focuses on the following areas:

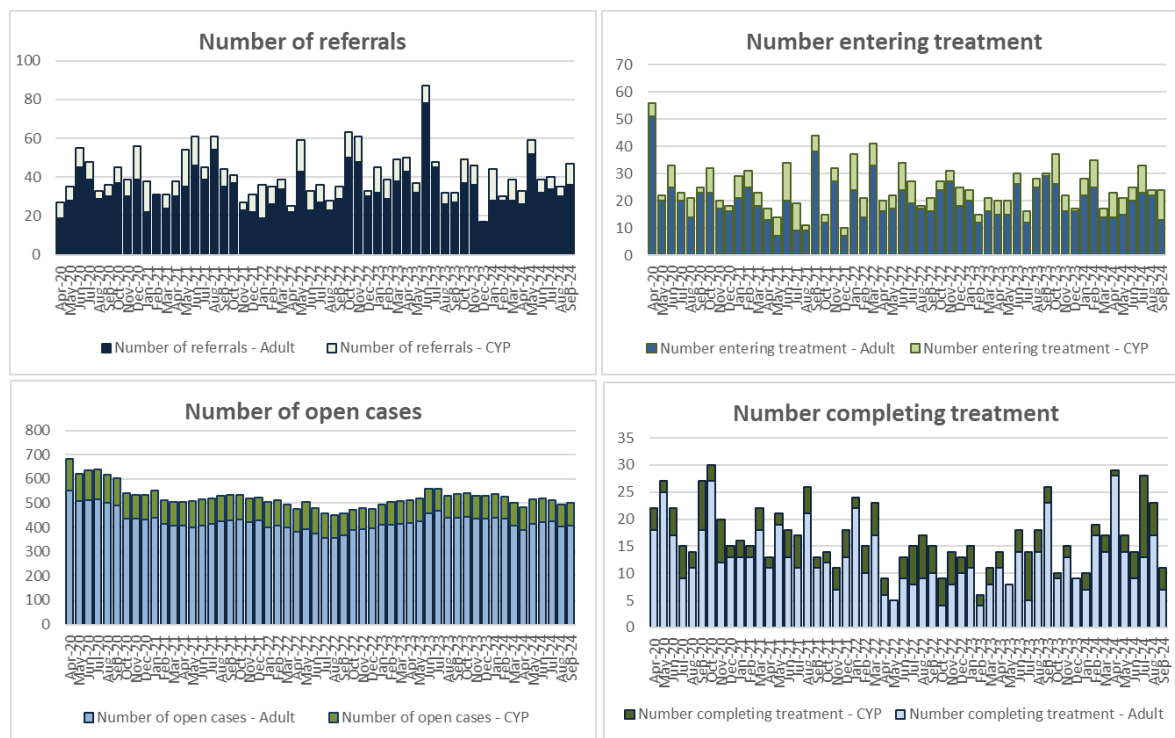
- Therapy Activity
- Client Demographics
- Group Activity

Therapy activity

In September 2024 there were 500 open GHWS cases of those 152 were survivors and bereaved. There had been an increase during the beginning of the year but the numbers have then levelled out to similar levels to that of March 2024.



Overall, **96%** of survivors and bereaved had 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.

The charts above show the number of referrals, patients starting therapy and completing therapy.

Due to the nature of trauma some clients disengage from the support but then re-refer to the service at a later stage and some clients may complete treatment and be re-referred to the service for further support at a later stage.

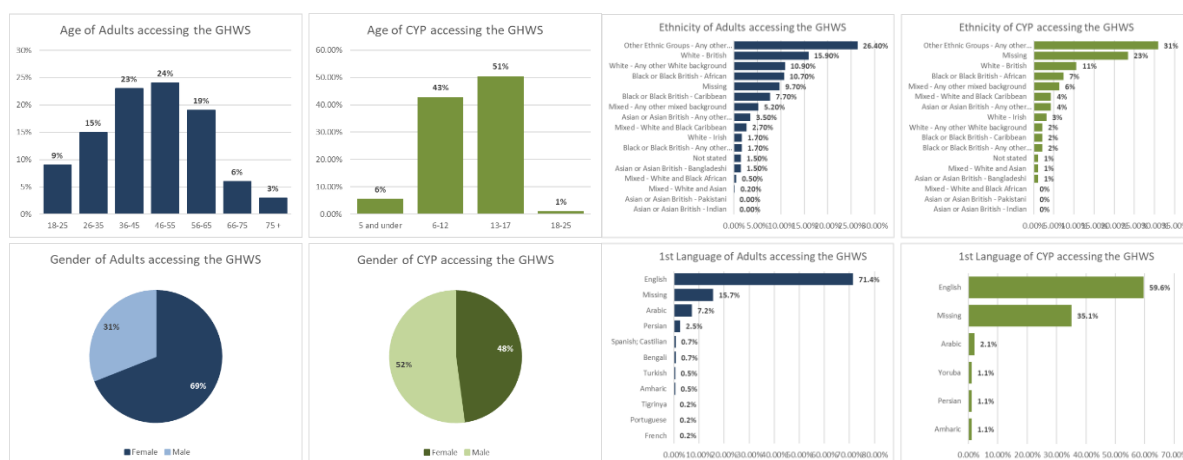


- Not all referrals require GHWS support and are signposted to other services/support as appropriate
- Clients may access other GHWS support and this is not counted towards the 'entered treatment' figures

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

Client Demographics

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:

The number of group work shows an increase in culturally appropriate services delivered in the community.

GHWS offers a range of group work including:

- Nature's Way: Gardening group
- Older Adults Wellbeing
- Women Swim for Wellbeing
- Children and Young People's Gardening Group
- Compassionate Focused Therapy for Arabic speaking Women
- Compassionate Focused Therapy for Young People
- WAND Women's group
- Grenfell 7 Year Anniversary Art Therapy Group
- WAND Girl's group

| Activity Area | | Apr – Jun 2024 | Jul – Sept 2024 |
|---------------------------|-----------------------|----------------|-----------------|
| Interventions: Group Work | Number of groups run* | 7 | 9 |

* Some of the groups run more than once a month

Groups have been delivered to over 95 people over the first six months of this financial year.

**2.5.1.6 Community Issues and event responses**

- GHWS support unexpected occurrences which may be triggering to the community where possible. The support provided is developed collaboratively with local community members who are responding on the ground to manage expectations and provide support where appropriate.
- GHWS 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.
- This section focuses on the following areas:
 - GHWS Community Issues and event Response Activity Data
 - Key GHWS Community Issues
 - Key GHWS Event Responses
 - Service User Involvement Team

GHWS Community Issues and event Response Activity Data

| Activity Area | Apr – Jun 2024 | Jul – Sept 2024 |
|--------------------------------------|-------------------|--------------------|
| Number of community issues supported | 0 | 0 |
| Number of events supported | 12 | 11 |

Key GHWS Event Responses

GHWS actively supported a number of events during the first six months of this financial year including:

- Nature and nurture Easter event
- DS Spring Family event
- Meeting between RBKC and Silchester estate residents
- Portobello stall for mental health awareness week
- Vegan festival
- Video making
- We Roll with Grenfell
- Humanity for Grenfell service
- Celebrating Eid
- Tower visits

2.5.2 Outcomes

High Level Outcomes with indicators

The table below details the high level outcomes identified in the HWS for this work stream, alongside the agreed indicators and methods of measurement.

| High Level Outcome | Indicator | Method of measurement |
|---|--|--|
| <p>1. 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>1. Improvement in self-reported Health and Wellbeing</p> <p>2. Improvement in mental health – Central and North West London NHS Foundation Trust (CNWL) outcome measures</p> <p>3. Reduction in number of service users suffering crisis / in need of emergency support</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 Questionnaires and case studies</p> <p>2. Self-care work stream outcomes and services show improvement in access to culturally appropriate services and improvement in self-reported health and wellbeing. Options for accessing services for the community not dependent on statutory agencies</p> <p>3. A&E data, referrals to crisis services</p> |
| <p>2. Improved Access to culturally appropriate services and self-care programmes that enable understanding of physical and psychological changes.</p> <p>Options for accessing other services for the community are not dependent on statutory agencies.</p> | <p>4. Patient reported improvement in access to culturally appropriate services, increased access to self-care services</p> | |

Summary

1. Level of trauma, anxiety, depression and distress to be reduced

- 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.

1.a GHWS Qualitative report

- CNWL report positive outcomes for their services across all parts of their five-part model, evidenced by case studies, feedback and outcome measures, detailed in section 2.5.2.1, which demonstrate the diversity of the work delivered by the service
- Most workshops and group work collect feedback forms which give positive feedback on the sessions. Work needs to be done to identify ways of measuring the health outcomes of these services.
- Goal based measures have been implemented since 2021 for CYP and launched for adults in January 2023. The expectation was to have 100% of cases that are currently in therapy with a Goal Based Measure (GBM) or GBM not relevant by April 2024.

North West London

- For Adults, it has reached 85%, the GBM Quality Improvement (QI) sub-team continue to closely monitor GBM usage and is promoting staff to review existing goals with clients. Thematic analysis on measures has begun but further analysis on Adult outcomes will be in future reports. Detail on CYP GBM can be found in the CYP section of this report.
- PEQs are collected across the service with positive feedback received with the numbers of PEQs collected increasing with 12 in Q1 and 37 in Q2.
 - Work needs to continue to increase the numbers of PEQs completed.

1.b Self-care work stream outcomes.

- 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. There is an improvement in self-reported outcomes across all services. More detail can be found in section 2.4.

1.c A&E data, referrals to crisis services

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

2. Improved Access to culturally appropriate services and self-care programmes that enable understanding of physical and psychological changes.

- **Options for accessing other services for the community are not dependent on statutory agencies.**

2.a GHWS Qualitative report

- The GHWS quarterly Qualitative report gives details of workshops and community collaborations.
- GHWS provides workshops to adults, parents and children and young people, these are accessible to all community members. They work in partnership with other community providers.
 - Where attendance numbers have been recorded estimates showed that the collaborations reached over 450 people with positive feedback in April – September 2024.

2.b Self-Care work stream

- This work stream is promoting an asset based approach to health care, providing investment and support to local 'assets' to help deliver self-care opportunities.
- There was an 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 the services in the community.
- More detail can be found in Section 2.4.

2.5.2.1 GHWS Outcome measure detail

This section highlights some feedback that help to deliver the high level outcomes detailed above.

2.5.2.1.1 Service Wide

2.5.2.1.1.1 Client Feedback

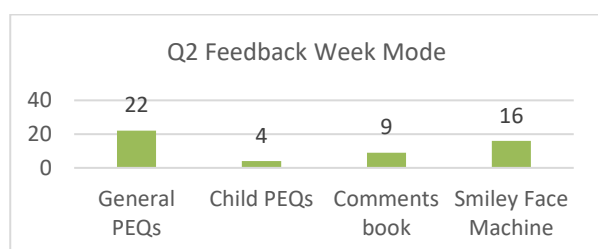
The GHWS aims to collect feedback from their clients in various ways. GHWS continue to work with their Service User Consultants and the wider community to ensure that they are listening to and acting upon the feedback received wherever possible to ensure they are providing best service we can.

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 Experience Questionnaires (PEQs)
- Feedback week
- Digital feedback devices (Smiley Face Machines)
- Other feedback: verbal, text and email
- Therapy Outcome Measures:
 - Goal based measures
 - Adult
 - CYP
 - Groups

Feedback Week

GHWS organised a Feedback Week from 23-27 September. The aim was to ask clients for their opinion about the service and help us improve the quality of support that we deliver. Due to the recent release of the Phase 2 Inquiry Report it was felt that it would be inappropriate to advertise widely. Clinicians directly requested feedback from clients who were being seen that week, who were able to provide feedback either in person, email, SMS, or scheduled call, based on their preferences. Those who asked to schedule calls (**14 individuals**) are still in the process of being contacted at the time of reporting and the outcomes will be included in the next report.



Patient experience 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

In Q1 there were 12 responses including eight (8) for the Dedicated Service and Q2 there were 37 responses including three (3) for the Dedicated Service. Detail of the Dedicated Service PEQs can be found in section 2.2.2.1.1.

Summary



- From April – September 2024 38 people completed PEQs
 - 29 General
 - 2 Parent
 - 2 Adolescent
 - 5 Child
- From the responses collected, clients were referred mainly by self-referral, GP and another GHWS workers.
- Most of the clients expressed satisfaction with the support they received. However, two clients were not fully satisfied. One of them mentioned that this was due to a sense of disconnection between therapy sessions, making it difficult to progress effectively. The other client declined to provide specifics about the rating.
- Proactive involvement in therapy planning received high ratings, with the exception of two clients. One client expressed their dissatisfaction, citing a lack of discussion and review of the implemented treatment plan. Another client remained silent regarding the assigned score.
- People praised the reception team for being very welcoming and helpful.
- GHWS was considered a cultural and respectful service.
- Overall, the majority of the respondents expressed satisfaction with GHWS's support and indicated a likelihood of recommending it to others. Two clients provided negative feedback, but GHWS was unable to follow up on these aspects due to the clients' lack of contact details.

Digital Feedback devices: not many responses were made using the smiley face machines during feedback week – however there were requests for more 'Information about wellbeing activities in the community' and 'Grenfell specific Information such as public meetings, consultations, reports and surveys' in the waiting room which we will action.

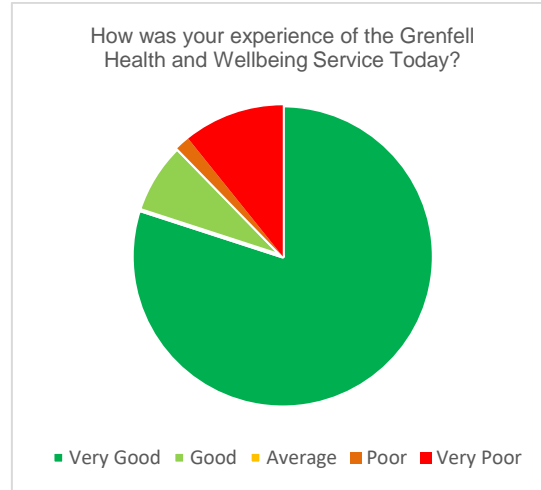
- **Comments book:** in total **nine (9)** people left a comment in the comments book. This is up on the **three (3)** comments left in the comments book during last years' feedback week. All the comments were positive and **five (5)** of the comments mentioned staff members by name and praised them for their work. **Two (2)** comments mentioned how welcoming the reception staff are. **One (1)** comment provided positive feedback on one of GHWS's long running groups.

Digital Feedback Devices (Smiley Face Machines)

Two '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.

The first device asks the question 'How was your experience of the Grenfell Health and Wellbeing Service today?'.

From April 2024 to September 2024 there were 65 responses. Below is a chart showing the breakdown of responses received.

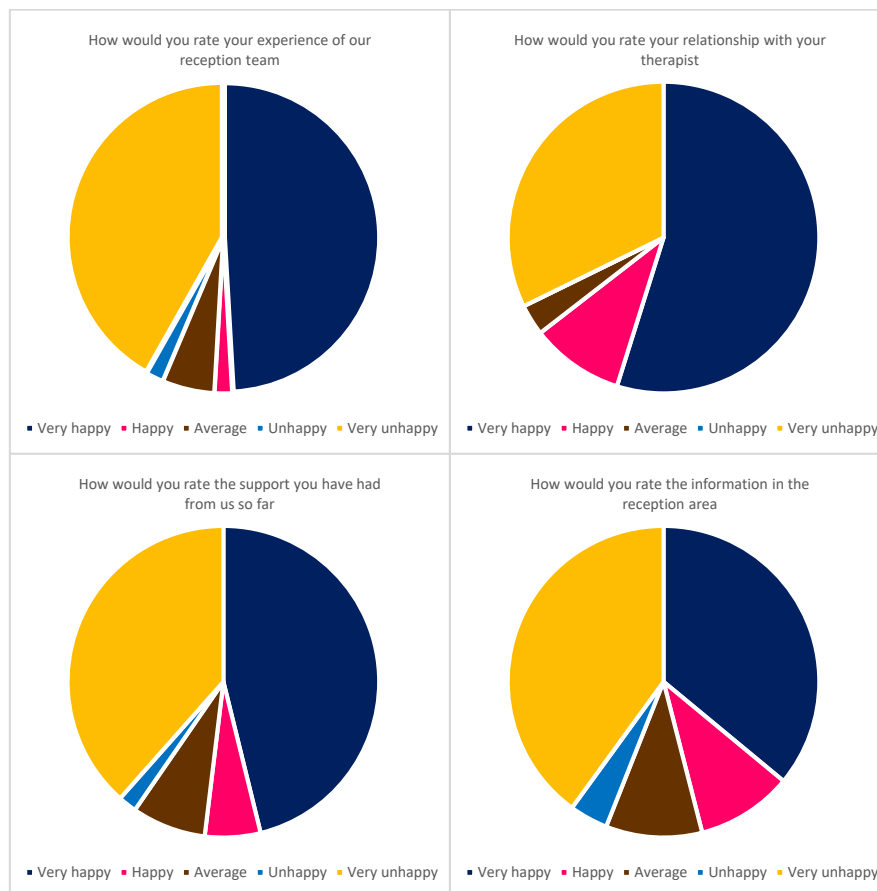


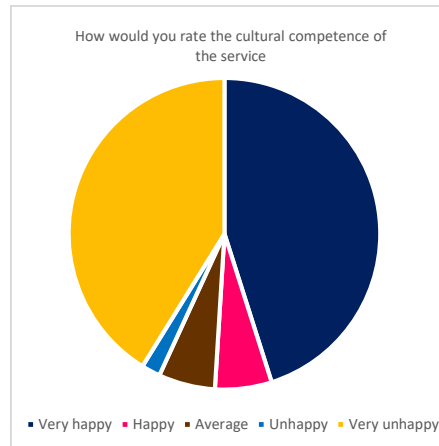
Any additional feedback was fed back to the appropriate team.

Following the GHWS feedback week in September 2023 the second device was updated to include a number of additional questions.

April to September 2024 there were up to 56 responses for any one question. These numbers included responses received during feedback week.

The following charts show a breakdown of responses received for each question. The majority of responses for all questions are happy or very happy.





Other Feedback: Verbal, Text and Email

Clients often text or email their clinicians directly with feedback and thanks. CNWL have set up a feedback email address (cnwl.ghwsfeedback@nhs.net) 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 April – September 2024.

Thank you, 'N'. Thanks for organising and doing the bookings. Thanks to the exercise, the right arm is now equal strength to the left, after breaking my wrist. I could not have done this without you all. Also, I have lost some weight. I also enjoy our chats. Thank you wonderful people.

Client quotes on the support provided by GHWS during the Anniversary:

"Hey 'A', thank you for your support today I really appreciate it. I hope you have had a peaceful day and been able to enjoy the peace that comes with acceptance of passing."

"Never got to say thank you so much for last week, it meant a lot."

"Morning 'A', just wanted to say thank you for the portrait of my beloved brother. It was very nice seeing you after such a long time. It was very emotional seeing you and it made me realise how much I respect, and actually care for you. Please accept my apology for holding back on your kindness towards me."

"Hi 'L', I hope you managed a restful weekend and managed some down time looking after you! I just wanted to say a massive thank you to you and your team. It was really lovely meeting everyone and having them join us in the Shed. Please send my gratitude to everyone. Warm wishes, R"

2.5.2.1.2 Early Intervention and Prevention outcomes

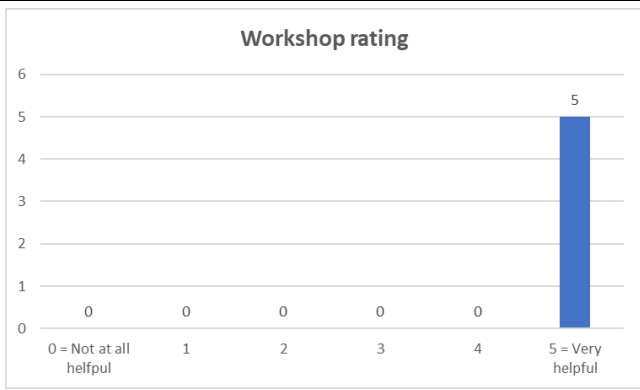
2.5.2.1.2.1 Workshops

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

Below is a sample of the feedback from some of the workshops run during the year:

- Professional Tree of life
- Healing Space Together
- Recovery College

Professional Tree of Life

| Professional Tree of Life Workshop | |
|------------------------------------|--|
| Date of session(s) | 19/06/2024 |
| Number of attendees | 6 |
| Workshop rating: |  |
| Workshop feedback | <ul style="list-style-type: none"> • “I really enjoyed this workshop. I was able to show my skills, abilities, hope and dreams. I will definitely do this with the young people. This workshop made to celebrate and appreciate myself.” • “I really liked how therapeutic it was! It allowed me to gain clarity and appreciate where I've been, where I am and where I want to be! I really enjoyed it and I would like to try it for life in general.” • “I really liked the workshop. It helps us to know each other and in the other hand helps us to discover our self, dreams and skills.” • “It gave a great insight about my way of thinking and how I should take time to do this.” |
| What are the key learning points? | <ul style="list-style-type: none"> • Identifying needs of supplementary school coordinators working with children in the community, i.e. wellbeing needs, managing stress etc. • Identifying possible future collaborations for delivery of collective narrative practice interventions for children in supplementary schools. |
| | GHWS was considered cultural and respectful as highlighted by all ratings of 5 for this question. |



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 14 workshops from April to September 2024 covering subjects including developing resilience, stress, assertiveness and anxiety.

Feedback from all of these workshops was recorded via feedback forms.

- Workshop rating for all workshops as recorded on feedback forms was very good or excellent.
- Further feedback included was to improve the workshops from both the attendees and facilitators was recorded, as was ideas for future workshops
- Some of the key learning points included
 - Need to think about the need for an accessible venue
 - Discuss collaboration with Clement James and Lancaster West as the workshop was repeated in the two venues and they could have been combined.
 - Need to think about other ways to advertise the workshops.
 - More space for group sharing
 - With potentially distressing topics it may be worth including some additional self-care/grounding techniques into the workshop

Discovery College

Feedback is in the CYP section of this report alongside other CYP workshops and feedback details.

2.5.2.1.2.2 Employment Support

A case study is included below to highlight the positive outcomes produced by this service.

| Employment support Case study | |
|-------------------------------|---|
| History: | Client was referred for some advice about an issue in their current workplace. They wanted to make a complaint regarding lack of pay for over six months and had refused to work until their pay was sorted. They also had issues recording their hours of work over a period of time due to computer error and had no assistance from their management team to resolve this. |
| Presentation: | Client was calm and collected throughout the support and engaged well as they stated that they had not received such reliable support from other organisations. They did not have much hope for a successful outcome as they had tried to get support with this in the past from other contacts. |
| Intervention: | GHWS Employment Specialist first wanted to support with getting client onto their payroll system to get a better understanding of their issue. This was one of the issues they were having and so together we went online and worked through the process. Once done this allowed them to see exactly what this system holds for them. We identified that they were getting paid less than what had been agreed at the start of their contract. The Employment Specialist then did an intensive search on the internet trying to find their employers Payroll or |

| | |
|-----------------|--|
| | HR contact details which was virtually non-existent and so they sent an email to a customer service address (Copying in Client) reaching out to both teams. |
| Outcome: | After a couple of sent emails, the payroll team replied to both client and the Employment Specialist wishing to discuss the issue further. They admitted their error, changed the client's pay rate and reviewed the discrepancies. They backdated and issued out the outstanding arrears and now client has returned to work. |

2.5.2.1.3 Intervention Outcomes

2.5.2.1.3.1 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.

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.

Every case, whether new or ongoing, on the GHWS staff's caseload undergoes an active review to verify the completion of a goal-based measure. Goals may not be applicable in certain circumstances, such as when a client declines the offer of goal recording or when the client's work does not justify the use of goals. The clinical system records such instances as 'GBM not relevant'.

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

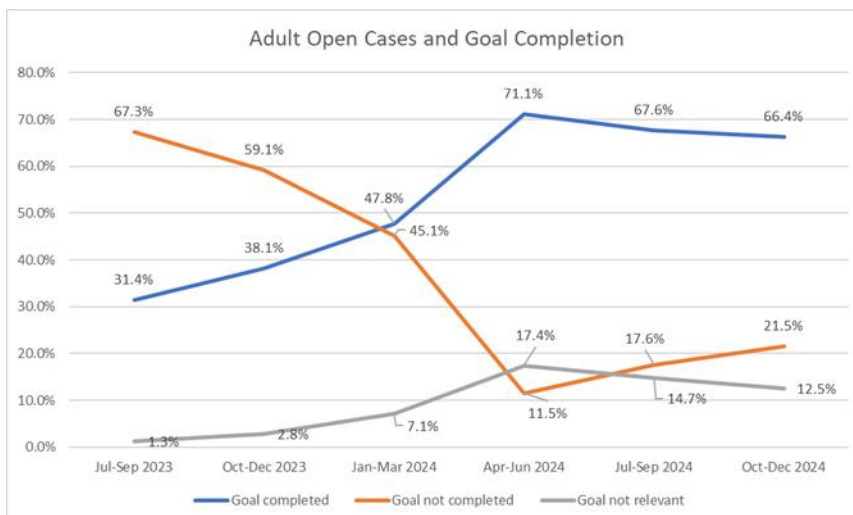
In Q2 there was a slight decrease of **2%** in GBM completion for Adults open cases, which is now **70%**.

The GBM QI (Quality Improvement) sub-team continues to closely monitor GBM usage among open cases and is also promoting staff to review existing goals with clients for proper progress analysis and reporting.

A summary of the goal-based measures for Adult cases is shown below:

| Adult Team GBM Outcome Summary | No. of Open Cases in Treatment |
|---|--------------------------------|
| Total Open cases: | 306 |
| Open cases with goals set: | 216 (70%) |
| Open cases where GBM are not relevant or appropriate | 45 (15%) |
| Open cases with unknown outcome | 45 (15%) * |

The plot below summarises the use of goal-based measures in Adult case:

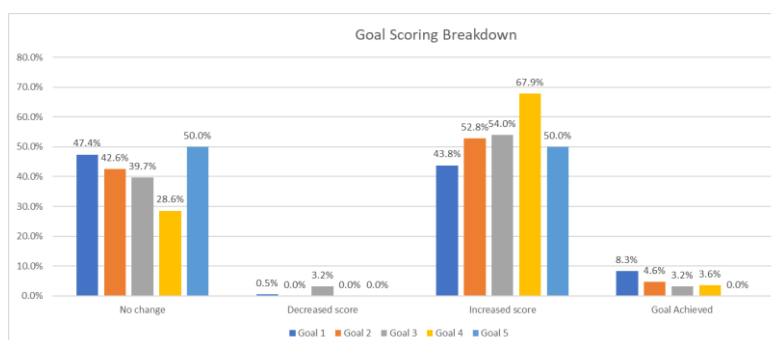


Goals in Adult cases are defined using a questionnaire on the clinical platform that enables the **set-up and scoring of up to five goals**. Goal scores range from 0 = not achieved to 10 = achieved.

Clients and therapists review goals over time, and their scores characterize their progress. Consequently, we implemented a new methodology to evaluate goals effectively, which only contemplates goals with more than one score recorded. The outcomes of the goals can be classified into the following categories:

- **No change:** first and last scores are the same.
- **Increased score:** goal score has increased since the last review.
- **Decreased score:** goal score has decreased since the last review.
- **Goal achieved:** when a score of 10 has been recorded, which indicates the accomplishment of the goal.

For goals with multiple scores recorded, the majority have resulted in either improvement or goal achievement, as shown in the plot below:



CYP Therapy

Detail can be found in the CYP Section of this report.

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)**
- **GAD-7 (Generalised Anxiety Disorder)**
- **PSSI (The PTSD Symptom Scale)**
- **IESR (Impact of Event Scale)**

- **PDS-5**

Please find below two Occupational Therapy Adult Case studies detailing positive outcomes from the service:

| Adult Case study 1 | |
|----------------------|---|
| History: | Client presenting with a long history of depression related to the impact of living very close to the tower. Has attempted over the years to engage with support however struggled to sustain this. |
| Presentation: | Referred to Occupational Therapy as a different approach with the goal of wanting to begin to get life back on track. Home environment impacting significantly on mental health. |
| Intervention: | Time was allowed to build trust and a relationship as asking for help is difficult. Supported very gradually to begin to work on goals and targets. These have been regularly adjusted as needed. Occupational therapy (OT) provided supporting information on the impact of environment and health for benefits application and housing. Support to take steps towards addressing physical health and connecting with other services. Joint working with another therapist to work collectively on goals. |
| Outcome: | Now able to engage in regular appointments. Progress with housing and hopes to soon be able to pursue a move to enable further recovery. Beginning to regain previous roles and status within the home and family. Beginning to engage with services to support physical health – OT to support with further referrals as needed. |

| Adult Case study 2 | |
|----------------------|---|
| History: | Re-referral to the service due to difficulties managing in the home environment that impacted on mental health and ability to engage in other activities. |
| Presentation: | Low mood related to accommodation difficulties (was moved due to Grenfell). Physical health issues resulting in being unable to manage independently at home. |
| Intervention: | OT Home assessment carried out. Equipment prescribed and provided by OT to increase safety. Recommendations made for major adaptations and referrals made to the relevant agencies for this. Ongoing support provided with communications to address other issues in the home environment. Internal referral for psychological input for PTSD. Emotional support provided. |
| Outcome: | Now awaiting significant adaptations that will improve safety and independence at home. Considering being able to return to previous work role once issues are resolved. Feeling more empowered to manage communications with relevant parties due to the consistent support from the service. |

| | |
|--|---|
| | Once environmental issues are resolved, OT work will focus on regaining previous roles and interests. |
|--|---|

Groups:

The following details the feedback that has been received for some of the groups that have been run April to September 2024. It is all positive. CYP Group details can be found in the CYP section of this report.

Details for the **St Charles and Lancaster West Gardening groups** can be found in the tables below.

| St Charles Gardening Group | |
|--|---|
| Duration of session(s) | 1.5h (from 12 to 1.30 pm) |
| Number of attendees | 4 |
| Which outcome measures were used? | N/A |
| What verbal/informal feedback did you receive? | <ul style="list-style-type: none"> Feedback not collected |
| What are the key learning points? | <ul style="list-style-type: none"> The impact of the shared ownership of the gardening group among members How much the group held other members in mind when they have been away and how easily members are welcomed back to the group How the group are using lessons from previous years of gardening to reflect on how to do things differently this year. |

| Lancaster West Gardening Group | |
|--|---|
| Duration of session(s) | 2h (from 12 to 2 pm) |
| Number of attendees | Number of attendees varies – especially during the winter months as a few clients may find it cold to do gardening outdoors. Regular attendees are approximately 4-5, we also have ad hoc group members who attend less frequently. |
| Which outcome measures were used? | N/A |
| What verbal/informal feedback did you receive? | <p>Verbal feedback shared by the group participants:</p> <ul style="list-style-type: none"> "We are like a family we talk about different things." "I think this can be my counselling or therapy." "It made me feel more tranquil and calmer inside." "We find harmony with nature and with one another." "In the garden I find roots that ground me." "When we're all together in the garden, it feels like we're all connected somehow." "Taking care of these plants feels like taking care of a piece of home, like building a secret nest." "In this garden I have learnt that growth often happens in the most unexpected places." |

| | |
|-----------------------------------|---|
| What are the key learning points? | <ul style="list-style-type: none"> Increasing access to psychological services by co-creating with the community. Use gardening as a metaphor to reflect on trauma and grief and process difficult experience Work with conflict while promoting safety and multiplicity of voices. Learning to cope with uncertainty and fluid boundaries. Integrate faith, spirituality and culture as a core resource into clinical practice. |
|-----------------------------------|---|

Women Swim for Wellbeing Group

- In collaboration with Grenfell Foundation and Kensington Leisure Centre, Grenfell Health and Wellbeing Service (GHWS) has been running a women's only swimming group, specifically for bereaved and survivor women from Grenfell.

| Women Swim for Wellbeing Group | |
|--|--|
| Name and Date of session(s) | 02/07, 10/09, 17/09, 24/09 |
| Duration of session(s) | 2h |
| Number of attendees | 10-12 |
| Which outcome measures were used? | PHQ-9 and GAD-7 |
| What verbal/informal feedback did you receive? | <ul style="list-style-type: none"> Feedback shared by the group participants: <ul style="list-style-type: none"> "Safe space for us women to meet, especially now that we don't have space they used to have the Grenfell United." "First group that I am able to attend and feel comfortable with since Grenfell." "My anxieties have decreased and physical health have improved. Being in the water and getting together afterwards with other women who experienced the same trauma helps me with my own healing." "I like the way the group is run, I have severe phobia of water due to nearly drowning when I was a child, but going at my pace and support and encouragement from the staff is helping me to overcome this phobia and feel more comfortable. I have a feeling that I am accomplishing something. I now can go to the pool with my son, something that I never thought I will be able to do." "We lost our collective spaces as Grenfell residents, being here together helps us to connect with our neighbours again and remember/mourn and process." |
| What are the key learning points? | <ul style="list-style-type: none"> Listening to women what they need and what would be helpful for them on their road to recovery. Learning from and supporting one another as practitioners, as we come from different professional backgrounds (social work, systemic family therapist). The importance of debrief and planning. |



2.6 Children and Young People (CYP) work stream

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

The aim of these services is 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.

Highlights from April – September 2024

- Primary Care
 - Reduction in EHC undertaken in the survivor and bereaved cohort. Following feedback that there is confusion in the community regarding the offer for children and young people and duplication in the offer. The survivor and bereaved cohort have been directed towards the Imperial paediatric long term monitoring service.
- Paediatric Long Term Monitoring
 - There has been a reduction of DNAs and an increase in patient uptake up the service towards the end of 2023/24, as can be evidenced by the activity numbers in March, which has continued into 2024/25.
- Grenfell Health and Wellbeing Service
 - WAND is a service located in St. Charles Hospital that supports women in isolated and excluded communities through drop-in sessions, outreach services, and networking events. GHWS staff and WAND have co-developed a programme for their Girls Project up until July 2024, with many different staff members from GHWS facilitating the workshops.
 - Continued increase of Goal Based Outcomes for CYP open cases from 67% to 77%

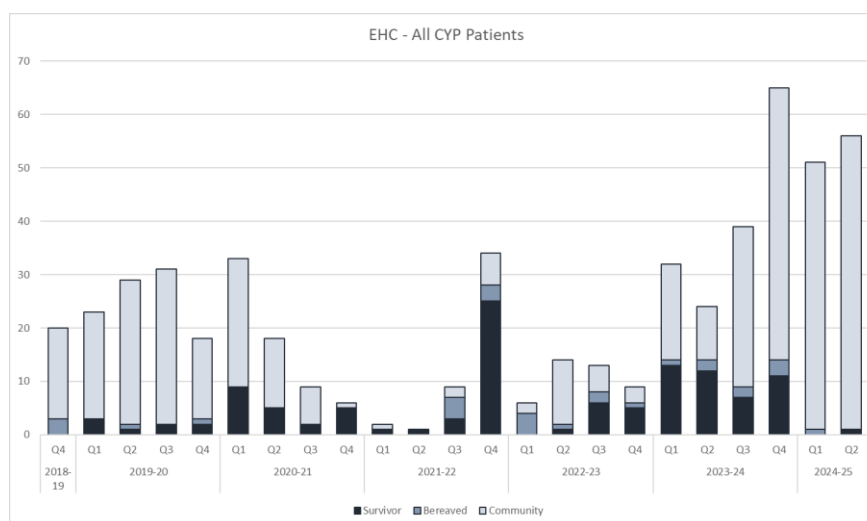
2.6.1 CYP Services and Activity

2.6.1.1 Primary Care Enhanced Services

Activity

There were 51 EHCs in Q1 and 56 in Q2 compared with 65 in the previous quarter. This is due to a decrease in activity for survivors and bereaved. Following feedback that there is confusion in the community regarding the offer for children and young people and duplication in the offer. The

survivor and bereaved cohort have been directed towards the Imperial paediatric long term monitoring service.



Since January 2019 there have been a total of 542 Enhanced Health Checks for CYP with the majority (398) for the wider community cohort.

Overall, the CYP cohorts shows a 62% uptake in survivors and 55% uptake amongst bereaved

| | Number in cohort | 1 st EHC | % uptake |
|---|------------------|---------------------|----------|
| Survivor (inc residents of Grenfell Walk) | 89 | 56 | 62% |
| Bereaved | 40 | 22 | 55% |
| Total | 129 | 78 | 60% |

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

Children and Young People (CYP) Community Project Summary

This project has now finished and there has been an evaluation report produced more information about the pilot can be found in section 2.6.2.

What is the aim of the project?

The principal aim of this project is to scope the proportion of local children and young people accessing support, identifying unmet needs and any barriers that cause this.

As an opportunity to evaluate the current capacity of services, to examine whether existing commissioned services adequately meet the needs of CYP. A chance to improve health literacy of health professionals, CYP and families through effective signposting and referral pathways.

2.6.1.2 Paediatric Long-Term Monitoring Service

Activity

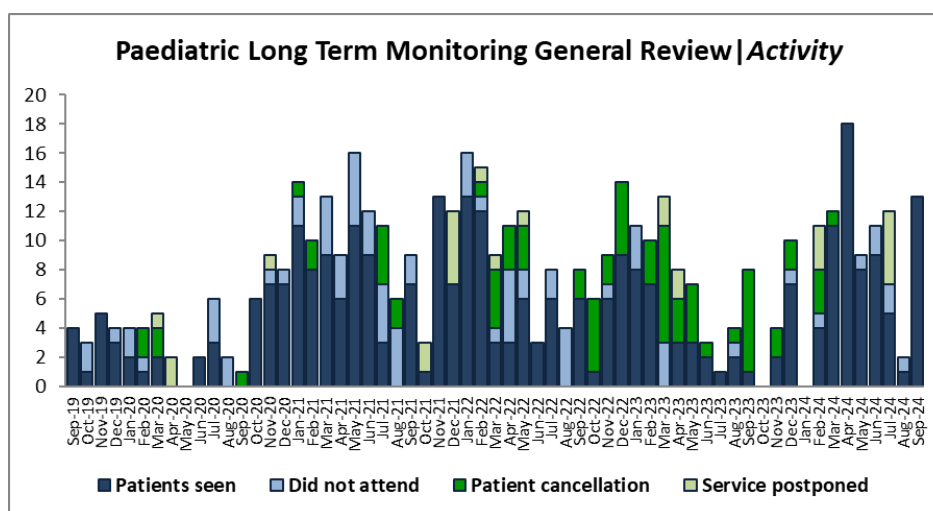
Paediatric Long Term monitoring activity started in 2019. The service continues to recruit new patients, some from families who previously were unengaged, others from families who have had new births.

| Year appointment took place | Appt 1 | Appt 2 | Appt 3 | Appt 4 | Appt 5 |
|-----------------------------|--------|--------|--------|--------|--------|
| 2019/20 | 18 | | | | |
| 2020/21 | 41 | 13 | | | |
| 2021/22 | 39 | 24 | 11 | | |
| 2022/23 | 9 | 22 | 12 | 7 | |
| 2023/24 | 7 | 12 | 10 | 1 | 5 |
| 2024/25* | 9 | 14 | 14 | 14 | 1 |

*Apr to September 2024

From April to September 2024 there were a total of 54 paediatric review (2 patients being seen twice) and 26 respiratory reviews.

Following a change in process, there was an increase in patients booked and attended for March 2024, which has continued into 2024/25.



| | | Referred | Referred % | Seen | Seen % |
|-------------------|-----|----------|------------|------|--------|
| Survivor in Tower | 42 | 42 | 100% | 38 | 90% |
| Survivor Other | 80 | 43 | 59% | 40 | 50% |
| Total Survivor | 122 | 85 | 70% | 78 | 64% |
| Bereaved | 99 | 59 | 60% | 43 | 43% |
| Total | 221 | 144 | 65% | 113 | 55% |

The service has seen 38 of the 42 of the referred tower survivors, 3 have declined, 1 has moved to adults.

Work is ongoing to look at those 77 that have not been referred. Further work is happening with the Dedicated Service to understand the location of those that have moved out of the area, and the uptake of services for these children.



2.6.1.3 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, DAPB updates 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.

More detail can be found in section 2.5 Emotional Wellbeing.

Service Wide

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 the best service we can. We have an Adults SUIT Team, a Young People's SUI Team (13–19-year-olds) and a Children's SUI Team (9-12 years), who named themselves the 'Grenfell Young Heroes'.

YP SUIT Activity included:

- Induction for two new SUITs from within CYP SUITs. Different topics were covered such as:
 - Children (Young Heroes) SUITs.
 - Empowerment and the User involvement movement and the Rights of the Child and Article 12.
 - Confidentiality and the history of SUITs.
 - The role of the Named Person to support the new recruits.
 - How to be a participant on an interview panel.
- Went to Downing Street.
- Completed a Speak up Project at Lavender Walk
- Make a Video for Young K&C.
- Discovery College session to the WAND group.
- Fun activities day for DS families: 20th April 2024.
- Remembering Together on the 1st of June.
- Banner Making on the 4th June.
- One Heart Festival on 22nd June. The entire Suits team ran and co-ordinated a pottery painting stall attended by 154 people.
- A CYP SUIT member supported interviews for a new CYP Therapist on the 20th June.
- Supervision and working group

Children (Young Heroes) SUITs Activities:

- Development of the sensory room.
 - Development of list of interview questions which can be used for recruitment of staff within the service.
 - One Young Hero assisted staff was involved with the planning and filming the sensory room on 17th and 18th June.

2.6.1.3.1 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.



2.6.1.3.2 Early Intervention and Prevention

Workshops

During April – September 2024 there was 1 workshop specifically run for CYP.

| Summary of workshops delivered April - September | |
|--|---------------------------|
| Total Number of workshops delivered: | 1 |
| Dates sessions took place: | 29/08/2024 and 30/08/2024 |
| Total number of attendees across all workshops: | 4 |
| Feedback themes: | |
| The workshop was well received. Formal feedback was not collected. | |

The feedback for the workshop was positive detail can be found in section 2.6.3 CYP Outcomes.

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.

(Details can be found in the EWB section 2.5.1.2.3)

2.6.1.3.3 Collaborations

A key element of the work of GHWS is to build and maintain relationships with the local community groups and organisations along with statutory services also working with the North Kensington Community. Details can be found in section 2.5.1.3.

Collaborations with CYP during April – September 2024 included:

- DS Spring Family Event
- Remembering Together: 7th Year Children's and Young People Anniversary
- One Heart Festival

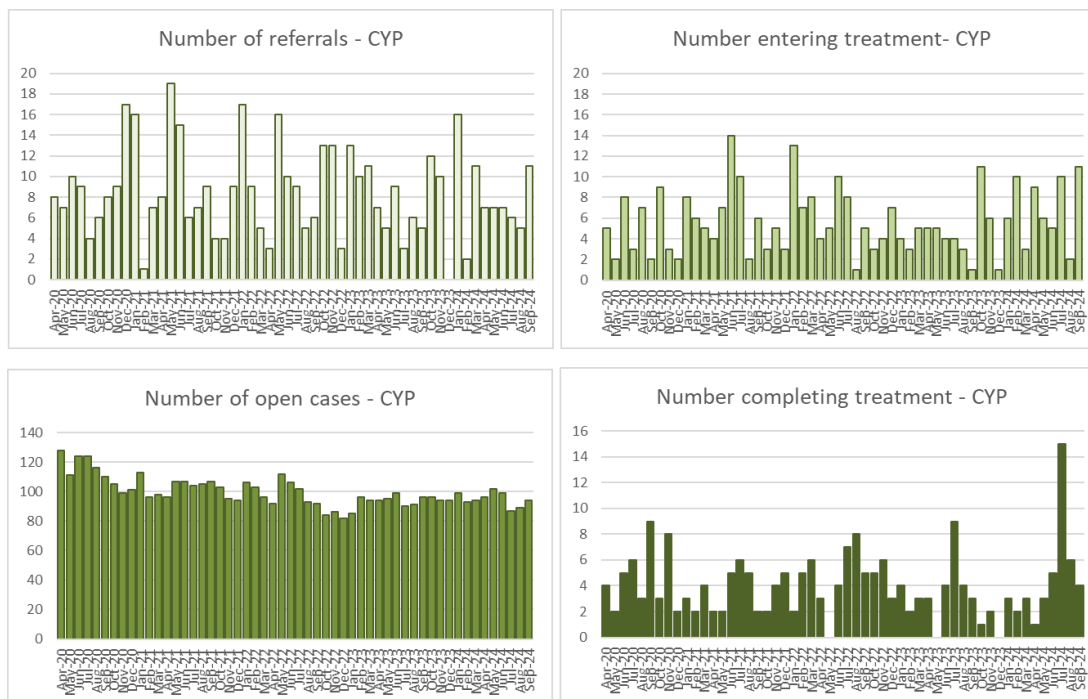
2.6.1.3.4 Interventions

Therapy Activity

At the end of September 2024 there were 94 open cases of which 25 are from survivor or bereaved families. Additionally, 25 clients are open to DS CYP Therapist that provides long-term emotional support to DS clients.

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

North West London



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.

Group work

The number of group work has increased compared to the previous year, which shows an increase in culturally appropriate services delivered in the community.

GHWS offers a range of group work aimed specifically at CYP including:

- Children and Young People's Gardening Group
- Wand Girls Group
 - WAND is a service located in St. Charles Hospital that supports women in isolated and excluded communities through drop-in sessions, outreach services, and networking events.
 - GHWS staff and WAND have co-developed a programme for their Girls Project up with many different staff members from GHWS facilitating the workshops.
- Young People Compassioned Focused Therapy (CFT) Group
 - This group aims to alleviate suffering by learning how to engage with our minds and to live in a more compassionate way.

2.6.1.3.5 Community Issues and Event Responses

GHWS support unexpected occurrences which may be triggering to the community where possible. The support provided is developed collaboratively with local community members who are responding on the ground to manage expectations and provide support where appropriate. More detail can be found in section 2.5.1.5.

2.6.2 Outcomes

High Level Outcomes with indicators

The table below details the high level outcomes identified in the HWS for this work stream, alongside the agreed indicators and methods of measurement.

| High Level Outcome | Proposed Indicator | Proposed method of measurement |
|---|--|---|
| <p>1. 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, information shared with providers and services commissioned</p> | 1. Improvement in CYP health | a. WSIC reporting of health activity linked to Primary Care Enhanced Services |
| | Better capturing of those with poor health issues to ensure they are higher prioritised for early treatment with appropriate referral to allied health professionals | b. Report from ICHT |
| | Improved self-management of health | c. CNWL outcome measures including qualitative report including case studies, PEQ, goal based outcome measures and measures for transformed services that are being co-developed with the service users |
| <p>2. 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> | 1. Better and improved understanding of CYP needs following collaboration and engagement | a. Production of reports based on engagement and how information is used to inform decisions |
| | 2. Increase in number of parents who feel they can adequately support their child's emotional and behavioural issues | b. Data from commissioned services and community feedback |
| | | c. Feedback from parents and professionals who attend specialist training |
| 3. Improve health literacy and knowledge of health provision and benefits so CYP and families can confidently access a consistent model across the PCNs delivered through a range of providers | To be developed | a. Report following Children and Young People (CYP) Community Project Summary |
| | | More development needed |

Summary

- 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**

Short or long term impacts are identified, information shared with providers and services commissioned



A number of measures have been put in place across the different services to evaluate how the services are delivering against these outcomes.

WSIC reporting of health activity linked to Primary Care enhances services

The onward referrals and outcomes from these referrals will be looked at in more detail as part of the Primary Care quality and clinical audit which is being undertaken during 2024/25. This will be included in the final year report.

Report from ICHT

In addition to monthly activity data the Paediatric Long Term monitoring service also provides information on patient and parent feedback.

Overall feedback is predominantly positive, with minor areas of improvement around communication.

The CYP work stream lead has worked with the Imperial team to agree what can be reported regularly against the outcomes identified by the community within the parameters of their IG and data sharing protocol.

- Patient feedback as it is an important element of this service.
- Report emerging trends. Supporting the communication of data and emerging trends with key stakeholders and the communities.
- Supporting with addressing any emerging health trends/needs with raising awareness.
- Provide additional activity data, including onward referrals

CNWL Report

- CNWL report positive outcomes for their services across all parts of their five-part model, evidenced by case studies, feedback and outcome measures, detailed in section 2.5.2.1, which demonstrate the diversity of the work delivered by the service
- All workshops and group work collect feedback forms which give positive feedback on the sessions. Work needs to be done to identify ways of measuring the health outcomes of these services.
- Goal based measures (GBM) have been in use for CYP since 2021.
 - Out of 81 cases, 62 (76.5%) have goals set. This is an increase of 10% compared to March 2024, for 14 open cases GBM are not relevant or appropriate.
 - For goals where multiple scores are recorded the majority have resulted in either improvement or goal achievement.

2. The voice of children and young people impacted by the fire influences the design and delivery of health and wellbeing service provision

Parents feel better supported by health and social care services to manage their children's emotional needs

Production of reports based on engagement and how information is used to inform decisions

During April - September a number of engagement and community events were attended and supported by the NKR work stream lead.

There is limited evidence on how these insights are used further to inform decisions. In the coming year an improved process is needed to enable evidence to be recorded.



Data from commissioned services and community feedback

As detailed in the summary 1. Both GHWS and ICHT receive Patient Engagement Questionnaires and engage with CYP. They listen and use this feedback to improve the delivery of their services.

Feedback from parents and professionals who attend specialist training

There has been limited training in the past year and there has been no reported feedback.

3. 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

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

CYP Outcome and Feedback detail

2.6.2.1.1 Primary Care Services

CYP Pilot - Children and Young People (CYP) Community Project Summary

A final evaluation report has been produced for this project:

Introduction:

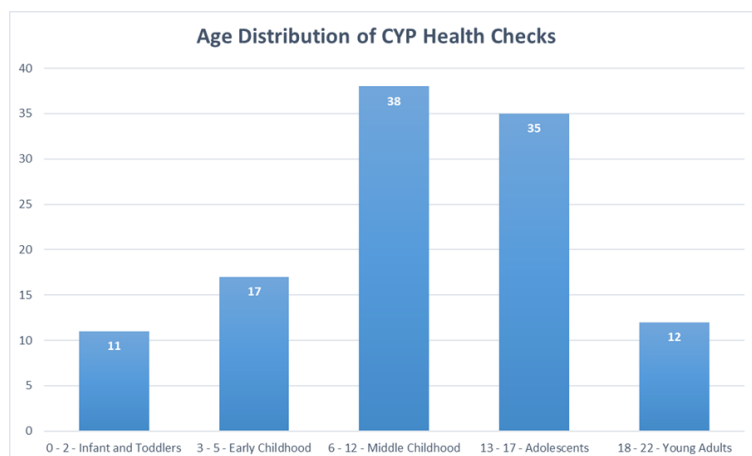
The Children and Young People (CYP) Health Checks Pilot, launched in November 2023, was a collaboration between Golborne Medical Centre, Family Friends and Imperial College Hospital Trust, supported by the North West London Integrated Care Board (NWL ICB). The pilot aimed to deliver Enhanced Health Checks (EHC) and Social Prescribing to 232 CYP over six months, addressing unmet health needs and barriers to service access in a socioeconomically deprived area significantly affected by the Grenfell disaster.

Key Objectives:

- Identify unmet health needs and barriers to accessing services.
- Improve health literacy and signposting pathways.
- Evaluate service capacity and adequacy.
- Promote holistic care through social prescribing and early intervention.

Activity and Findings:

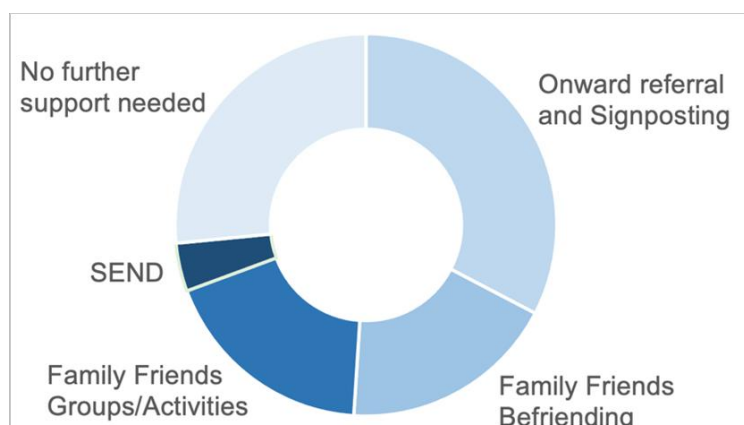
Participation: Of 128 CYP invited, 113 (88%) attended the service, with the highest engagement in the 6-12 age group (38 patients), followed by 13-17 years (35 patients). Of the 10% Grenfell-affected participants, 90% attended, though wider community impact remains under-coded.



Age distribution of CYP (n=113) that attended the service

Family Friends Outcomes: 69 patients (38%) engaged with Family Friends link workers:

- 32 referred or signposted to local services, such as Al Manaar counselling and Dalgarno Fitness sessions.
- 18 attended Family Friends groups or activities.
- 18 received befriending services.
- 26 required no further support.



Outcomes for CYP patients seen by Family Friends (n=98 outcomes across 69 patients)

Patient Feedback:

Out of 27 feedback responses, 56% selected the happiest emoji to describe their experience.

Themes highlighted positive experiences, including a "friendly atmosphere" and feeling "heard."

Practical feedback included requests for reduced wait times and weekend availability.

Staff feedback noted the following benefits:

- Following the service, families are more connected to their community and gain knowledge of local support
- Early intervention prevented some families from falling into crisis
- Increase in referrals to services
- Co-learning between NHS staff and Family Friends

- Increased awareness of patient's circumstances by GP staff
- Increase in requests for follow-up appointments – notably from families who are harder to engage
- Decrease in unnecessary follow-up appointments
- GP staff learning how to engage with younger children (e.g. having books and toys available during the health checks)

Key Interventions:

- Addressed gaps in vaccination, with several families counseled on and initiating MMR vaccines.
- Referred CYP with behavioral concerns to ADHD and autism services.
- Supported families with mental health or school-related issues.

Conclusion:

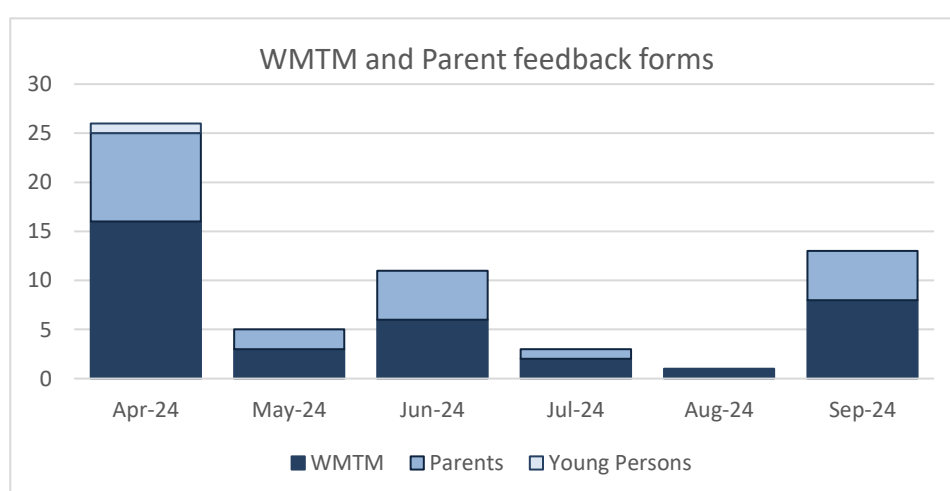
The CYP pilot demonstrated a successful model for addressing health inequalities through integrated care. Proactive outreach and collaboration effectively tackled unmet needs, increased engagement, and provided holistic support. Future iterations must focus on sustainable funding, expanded reach, and robust evaluation mechanisms to ensure long-term impact and a meaningful legacy for CYP in North Kensington.

2.6.2.1.2 Paediatric Long Term Monitoring Service

Below gives the detail of the service designed patient and parent feedback which shows positive feedback for the service.

Patient Feedback

The following chart shows the total number of “What matters to Me” and Parent feedback forms.



Patient Feedback: What Matters to Me

The following is an example of some of the patient feedback:



What goal would you like to have achieved by your next appointment next year?

"This year I would like to achieve 80% over on my end of year exam"

"Something"

"To make my parents and family proud. That is my goal that I would like to achieve this year. Also to get good marks in my test (if I have any)"

"Become a professional basketball player and play in the 014/012 nationals"

"Be good at Art, Be good at science"

"Becoming a football player and becoming better at school"

How will you know when you have achieved your goal?

"I will be rich and be in trinty and good scores"

"Something"

"I believe that will know when I feel a rush of glory or a sensation that feel like you've won the world cup"

"I would have played in the nationals"

"When I get good at reading and painting"

Football- "made the team"

School- "having the best score"

What will you do to achieve your goal?

"Something"

"Seeing my test result"

"I will work, study and practice consistently in whatever I am trying to achieve and earn"

"Practise hard and enjoy"

"Study more painting read more"

"Work harder , never give up"

Parent Feedback

1. Was there anything about this appointment you thought was good?

Nice to see the same person over a long period

Dr was understanding, friendly and very informative regarding any matter to improved children's health

I am very happy

It's my child appointment and the doctor was very good

All good

The explanation of the Dr and caring, helpfulness and feedback after assessment was wonderful.

My concerns were addressed very well

Everything

Thorough+ given space to talk about childs health

I found out the blood results

Everything was good and the treatment is good

Great Interaction with Dr"

The doctor was very nice and answered any questions

Yes

Everything was good

**2. Was there anything you thought could have been better?**

None/No

Everything was good

No, everything was perfect

Nothing at all

No

Not really

I hope everything with my child will be better

No, all was good

The majority of the other questions were answered with strongly agree which is very positive. One (1) respondent did not feel comfortable asking about organisations or groups for their children and One (1) respondent strongly disagreed that the appointment addressed their personal circumstances.

Reported Outcomes

The NKR CYP lead has initiated conversations with Imperial Paediatric Long Term monitoring team, to finalise and agree what can be reported against the outcomes identified by the community within the parameters of their IG and data sharing protocol.

The following outcomes have been agreed:

- Patient feedback as it is an important element of this service. Continual improvement, and cycles of change are required to meet the needs of the children of the survived and bereaved from the Grenfell Community
- Report emerging trends and supporting the communication of data and emerging trends with key stakeholders and the communities.
- Supporting with addressing any emerging health trends/needs with raising awareness for example. Low vaccine uptake in this cohort has been identified, there will be targeted community outreach via Connecting Children for Care initiative for clinicians to host and attend community activities to share health promotion messages and engage in questions and answers sessions
- Provide additional activity data, including onward referrals

2.6.2.1.3 GHWS Feedback and Outcomes

The following section is structured in line with the GHWS 5-part model. It details some of the outcomes recorded and feedback received for the CYP specific GHWS. The feedback shows a positive response to the service.

Early Intervention and Prevention**Workshops**

During April – September 2024 there was 1 workshop specifically run for CYP. The informal feedback was positive.

| Summer Art Workshop for CYP – 29 th and 30 th August | |
|--|---------------------------|
| Date of session(s) | 29/08/2024 and 30/08/2024 |

| | |
|---|--|
| Duration of session(s) | 4h (2h per day) |
| Number of attendees | 5 |
| Which outcome measures were used? | Feedback forms |
| What verbal/informal feedback did you receive? | <ul style="list-style-type: none"> 5 attendees completed Feedback forms and the findings are summarised below. <u>What went well for you?</u> <ul style="list-style-type: none"> "Making." "Everyone was very nice and I made pretty art." "Everything." "The art turned out very well and it was very fun." "The designs I created went very well. I really enjoyed this workshop." <u>What do you feel you achieved?</u> <ul style="list-style-type: none"> "Completing." "Learning about a new kind of chemical." "I feel I achieved better art skills and a peace of mind". "I think I achieved the experience of painting many portraits." <u>Any other comments?</u> <ul style="list-style-type: none"> "Do more than one art project a day." |
| What are the key learning points? | <ul style="list-style-type: none"> N/A. |

Interventions

Therapy

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.

Goal Based Measures (GBM)

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.

Every case, whether new or ongoing, on the GHWS staff's caseload undergoes an active review to verify the completion of a goal-based measure. Goals may not be applicable in certain circumstances, such as when a client declines the offer of goal recording or when the client's work does not justify the use of goals. The clinical system records such instances as 'GBM not relevant'.

Goal completion in CYP cases has continuously increased since they were introduced in 2023.

In Q4 (January to March 2024) there was an increase in goal completion to **66.7%**, which was due to the following strategies:

- GBM guidelines were reviewed and updated.
- Staff are given additional training.
- Active promotion of goals among clients.
- The clinical platform has a mechanism to document instances where goals are not suitable or pertinent for a specific case.

The GBM QI (Quality Improvement) sub-team continues to closely monitor GBM usage among open cases.

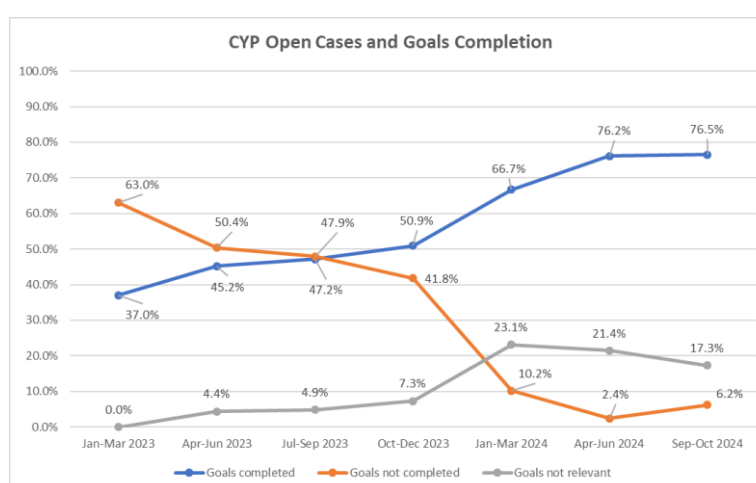
As a result, goal completion reached **76.2%** in Q1 and currently is around **76.5%** for Q2. There was just a slight increase of **0.3%**, and this can be explained by the fact that Q2 corresponds to summer break, so there was a lower number of referrals and several clients paused therapy until school restarted.

A summary of the goal-based measures for CYP cases is shown below:

| Team Split | Number of Open Cases |
|--|----------------------|
| GHWS CYP Team | 58 |
| GHWS DS CYP Therapist (specialised in dealing with DS clients) | 23 |
| Total CYP | 81 |

| CYP GBM Outcome Summary | Number of Open Cases |
|--|----------------------|
| Open cases with goals set: | 62 (76.5%) |
| Open cases where GBM are not relevant or appropriate | 14 (17.3%) |
| Open cases with unknown outcome | 5 (6.2%) * |

*Staff are reviewing the remaining **5 cases (6.2%)** to determine whether or not they can use goals.



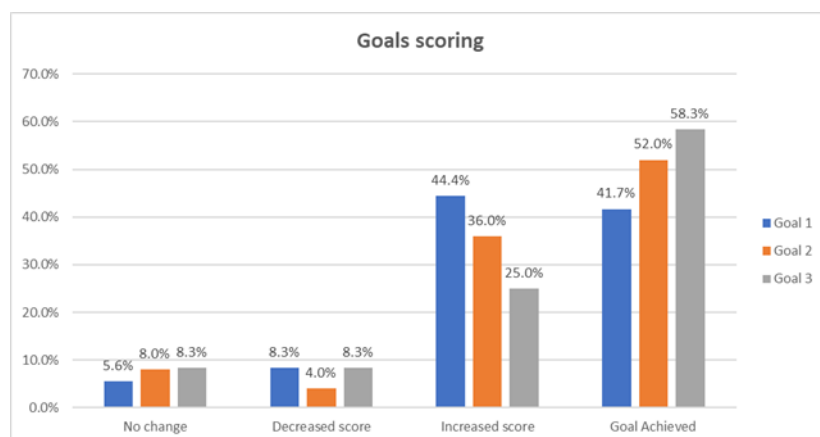
Goals in CYP cases are defined using an in-built functionality in the clinical platform that enables the set-up and scoring of up to three goals. Goal scores range from 0 = not achieved to 10 = achieved.

The goals' outcomes were evaluated and classified as follows:

- Goal not defined.
- Only one score is available: making it impossible to estimate score variation.

- No change: first and last scores are the same.
- Increased score: goal scores have increased over time.
- Decreased score: goal scores have decreased over time when considering the first and last scores recorded.
- Goal achieved: when a score of 10 has been recorded, which indicates the accomplishment of the goal.

For goals with multiple scores recorded, the majority have resulted in either improvement or goal achievement as shown below.



Other Measures

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

- **YCPS (Young Child PTSD Screen**
- **CRIES (Child Revised Impact of Events Scale**
- **RCADS-Child (Revised Children's Anxiety and Depression Scale**
- **Current View**

The following case studies show the positive outcomes and the diversity of the work delivered by the service.

| CYP Case study | |
|----------------------|---|
| History: | <p>Young child expressing thoughts of suicidal ideation, low mood and anxiety connected to parental conflict. All children struggling with mental health in different therapeutic interventions for years with no improvement. Significant difficulties at school.</p> <p>Parents have highly volatile on/off relationship with unclear boundaries impacting on the children.</p> <p>Several other services involved with family for years with little improvement.</p> |
| Presentation: | <p>Suicidal ideation, Anxiety, low mood in one child, low mood and acting out at school in the other children. Low mood/suicidal ideation and anxiety in both parents.</p> <p>After splitting up dad was inconsistent with the children and when he did visit mum refused to give him access to the children.</p> |
| Intervention: | Family and Couples therapy. |

| | |
|-----------------|--|
| Outcome: | <p>The parents were supported to reflect on their relational difficulties and the impact it had on their children.</p> <p>Parents were able to utilise the space to discuss and define their relationship which enabled them to set clear boundaries around it.</p> <p>Reflect on systemic/relational/intergenerational contributing factors to how and why they related to each other in the way they did.</p> <p>Create boundaries for themselves both within the parental subsystem as well as the Romantic subsystem.</p> <p>For the first time in the children's life dad was able to spend time with his children whilst separated from their mother.</p> <p>Dad became consistent with visitation had a clear rota and began to build more solid contained relationship with his children.</p> <p>All three children's mental health improved, suicidal ideation no longer present, and improved behaviour at school.</p> |
|-----------------|--|

| CYP Case study | |
|----------------------|---|
| History: | Child, in year 6 at local primary school. Known to our service since 2018. Several therapists offered trauma focused and anxiety management interventions, then assessed and diagnosed with ASD 2023 and follow up support offered. |
| Presentation: | Re-referral in September 2023 – family were made temporarily homeless and living in a hotel, brother was in prison on remand, feeling rejected by father who had moved on with new family. Child was very anxious, emotionally dysregulated and not sleeping well. Mum requested a therapeutic space for child (adapted to meet ASD needs) during this disruptive time. |
| Intervention: | <ul style="list-style-type: none"> After liaising with Mum and school SENCO, weekly sessions arranged to be held at school at a time that caused minimal disruption to child's timetable. Altogether 17 sessions at school were offered, and review sessions with Mum and teacher every half term. Building on previous work, used Zones of Regulation model to help child identify, express and regulate their emotions through skills practice. Also, CBT-informed therapy around confidence building and decision making/problem-solving skills. Therapy adapted to incorporate young person's special interests. Final session with child and Mum to review progress in therapy, discuss relapse prevention plan and gave child folder with all of their therapy documents. |
| Outcome: | <ul style="list-style-type: none"> Goal based measures: <ul style="list-style-type: none"> Goal 1: To feel more confident about making decisions <ul style="list-style-type: none"> ✓ First session = 0/10, Final session 10/10 goal achieved Goal 2: To learn how to be in green zone more often <ul style="list-style-type: none"> ✓ First session = 0/10, Final session 10/10 goal achieved |

| | |
|--|---|
| | <ul style="list-style-type: none"> ○ Risk reduced from Medium in September 2023 to Low in November 2023 ○ PEQs collected from Mum and child ○ Mum and child comfortable with discharging at this stage, and feel that they are both able to manage current environmental stressors. |
|--|---|

Group work

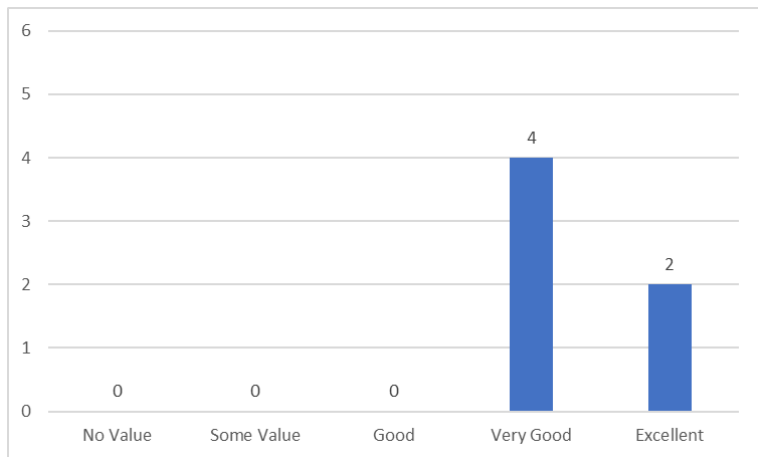
GHWS offers a range of group work aimed specifically at CYP. Any feedback received for these groups is positive and is detailed below.

Children and Young People's Gardening Sessions

No feedback collected for this group

WAND Girl's Group

- WAND is a service located in St. Charles Hospital that supports women in isolated and excluded communities through drop-in sessions, outreach services, and networking events.
- GHWS staff and WAND have co-developed a programme for their Girls Project up until July 2024, with many different staff members from GHWS facilitating the workshops. The topics that will be covered in the programme were chosen by the group and include Black History Month, the Tree of Life, preparing bulbs for Ramadan, New Year resolutions, art and creativity, and jewellery making.
- The workshops last for 2 hours.
- Feedback was collected for the two (2) sessions delivered in Q1:

| Body Image | | | | | | | | | | | | |
|--|---|------------|----------|------------|-----------|-----------|-----------|-------|---|---|---|---|
| Date of session | 08/05/2024 | | | | | | | | | | | |
| Number of attendees | 6 (13 to 15 years old) | | | | | | | | | | | |
| Feedback received (including verbal/informal): | Feedback forms | | | | | | | | | | | |
| | How valuable was the workshop? | | | | | | | | | | | |
| |  <table><tr><th>Value</th><th>No Value</th><th>Some Value</th><th>Good</th><th>Very Good</th><th>Excellent</th></tr><tr><td>Count</td><td>0</td><td>0</td><td>0</td><td>4</td><td>2</td></tr></table> | Value | No Value | Some Value | Good | Very Good | Excellent | Count | 0 | 0 | 0 | 4 |
| Value | No Value | Some Value | Good | Very Good | Excellent | | | | | | | |
| Count | 0 | 0 | 0 | 4 | 2 | | | | | | | |
| Workshop experience: | | | | | | | | | | | | |
| <ul style="list-style-type: none">• “Helpful and useful.”• “Interesting topic.” | | | | | | | | | | | | |

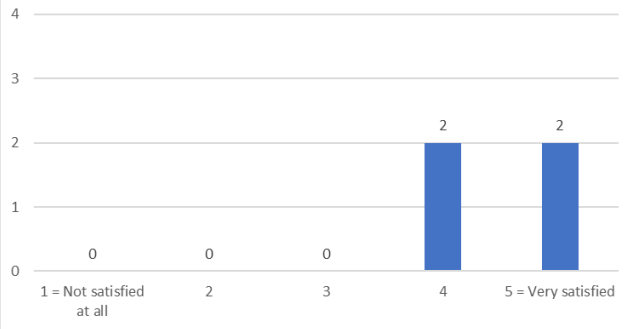
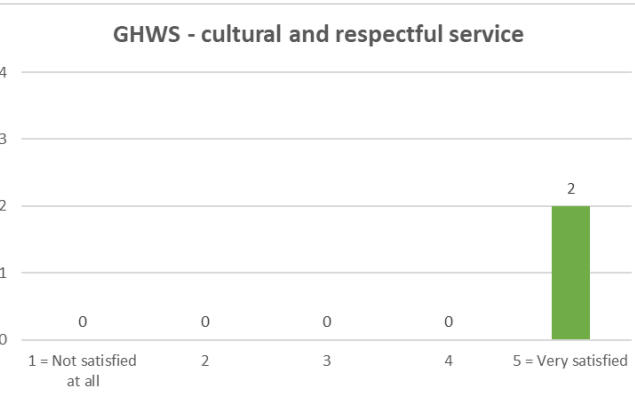
| | |
|-----------------------------|--|
| | <ul style="list-style-type: none"> • “Lovely.” |
| Key learning points: | <ul style="list-style-type: none"> • The function and structure of the sessions need to be revisited as the girls have just finished school and may be tired and more likely to be open to engaging if the sessions involve both doing and talking activities. • The pre-written materials from discovery college were a little repetitive with too many definitions so we did not use all of the information. The videos broke up the content well and we added in some additional interactive activities. The room (boardroom) feels quite confined and like a lesson / meeting set up rather than suited to an interactive group. |

| Reflection and Painting | |
|---|---|
| Date of session | 26/06/2024 |
| Number of attendees | 7 (2 Adults and 5 CYP) |
| Feedback received (including verbal/informal): | <ul style="list-style-type: none"> • Younger children verbally reflected on their experience of attending sessions, described as fun, peace, lovely. |
| Key learning points: | <ul style="list-style-type: none"> • Would be useful to clarify aims and purpose of the collaboration. |

Young People CFT Group

- Compassionate Focused Therapy (CFT) aims to alleviate suffering by learning how to engage with our minds and to live in a more compassionate way. Studies have found that young people who develop a compassionate way of being report:
 - Positive emotional well-being
 - Being more accepting and less critical of themselves
 - Greater connections with others and their community
 - Are more resilient to challenges and difficult life events
- A compassion-focused therapy (CFT) group was offered to young people (14–16 years old). The aim of the group was to build resilience and provide the young people the skills to engage with difficulties in new ways that are helpful.
- The group run for 10 weeks, starting on April 17th. Each session included interactive activities, learning skills, and an exploration of compassion and how the brain works.

| Young People CFT Group | |
|---|---|
| Number of session(s) | 10 sessions |
| Number of attendees | 5 (Young people's ages range from 12 to 16 years old) |
| Feedback received (including verbal/informal): | Feedback forms: 4 participants provided feedback and the findings are detailed below <u>Group rating:</u> |

| | |
|------------------------------------|---|
| | <p style="text-align: center;">Group rating</p>  <p>Group feedback: group attendees quotes</p> <ul style="list-style-type: none"> • “Found it interesting and fun. I also enjoyed the activities (e.g., videos, quizzes).” • “From the one session I attended, I liked it.” • “How we learned about compassion, the staff and the food. It is the best.” <p><u>GHWS rating:</u> clients considered the service as cultural and respectful, as shown by the high rates given. Two clients did not reply to this question.</p> <p style="text-align: center;">GHWS - cultural and respectful service</p>  |
| <p>Key learning points:</p> | <ul style="list-style-type: none"> • Adapt content for the age of the participants • Taking into consideration gender, cultural and spiritual factors. • Make sessions interactive integrating videos, quizzes, • Offer potentially post intervention follow up resources for participants to practice in their own time. • Adapt mindfulness imagery exercises to group participants needs and build into their existing skillset. |



3.0 Next Steps

- Continue to work within the North Kensington Recovery Team with work stream leads and commissioned service providers to improve the data gathered across the programme. Paying particular attention to where there are still gaps in reporting
- As part of the Business Case planning the outcomes framework needs to be reviewed and updated in line with the new Model of Care

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.