Journey of Recovery:

Annex 3: Data report on the impact of the Grenfell disaster on population health and social indicators

Acknowledgements:

We are deeply grateful to all of the agencies and departments who supplied data used in this report.

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Introduction

Purpose of this document

This document presents the results of analyses performed to detect the impact of the Grenfell tragedy on the physical and mental health of the North Kensington population and the health of North Kensington as a society. The impact on those responding to the tragedy is also considered.

Method

The primary method of analysis has been to undertake monthly trend analysis of data for key indicators using, where possible, 95% confidence intervals to detect statistically significant year-on-year and month-to-month shifts.

To understand the extent of the impacts of the fire, where possible, all analyses have been performed for three key comparator geographies- Notting Dale ward; the wider North Kensington Area (Colville, Dalgano, Golbourne, and St. Helen's wards); and to Queen's Park ward in Westminster, an area of comparative socio-demographics to Notting Dale ward to act as a control geography.

Exceptions include:

- Analysis of GP prescribing activity for physical and mental health conditions. These analyses are performed by GP practices located in Notting Dale ward, proximate to Notting Dale ward, and practices in the wider North Kensington area
- Analysis of the impact on staff are by council

See Appendix 1 for full details of the geographic comparators

See Appendix 2 for full details of codes used to define physical and mental health conditions in each setting.

Data sources

Details of the data sources used in analyses are provided in each section

Supporting charts

Charts not included in the main body of this report are provided in the Appendices.

Supplementary report: Respiratory conditions

In the course of producing this report, significant increases in Urgent Care Centre/ Walk in Centre activity for respiratory conditions was noted between October 2017 and March 2018. In response, further deep dive analysis was performed and views sought from local clinical experts. Please see the accompanying report: *Respiratory conditions: Analysis of presentations for respiratory conditions at health services at the time of and following the Grenfell fire (July 2018),* for full documentation of the findings.

1. Children and Families

The section analyses data relating to children and families. For the majority of analyses, unless otherwise stated, children are defined as residents aged 0 to 19 years.

1.1 Physical health impacts

1.1.1 Utilisation of physical health services – any diagnosis

This section examines the impact on demand for physical health services - GP surgeries, Urgent Care Centres (UCCs)/Walk in Centres (WiCs), Accident and Emergency (A&E) departments and Hospitals (emergency admissions and outpatient appointments) - at the time of the fire and in the months that follow. All supporting analyses are provided in Appendix 3.1.

Table 1.1 summarises the findings of analyses to identify if there has been a general increase in rates of use any physical health services for any diagnosis. From the information summarised in Table 1.1 the following key findings are made:

- It is not possible to measure if there has been a systematic increase in overall use of GP practices due to the fire. This is due to the method the data is input onto Systm One
- There is no indication of an increase in rates of utilisation of UCC/WiC, A&E, or hospital services by residents of Notting Dale ward or the wider North Kensington Area at the time of the fire or in the months following

Table 1.1 Summary findings from trend analysis of monthly utilisation of physical health services

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	-	-	Systm One activity 2016/17 & 2017/18	Analysis of overall activity trends is not possible due to the way in which data are inputed and extracted from Systm One.
UCC/WiC	N	N	SLAM UCC & WiC Data 2016/17 & 2017/16	Analysis of UCC attendance volumes has not shown an increase in overall UCC attendances from ND ward or the wider NKA, at the time of or in the months immediately following the fire. In October 2017 rates of UCC attendance are shown to be higher than in 2016 from ND, the NKA wards and QP. However, this observation is not expected to be related to the fire.

A&E	**N**	**N**	SLAM A&E Data 2016/17 & 2017/16	Analysis of A&E attendance has not shown an overall increase in attendances from ND ward or the wider NKA, at the time of or following the fire.
Emergency hospital care	**N**	**N**	SLAM Admissions Data 2016/17 & 2017/16	Analysis of non-elective admissions has not shown an increase in overall rates of emergency admission from ND ward or the wider NKA, at the time of or following the fire.
Hospital Outpatient	**N**	**N**	SLAM Outpatient Data 2016/17 & 2017/16	Rates of outpatient first appointments are lower in 2017/18 than 2016/17 form ND, the NKA and QP. There is a peak in June 2017 for Notting Dale, this finding is not seen in other areas. All areas see a fall in outpatient follow-up attendance rates August 2017 to February 2018, however no increase in follow-up appointment rates at or following the time of the fire.

A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park

1.1.2 Utilisation of physical health services – Key diagnoses

Tables 1.2 to 1.7 summarise analyses examining the impact on demand for physical health services for key diagnosis expected to be exacerbated by exposure to the fire:

- Respiratory conditions (Section 1.1.2.1)
- Burns (Section 1.1.2.2)
- Gastrointestinal conditions (Section 1.1.2.3)
- Cardiac events (Section 1.1.2.4)
- Cerebrovascular events (Section 1.1.2.5)
- Assault - including sexual assault and domestic violence – (Section 1.1.2.6)
- Unexplained medical symptoms (Section 1.1.2.7)

Use of physical health services for mental health diagnoses, including poisoning and intentional self-harm are covered in Section 1.2.

The codes used to identify the key conditions are provided in Appendix 2.

1.1.2.1 Utilisation of physical health services – Respiratory conditions

Table 1.2 summarises the finding of analyses of the use of physical health services for respiratory conditions. Full details of the analyses performed and results are provided in Appendix 3.1. From Table 1.2 the following key findings are made:

- There has been no increase in the utilisation of GP practices for respiratory conditions from Notting Dale ward or the Wider North Kensington Area at the time of or following the fire
- There has been no increase in the rate of items prescribed for respiratory conditions (in general or specifically bronchodilators, steroids for respiratory conditions or antihistamines) to children from Notting Dale ward or the Wider North Kensington Area at the time of or following the fire
- Monthly numbers of children attending UCC/WiC or A&E, admitted as an emergency or attending outpatient clinics for respiratory conditions were too small to permit robust analyses of impact.

Table 1.2 Summary findings from trend analysis of monthly utilisation of physical health services for respiratory conditions

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	**N**	**N**	Systm One activity 2016/17 & 2017/18	No evidence of an increase in the GP activity for respiratory conditions at the time of or following the fire in any area. The general trend shows an increase in activity for respiratory conditions from December 2017 to February 2018, however this trend is seen in the wider NKA and QP. The number of children attending GP practices per month for **asthma** were too few to enable comparative analysis of rates between areas.
	N	**N**	EPacT prescribing data (items) 2016/17 & 2017/18	No evidence of an increase in the prescribing of respiratory medications, in general or specifically bronchodilators, steroids for respiratory conditions or antihistamines to 0 to 19 year olds registered at GP practices in ND or the NKA.
UCC/WiC	**-**	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of UCC/WiC attendances for children coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
A&E	**-**	**-**	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of A&E attendances for children coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from Notting Dale ward, comparative analysis could not be performed
Hospital Outpatient	**-**	**-**	SLAM Outpatient Data 2016/17 & 2017/16	Due to small numbers of first and follow-up appointments coded to Respiratory Medicine per month from Notting Dale ward, comparative analysis could not be performed

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

1.1.2.2 Utilisation of physical health services – Burns

Table 1.3 summarises the finding of analyses of the use of physical health services for burns. From Table 1.3 the following key findings are made:

- Due to only a small number of records being coded with diagnosis of burns or to burns clinics, it has not been possible to undertake comparative analysis of variation in rates of burns presentations
- The paucity of diagnosis coding in A&E, UCC/WiC data has likely lead to the under detection of burns attendances at these setting of care

Table 1.3 Summary findings from trend analysis of monthly utilisation of physical health services for burns

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	**-**	**-**	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
UCC/WiC	-	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	**-**	-	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from Notting Dale ward, comparative analysis could not be performed
Hospital Outpatient	**-**	-	SLAM Outpatient Data 2016/17 & 2017/16	Due to small numbers of first and follow-up appointments coded to Burns Clinics per month from Notting Dale ward, comparative analysis could not be performed

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

1.1.2.3 Utilisation of physical health services – Gastrointestinal conditions

Table 1.4 summarises the finding of analyses of the use of physical health services for gastrointestinal conditions. From Table 1.4 the following key findings are made:

- No evidence of an increase in the use of GP practices for gastrointestinal symptoms at the time of or following the fire
- Due to only a small number of records being coded with a primary diagnosis of gastrointestinal conditions in UCC/WiC, A&E, emergency admissions and outpatient data, it has not been possible to undertake comparative analysis of variation in rates of gastrointestinal condition presentations
- The paucity of diagnosis coding in A&E, UCC/WiC data has likely lead to the under detection of attendances for gastrointestinal conditions at these setting of care

Table 1.4 Summary findings from trend analysis of monthly utilisation of physical health services for gastrointestinal conditions

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	**N**	**N**	Systm One activity 2016/17 & 2017/18	No evidence of increase in GP activity for Gastrointestinal conditions at the time of or in the months following the fire in ND or the wider NKA. An activity peak is noted in August 2017 in ND, however this finding is replicated in the wider NKA and QP.
UCC/WiC	**-**	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	**-**	**-**	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Hospital Outpatient	**-**	**-**	SLAM Outpatient Data 2016/17 & 2017/16	Due to small numbers of first and follow-up appointments coded to Gastroenterology per month from ND ward, comparative analysis could not be performed

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

1.1.2.4 Utilisation of physical health services – Cardiac events

Table 1.5 summarises the finding of analyses of the use of physical health services for cardiac events. From Table 1.5 the following key findings are made:

- Due to only a small number of records being coded with a diagnosis of cardiac conditions or to cardiac outpatient specialities, it has not been

possible to undertake comparative analysis of variation in rates of cardiac events presentations

- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances for cardiac events at these setting of care

Table 1.5 Summary findings from trend analysis of monthly utilisation of physical health services for cardiac events

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	-	-	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
UCC/WiC	-	-	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	-	-	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND, comparative analysis could not be performed
Hospital Outpatient	-	-	SLAM Outpatient Data 2016/17 & 2017/16	Due to small numbers of first and follow-up appointments coded to Cardiology clinics per month from ND ward, comparative analysis could not be performed

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

1.1.2.5 Utilisation of physical health services – Cerebrovascular events

Table 1.6 summarises the finding of analyses of the use of physical health services for cerebrovascular events. From Table 1.6 the following key findings are made:

- Due to only a small number of records being coded with a diagnosis of cerebrovascular events or the stroke medicine outpatient speciality, it has not been possible to undertake comparative analysis of variation in rates of cerebrovascular presentations
- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances for cerebrovascular events at these setting of care

Table 1.6 Summary findings from trend analysis of monthly utilisation of physical health services for cerebrovascular events

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	-	-	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
UCC/WiC	-	-	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	-	-	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Hospital Outpatient	-	-	SLAM Outpatient Data 2016/17 & 2017/16	Due to small numbers of first and follow-up appointments coded to Stroke Medicine clinics per month from ND ward, comparative analysis could not be performed

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

1.1.2.6 Utilisation of physical health services – Assault

Table 1.7 summarises the finding of analyses of the use of physical health services for the treatment of assault, including sexual assault and domestic violence. From Table 1.7 the following key findings are made:

- Due to the sensitivity of these diagnoses, activity is, in general, likely to be under recorded
- Due to only a small number of records being coded with a diagnosis of assault, sexual assault or violence, it has not been possible to undertake comparative analysis of variation in activity rates at physical care settings
- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances at these setting of care

Table 1.7 Summary findings from trend analysis of monthly utilisation of physical health services for assault

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	-	-	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed

UCC/WiC	**-**	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	**-**	**-**	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Hospital Outpatient	**-**	**-**	SLAM Outpatient Data 2016/17 & 2017/16	There are no specific outpatient clinics for this diagnosis group

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

1.1.2.7 Utilisation of physical health services – Unexplained medical symptoms

Table 1.8 summarises the finding of analyses of the use of physical health services for unexplained medical symptoms. From Table 1.8 the following key findings are made:

- Due to small numbers coded to this description of symptoms, analysis of variation in rates of activity at GP and urgent care settings (A&E, UCC/WiC) could not be performed
- Due an absence of primary diagnosis codes to enable identification of admissions and outpatient appointments for unexplained medical symptoms, comparative analysis of variation in rates of could not be performed
- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances for unexplained medical symptoms at these setting of care

Table 1.8 Summary findings from trend analysis of monthly utilisation of physical health services for unexplained medical symptoms

Setting	Impact indicated Y/N		Source	Commentary
General Practices	-	-	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
UCC/WiC	-	-	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	-	-	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	A diagnosis code to describe the category of admissions was not identified
Hospital Outpatient	-	-	SLAM Outpatient Data 2016/17 & 2017/16	A Treatment Function Code to describe the category of admissions was not identified

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

1.2 Mental health impacts

1.2.1 Utilisation of services for mental health conditions

This section analyses the impact on demand for mental health services at the time of and following the fire. All supporting analyses are provided in Appendix 3.2.

1.2.1.1 Utilisation of mental health services – Any diagnosis

Table 1.9 summarises the finding of analyses of the use of mental health and physical health services for any mental health diagnosis. From Table 1.8 the following key findings are made:

- Due to small numbers it has not been possible to analyse variation in the use of mental health services for 0 to 19 year olds
- Due to the paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances for mental health related reasons

Table 1.9 Summary findings from trend analysis of monthly utilisation of mental health and physical health services for any mental health diagnosis

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
GP activity	-	-	Systm One 2016/17 and 2017/18	Due to the small numbers per month comparative analysis of GP activity rates for mental health problems in children could not be performed
GP prescribing (Anti-depressants)	-	-	EPacT prescribing data 2016/17 & 2017/18	Due to the small numbers of items prescribed per month, comparative analysis of prescribing rates of antidepressants to children could not be performed
GP prescribing (Sleep medication)	-	-	EPacT prescribing data 2016/17 & 2017/18	Due to the small numbers of items prescribed per month, comparative analysis of prescribing rates of medications for sleep disorders (hypnotics) could not be performed
GP referrals to Mental Health services	-	-	Systm One 2016/17 & 2017/18 GP referrals	Due to the small number of monthly referrals to mental health services for children from ND located practices, comparative analysis could not be performed
UCC/WiC	-	-	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	-	-	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from Notting Dale ward, comparative analysis could not be performed

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park, , 'Other Mental Health services' – Use of ambiguous or generic Read Code for Mental Health referrals

1.3 Societal health impacts

In this section the impact of the fire on key societal health indicators relevant to children is examined.

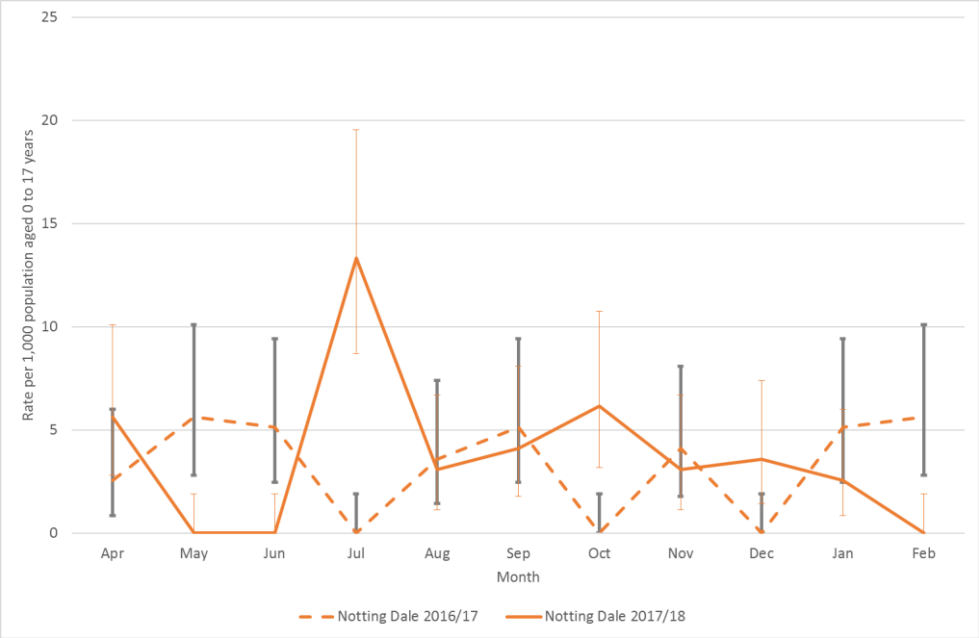
1.3.1 Utilisation of social support

1.3.1.1 Referrals to Early Help

This section analyses local data on referrals to Early Help services. Due to incomplete data for 2017/18, only April to January in each financial year are compared.

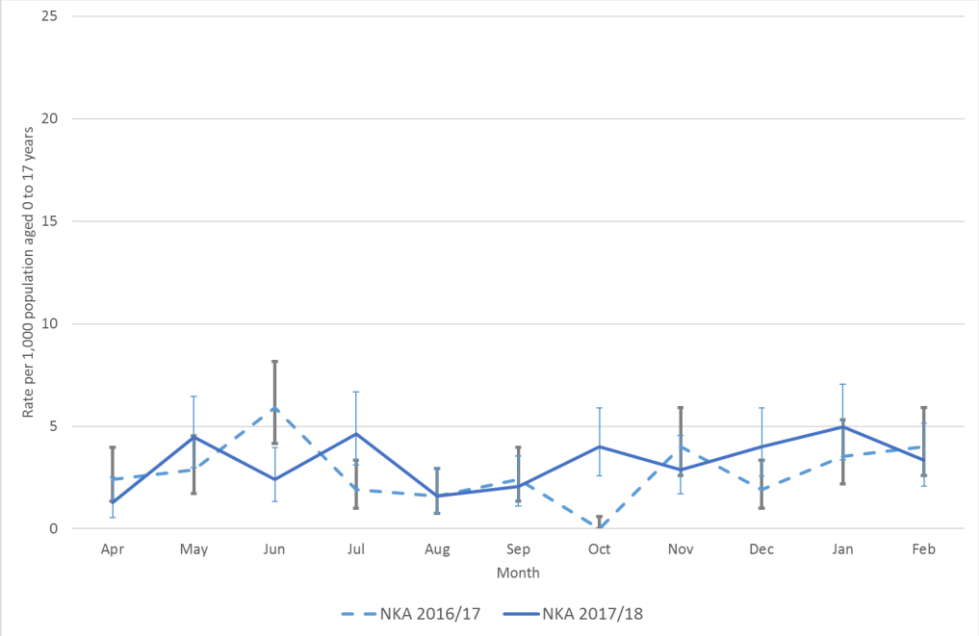
Charts 1.1 and 1.2 compare monthly Early Help referral rates per 1,000 population in financial years 2016/17 and 2017/18, from Notting Dale ward and the wider North Kensington Area respectively. Chart 1.1 shows a statistically significant peak in referral rates in July 2017 which is potentially indication of an impact of the fire. This finding is not replicated for the wider North Kensington Area.

Chart 1.1 Year-on-year to Early Help by financial year, April to February, Notting Dale



Source: Children's Services Business Intelligence

Chart 1.2 Year-on-year to Early Help by financial year, April to February, wider North Kensington Area



Source: Children's Services Business Intelligence

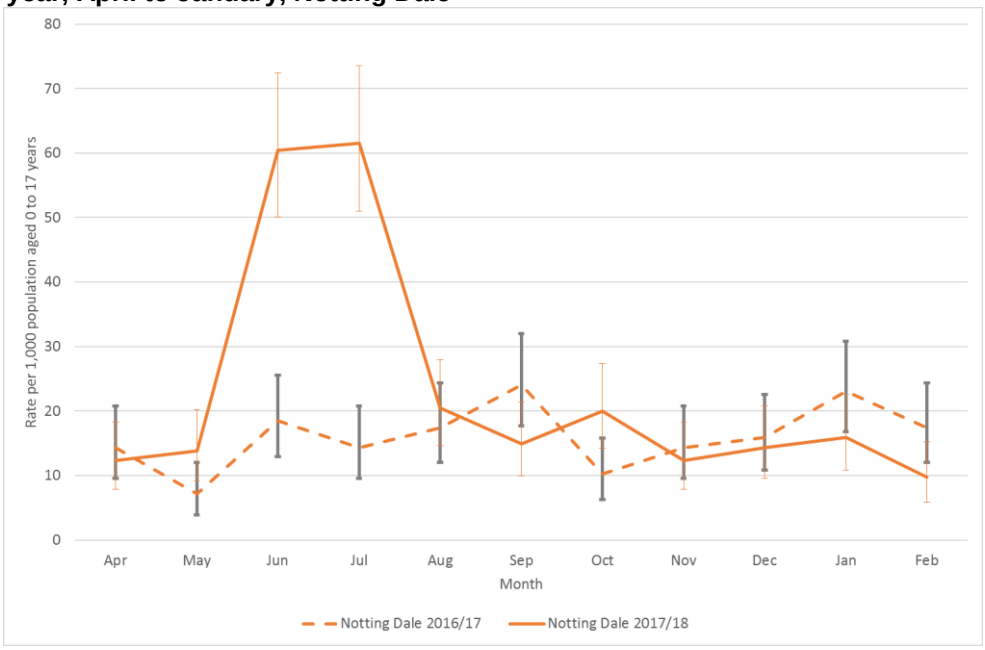
1.3.1.2 Children's social care

This section analyses local data on referrals to Children's Social Services. Due to incomplete data for 2017/18, only April to January in each financial year are compared.

Charts 1.3 and 1.4 compare monthly Children's Social Care referral rates per 1,000 population in financial years 2016/17 and 2017/18, from Notting Dale ward and the wider North Kensington Area respectively. Chart 1.3 shows substantial and statistically significant peaks in referral rates in June and July 2017 and is considered highly likely to be indication of an impact of the fire. This finding is not replicated across the wider North Kensington Area.

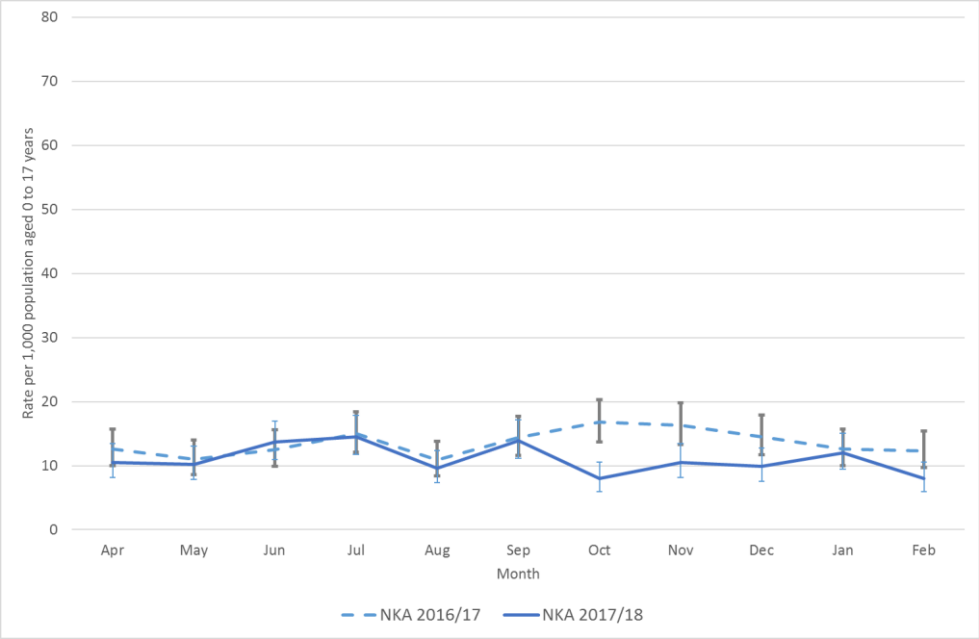
It should be noted that a referral to social care does not always result in a care package being assigned. It has not been possible to report on which referrals lead to support packages.

Chart 1.3 Year-on-year comparison of referrals to Children's Social Services by financial year, April to January, Notting Dale



Source: Children's Services Business Intelligence

Chart 1.4 Year-on-year comparison of referrals to Children's Social Services by financial year, April to January, wider North Kensington Area



Source: Children's Services Business Intelligence

1.3.2 Child development

The ASQ3 measures the level of child development at age 2 years. As published data on this indicator are only available at a borough level and only refer to the number of children receiving the assessment and not details of the level of development, it has not been possible to perform impact analysis on child development.

1.3.3 Education

1.3.3.1 Attainment

It has not been possible to assess the impact of the Grenfell Tower fire on educational attainment. This is due to many 2017 assessments having taken place before the Grenfell Tower fire and 2018 data not being available at the time this report was written.

1.3.3.2 Attendance and exclusions

Robust analysis of trends in school attendance rates following the Grenfell Tower fire was not possible as the most up-to-date data on school attendance rates were not available at the time this report was written.

It has not been possible to analyse the impact of the fire on school exclusion rates. This is due to local exclusions data only being available as annual totals and, as a result the latest data are not available.

1.3.4 Employment

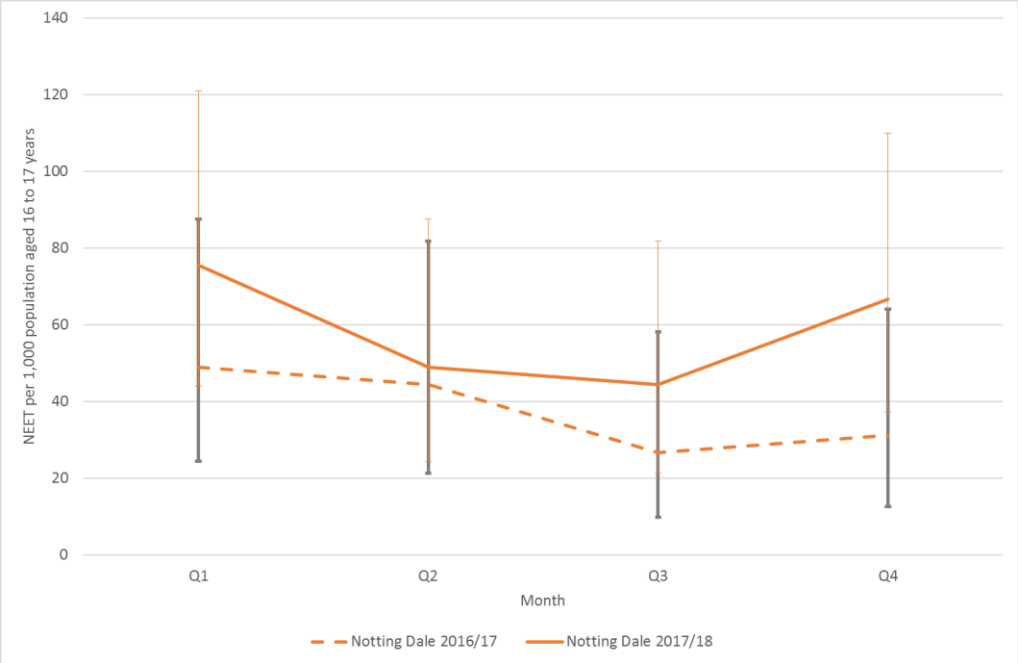
1.3.4.1 Youth unemployment

This section analyses local data on the number of young people aged 16 to 17 years, Not in Education, Employment or Training (NEET) by area. Due to seasonality in the number of NEET, trend data are presented as a year-on-year comparison. In addition, due to small numbers of NEETs per month, numbers are aggregated to financial year quarter. Charts 1.6 and 1.7 present quarterly rates per 1,000 young persons aged 16 to 17 years for Notting Dale ward and the wider North Kensington Area respectively.

The charts show that the rate of young people NEET in 2017/18 is consistently higher than in 2016/17 in all quarters in both areas, however the difference in rates is not statistically different.

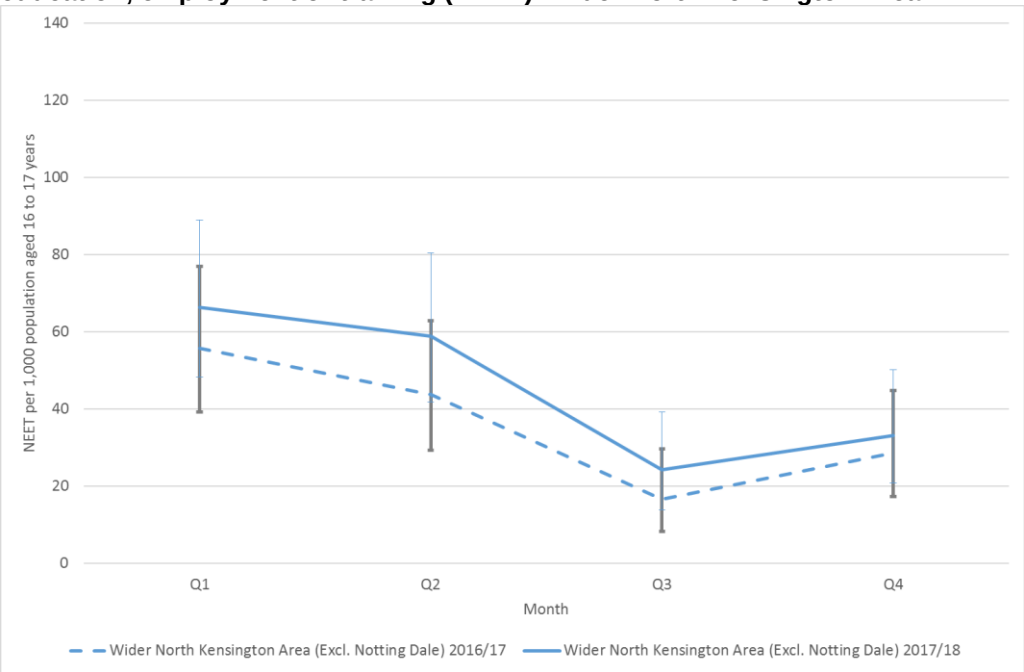
Comparing the trend for 2017/18 in Notting Dale to the wider North Kensington Area, the decline in NEETs in Q3 is less pronounced and the increase in Q4 more pronounced compared to the wider North Kensington Area. However, as this finding is made three quarters after the Grenfell Tower fire (Q1 2017/18), it is uncertain if this trend is related to the fire. Further, it is advised that due to the small numbers of NEETs at ward level requiring aggregation of data to quarter, these results should be treated with caution.

Chart 1.6 Year-on-year comparison of the number of young people 16-17 years not in education, employment or training (NEET). Notting Dale ward



Source: West London Partnership Support Unit (Youth & Connexions). Q1 Apr-June, Q2 July-September, Q3 October-December, Q4 Jan-March

Chart 1.7 Year-on-year comparison of the number of young people 16-17 years not in education, employment or training (NEET). Wider North Kensington Area



Source: West London Partnership Support Unit (Youth & Connexions). Q1 Apr-June, Q2 July-September, Q3 October-December, Q4 Jan-March

1.3.5 Crime

1.3.5.1 Incidents – teen assault

Published crime data is not available by age group. The only data that references crime and age is the London Ambulance Service (LAS) data on incidents attended by ambulance for teen assault.

- Analysis of LAS data does not show a clear pattern of increased ambulance attended incidents for teen assaults at or following the time of the Grenfell Tower fire

1.3.5.2 First time entrants to youth justice service and reoffending rates

Analysis of the impact of the fire on crime has not been possible as Ministry of Justice data on the number of first time entrants to the youth justice service and reoffending rates are only available at Borough level and the latest available data are 2016 and 2015 for each source respectively.

1.3.6 Poverty

1.3.6.1 Children living in poverty

This section analyses HMRC data published by the Greater London Authority (GLA) on children in low-Income families. The data describes the percentage of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where with a reported income of less than 60 percent of UK median income.

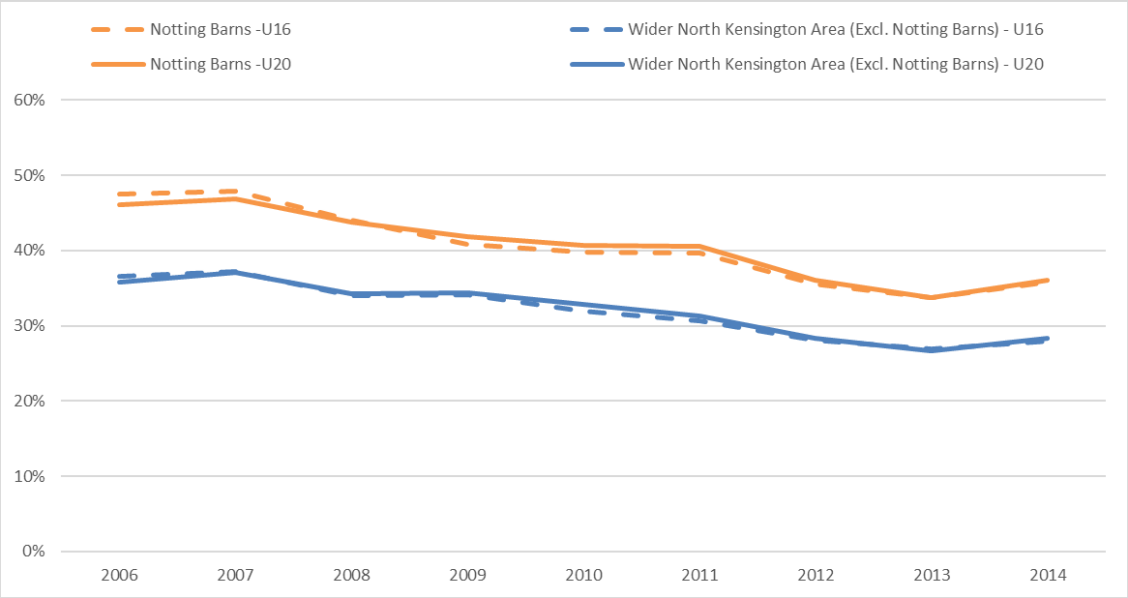
Chart 1.8 shows the trend in percentage of children aged under 20 years and the percentage of children aged under 16 years, by areas, living in poverty 2006 to 2014. To note, these data are presented on the pre-2014 configuration of ward boundaries, therefore the following approximations have been made:

- Notting Dale – approximated by data for Notting Barns
- Wider North Kensington Area – approximated by aggregated data from Golbourne, St. Charles, Colville, Norland and Pembridge wards.

As more recent data on child poverty are not available, it has not been possible to assess the impact of the fire on child poverty. In addition, please note the percentages for the North Kensington Area are a crude average of rates for each of the component wards, this may not truly reflect the wider North Kensington Area average rate.

Chart 1.8 shows the percentage of children living in poverty aged under 20 years (U20) and aged under 16 years (U16) has declined 2006 to 2014 in both areas, however the percentage of children living in poverty in both age groups in Notting Barns ward is persistently higher than the average of the wider North Kensington Area in all periods. In addition, in 2014, in both areas and both age groups there is an increase the percentage of children in poverty. Until further data are available, whether this observation is the start of an increase or natural fluctuation cannot be determined.

Chart 1.8 Children aged U16 and U20 living in poverty 2006 to 2014.



Source: HMRC Published by the Greater London Authority (Accessed May 2018)

2. Adults

2.1. Physical health impacts

2.1.1. *Utilisation of physical health services – any diagnosis*

This section examines the impact on demand for physical health services - GP surgeries, Urgent Care and Walk in Centres, Accident and Emergency Departments, Hospitals (emergency admissions and outpatient appointments) -at the time of or in the months following the Grenfell Tower fire. All supporting analyses are provided in Appendix 4.1.

Table 2.1 summarises the findings of analyses to identify if there has been a general increase in the rates of use of anyphysical health services for any diagnosis, by adults aged 20 years and over. From the information summarised in this Table 2.1 the following key findings are made:

- It has not been possible to measure if there has been an increase in overall use of GP practices due to the fire. This is due to the method the data is input onto Systm One
- There is an indication of increased A&E utilisation rates by residents of Notting Dale ward not observed in the wider North Kensington Area or Queen's Park at the time of the fire
- There is no evidence of an increased utilisation of UCC/WiC or hospital emergency or outpatient care at the time of or in the months following the fire from Notting Dale ward or the wider North Kensington Area

Table 2.1 Summary findings from trend analysis of monthly utilisation of physical health services

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	-	-	Systm One activity 2016/17 & 2017/18	Analysis of overall activity trends is not possible due to the way in which data are imputed and extracted from Systm One.
UCC/WiC	N	N	SLAM UCC & WiC Data 2016/17 & 2017/16	No evidence of increase use of UCC/WiC from ND ward or the wider NKA, at the time of or in the months immediately following the fire. In October 2017 rates of UCC/WiC attendance are shown to be higher than in 2016 from ND, the NKA wards and QP. However, this observation is not expected to be related to the fire.

A&E	**Y***	**N**	SLAM A&E Data 2016/17 & 2017/16	There is evidence of increase use of A&E departments by residents of ND ward in June 2017 and August 2017 compared to 2016. These findings are not replicated for NKA or QP.
Emergency hospital care	**N**	**N**	SLAM Admissions Data 2016/17 & 2017/16	There is no evidence of an increase in overall non-elective admissions from ND ward or the wider NKA, at the time of or following the fire.
Hospital Outpatient	**N**	**N**	SLAM Outpatient Data 2016/17 & 2017/16	No evidence of an increase in overall levels of first or follow-up outpatient appointments for residents of ND ward or the wider NKA.

A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,. * Statistically significant

2.1.2. Utilisation of physical health services – Key diagnoses

Tables 2.2 to 2.8 summarise analyses examining the impact on demand for physical health services for key diagnosis groups expected to be exacerbated by exposure to the fire:

- Respiratory conditions (Section 2.1.2.1)
- Burns (Section 2.1.2.2)
- Gastrointestinal conditions (Section 2.1.2.3)
- Cardiac events (Section 2.1.2.4)
- Cerebrovascular events (Section 2.1.2.5)
- Obstetrics (Section 2.1.2.6)
- Assault - including sexual assault and domestic violence – (Section 2.1.2.7)
- Unexplained medical symptoms (Section 2.1.2.8)

The codes used to identify key conditions are provided in Appendix 2.

2.1.2.1. Utilisation of physical health services – Respiratory conditions

Table 2.2 summarises the finding of analyses of the use of physical health services for respiratory conditions. Full details of the analyses performed and results are provide in Appendix 4.1. From Table 2.2 the following key findings are made:

- There has been no statistically significant increase in rates of GP activity for respiratory conditions at or following the fire. The general trend shows an increase in activity for respiratory conditions from October 2017, however this is consistent with an exceptional cold and flu season.
- There is a peak in the overall rate of respiratory medication prescribing in June 2017 from Notting Dale located practices, however this peak is

not statistically significant and is not replicated for the relevant medications (bronchodilators, steroids for respiratory conditions or antihistamines).

- There is an indication of increased UCC/WiC and A&E department attendances for respiratory conditions from Notting Dale ward in the month of the fire, June 2017 compared to June 2016. The UCC/WiC finding is not replicated for the comparator geographies, however the elevation in A&E attendances is also observed for the wider NKA.
- There has also been substantial increases in rates of attendance to UCC/WiC and A&E departments for respiratory conditions, between October 2017 and March 2018 across all comparator geographies. This finding is investigated in full in *Respiratory Conditions: Analysis of presentations for respiratory conditions at health services at the time of and following the Grenfell fire (July 2018)* which accompanies this report. In summary, following deep dive analysis and triangulation with emergency hospital admissions, GP attendance and prescribing rates for respiratory conditions, analysis of outpatient data and discussion with local respiratory clinicians, this later year finding is consider to be attributed to the observed exceptional cold and flu season in winter 2017.
- The paucity of diagnosis coding in A&E, UCC/WiC data has likely lead to the under detection of attendances for respiratory conditions at these setting of care

Table 2.2 Summary findings from trend analysis of monthly utilisation of physical health services for respiratory conditions

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	N	N	Systm One activity 2016/17 & 2017/18	No evidence of increased GP activity for respiratory conditions at or following the fire. The general trend shows an increase in activity for respiratory conditions from September 2017, however this is consistent with an exceptional cold and flu season. The rate of adults attending GP practices per month for **asthma** does show an elevation in July 2017
	N	N	EPacT prescribing data (items) 2016/17 & 2017/18	No evidence of an increase in the prescribing of respiratory medications, in general or specifically bronchodilators, steroids for respiratory conditions or antihistamines, to adults aged 20 year olds and over registered at GP practices in ND or the NKA. An elevation in prescribing rates is noted in June 2017 for all medications, however this finding is not reflected in the relevant medications (bronchodilators, steroids for respiratory conditions or antihistamines)

UCC/WiC	**Y**	**N**	SLAM UCC & WiC Data 2016/17 & 2017/16	ND ward a peak in rate is noted in June 2017 not replicated in the NKA and QP. Additionally, elevated rates October 2017 to March 2018 from ND but also in the NKA and QP. Later year finding due to exceptional cold and flu season.
A&E	**Y**	**N**	SLAM A&E Data 2016/17 & 2017/16	ND peak in attendances in June 2017 and elevation of rates October 2017 to March 2018. The June peak is not seen NKA or QP, but the October 2017 to March 2018 increase in rates is seen in NKA and QP. Later year finding due to exceptional cold and flu season.
Emergency hospital care	**N**	**N**	SLAM Admissions Data 2016/17 & 2017/16	No evidence of an increase in non-elective admissions from ND or NKA are shown at the time of the fire or in the months following. This may be an underestimation due to respiratory conditions being coded as secondary to the primary reason for admission
Hospital Outpatient	**N**	**N**	SLAM Outpatient Data 2016/17 & 2017/16	No evidence of increases in first or follow-up Respiratory clinic attendances per month from ND ward or the NKA at the time of the fire. There is a noted increases in first, but not follow-up attendance rates from ND between October 2017 and March 2018. This finding may be suggestive of follow-up appointments for those affect at the time of the fire.

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

2.1.2.2. Utilisation of physical health services – Burns

Table 2.3 summarises the findings of analyses of the use of physical health services for burns. From Table 2.3 the following key findings are made:

- Due to only a small number of records being coded with a primary diagnosis of burn or to a burns clinics, it has not been possible to undertake comparative analysis of variation in rates of burns presentations
- The paucity of diagnosis coding in A&E, UCC/WiC data has likely lead to the under detection of burns attendances at these setting of care

Table 2.3 Summary findings from trend analysis of monthly utilisation of physical health services for burns

Setting	**Impact indicated Y/N**		**Source**	**Commentary**
	ND	**NKA**		
General Practices	**-**	**-**	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
UCC/WiC	-	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed

A&E	**-**	-	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Hospital outpatient	**-**	-	SLAM Outpatient Data 2016/17 & 2017/16	Due to small numbers of first and follow-up appointments coded to Burns Clinics per month from ND ward, comparative analysis could not be performed

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

2.1.2.3. Utilisation of physical health services – Gastrointestinal conditions

Table 2.4 summarises the findings of analyses of the use of physical health services for gastrointestinal conditions. From Table 2.4 the following key findings are made:

- Analysis of GP activity shows no indication of increased activity for gastrointestinal conditions at the time of or following the fire
- Due to only a small number of records being coded with a primary diagnosis of gastrointestinal conditions or to gastroenterology, it has not been possible to undertake comparative analysis of variation in rates of gastrointestinal condition presentations to Urgent Care Centres or emergency admissions
- There is no indication of increases in A&E department attendances for gastrointestinal conditions or gastroenterology outpatient appointments at the time of or the months following the fire.
- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances for gastrointestinal conditions at these setting of care

Table 2.4 Summary findings from trend analysis of monthly utilisation of physical health services for gastrointestinal conditions

Setting	**Impact indicated Y/N**		**Source**	**Commentary**
	ND	**NKA**		
General Practices	**N**	**N**	Systm One activity 2016/17 & 2017/18	Analyses show no indication of an increase in activity for Gastrointestinal conditions at the time of or following the fire in ND or the wider NKA
UCC/WiC	**-**	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed

A&E	**N**	**N**	SLAM A&E Data 2016/17 & 2017/16	No evidence of increased attendance rates for gastrointestinal conditions from ND ward or the NKA
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Hospital Outpatient	**N**	**N**	SLAM Outpatient Data 2016/17 & 2017/16	No evidence of an increase in first or follow-up attendances to Gastroenterology from ND or NKA, at or following the time of the fire.

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

2.1.2.4. Utilisation of physical health services – Cardiac events

Table 2.5 summarises the findings of analyses of the use of physical health services for cardiac events. From Table 2.5 the following key findings are made:

- Due to only a small number of GP and UCC/WiC attendances and emergency admission coded as cardiac events, it has not been possible to undertake comparative analysis of utilisation of these settings
- There is no peak in A&E department attendances for cardiac conditions from Notting Dale ward or the comparator geographies at the time of or in the months following the fire
- Outpatient first appointments for Cardiology from Notting Dale ward are higher July 2017 to March 2018. The increases are not statistically significant, but not seen in the comparator geographies
- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances for cardiac events at these setting of care

Table 2.5 Summary findings from trend analysis of monthly utilisation of physical health services for cardiac events

Setting	**Impact indicated Y/N**		**Source**	**Commentary**
	ND	**NKA**		
General Practices	**N**	**N**	Systm One activity 2016/17 & 2017/18	Analyses show no evidence of an increase in activity for Gastrointestinal conditions at the time of or following the fire in ND or the wider NKA
UCC/WiC	**-**	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	**N**	**N**	SLAM A&E Data 2016/17 & 2017/16	No evidenc of an increase in attendance rates at the time of the fire or in the months following the fire for Notting Dale, NKA or QP

Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Hospital Outpatient	**N**	**N**	SLAM Outpatient Data 2016/17 & 2017/16	First Appointments in Cardiology are higher than 2016/17 rates in ND from July 2017 to March 2018, this finding is seen in the NKA or QP analyses. No increases in Follow-up Cardiology clinic attendances per month from ND ward or the NKA

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

2.1.2.5. Utilisation of physical health services – Cerebrovascular events

Table 2.6 summarises the findings of analyses of the use of physical health services for cerebrovascular events. From Table 2.6 the following key findings are made:

- Due to only a small number of records being coded as cerebrovascular events or to the stroke medicine outpatient speciality, it has not been possible to undertake comparative analysis of variation in rates of cerebrovascular presentations
- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances for cerebrovascular events at these setting of care

Table 2.6 Summary findings from trend analysis of monthly utilisation of physical health services for cerebrovascular events

Setting	**Impact indicated Y/N**		**Source**	**Commentary**
	ND	**NKA**		
General Practices	**-**	**-**	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
UCC/WiC	**-**	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	**-**	**-**	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Hospital Outpatient	**-**	**-**	SLAM Outpatient	Due to small numbers of first and follow-up appointments coded to Stroke Medicine clinics per month from ND ward, comparative analysis could not be performed

			Data 2016/17 & 2017/16	

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

2.1.2.6. Utilisation of physical health services – Obstetrics

Table 2.7 summarises the findings of analyses of the use of physical health services for obstetric events. From Table 2.7 the following key findings are made:

- Due to only a small number of records being coded with a diagnosis of relevant obstetric events, it has not been possible to undertake comparative analysis of variation in service attendance at GP surgeries, UCC/WiC or A&E departments or emergency hospital admissions
- Analysis of Follow-up Outpatient appointments for obstetrics has shown a statistically significant reduction in follow-up appointments June to August 2017 from Notting Dale residents. This finding is not made for any of the comparator geographies
- There is no statistically significant difference in rates of First outpatient attendances from Notting Dale or the comparator geographies.
- The paucity of diagnosis coding in A&E, WiC and UCC data has likely lead to the under detection of attendances at these setting of care

Table 2.7 Summary findings from trend analysis of monthly utilisation of physical health services for obstetric events

Setting	**Impact indicated Y/N**		**Source**	**Commentary**
	ND	**NKA**		
General Practices	**-**	**-**	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
UCC/WiC	**-**	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	**-**	**-**	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed

Hospital Outpatient	**Y***	**N**	SLAM Outpatient Data 2016/17 & 2017/16	Sustained reduction in Outpatient Obstetric Follow-up Appointments June to August 2017. This finding is not made in the NKA or QP during the same period. By contrast there is no difference in rates of First outpatient attendances from Notting Dale, the NKA or QP during the same period

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park. *Statistically significant

2.1.2.7. Utilisation of physical health services – Assault

Table 2.8 summarises the findings of analyses of the use of physical health services for the treatment of assault, including sexual assault and domestic violence. From Table 2.8 the following key findings are made:

- Due to the sensitivity of these diagnoses, activity is, in general, likely to be under recorded
- Due to only a small number of records being coded with a diagnosis of assault, sexual assault or violence, it has not been possible to undertake comparative analysis of variation in activity rates at physical care settings
- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances at these setting of care

Table 2.8 Summary findings from trend analysis of monthly utilisation of physical health services for assault

Setting	Impact indicated Y/N		Source	Commentary
	ND	**NKA**		
General Practices	**-**	**-**	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
UCC/WiC	**-**	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
A&E	**-**	**-**	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed
Hospital Outpatient	-	-	SLAM Outpatient Data 2016/17 & 2017/16	There are no specific outpatient clinics for this diagnosis group

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

2.1.2.8. Utilisation of physical health services – Unexplained medical symptoms

Table 2.9 summarises the findings of analyses of the use of physical health services for unexplained medical symptoms. From Table 2.9 the following key findings are made:

- Due to only a small number of records being coded with a diagnosis of unexplained medical symptoms, it has not been possible to undertake comparative analysis of variation in activity rates at physical care settings
- Due an absence of primary diagnosis codes to enable identification of admissions and outpatient appointments for unexplained medical symptoms, comparative analysis of variation in rates of could not be performed
- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances for unexplained medical symptoms at these setting of care

Table 2.9 Summary findings from trend analysis of monthly utilisation of physical health services for unexplained medical symptoms

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
General Practices	-	-	Systm One activity 2016/17 & 2017/18	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
UCC/WiC	-	-	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from NDward comparative analysis could not be performed
A&E	-	-	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	A diagnosis code to describe the category of admissions was not identified
Hospital Outpatient	-	-	SLAM Outpatient Data 2016/17 & 2017/16	A Treatment Function Code to describe the category of admissions was not identified

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park,

2.2. Mental health impacts

2.2.1. Increased use of services for mental health conditions

2.2.1.1. Utilisation of mental health services – Any diagnosis

Table 2.10 summarises the finding of analyses of the use of mental health and physical health services for any mental health diagnosis. From Table 2.10 the following key findings are made:

- There is an indication of increased GP activity from Notting Dale ward, for mental health diagnoses, at the time of and following the fire
- There is no indication of increased prescribing of antidepressant medications from the Notting Dale located practices or practices located proximate to Grenfell
- There is indication of an increase in the prescribing of medications used to assist with sleep disorders from Notting Dale located practices in June 2017. This finding is not replicated for practices located proximate to the Grenfell Tower
- Analysis of GP referrals to mental health services shows from May to October 2017 are above 2016 rates:
    - From practices located in Notting Dale ward there are substantial and statistically significant increases in referrals in June and July 2017
    - From practices proximate to Grenfell between August and October 2017 there is a statistically significant increase in referrals compared to the same period in 2016
    - There have been year-on-year increases in referrals from practices located in the wider North Kensington but none of these were found to be statistically significant
- Due to an absence of detailed coding it has not been possible to analyse variation in GP referrals to mental health services by type of service referred to, for example, acute provider, community provider, IAPT or crisis.
- Due to small numbers of coded cases, it has not been possible to analyse variation in attendances and admissions to physical health services (UCC/WiC, A&E and emergency hospital admissions) for mental health diagnoses
- The paucity of diagnosis coding in A&E and UCC/WiC data has likely lead to the under detection of attendances for cerebrovascular events at these setting of care

Table 2.10 Summary findings from trend analysis of monthly utilisation of mental health and physical health services for any mental health diagnosis

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
GP-Activity (All Mental health)	**N**	**N**	Systm One 2016/17 & 2017/18	Analyses of GP activity shows in general rates of Mental health activity July to December in ND 2017/18 compared to 2016/17 (although not significantly different), while rates in the wider NKA and QP remained similar. In ND rates peak in July and October - This finding is replicated in QP but not the wider NKA.
GP-Activity (PTSD)	**Y***	**N**	Systm One 2016/17 & 2017/18	For ND, 2016/17 monthly numbers were too small to enable comparative trend analysis, however as 2017/18 numbers were sufficiently elevated from July 2018 to warrant reporting. Comparison of PTSD rates between years revealed rates for ND were significantly higher in 2017/18 compared to 2016/17, while for the wider NKA and QP rates were statistically similar
GP-Activity (Depression)	**N**	**N**	Systm One 2016/17 & 2017/18	Activity peaks noted in July and October 2017 for ND, replicated in QP but not seen in the wider NKA.
GP-Activity (Anxiety)	**N**	**N**	Systm One 2016/17 & 2017/18	Activity peaks noted in July and October 2017 for ND, replicated in QP but not seen in the wider NKA.
GP prescribing (Anti-depressants)	**N**	**N**	EPacT prescribing data 2016/17 & 2017/18	Analysis of GP prescribing rates of antidepressants (items prescribed per 1,000 practice population) showed no increase in prescribing rates from ND located practices or practices proximate to the Grenfell Tower or wider NKA.
GP prescribing (Sleep medication)	**N**	**N**	EPacT prescribing data 2016/17 & 2017/18	Analyses of item prescribing rates (items prescribed per 1,000 practice population) showed defined peak in prescribing of hypnotics in June 2017 from ND located practices. This may be suggestive of an impact as this finding is not replicated for the proximate practices or those furthest from the Grenfell Tower
GP referrals to Mental Health services	**Y***	**Y***	Systm One 2016/17 & 2017/18 GP referrals	Analysis of GP referrals to Mental Health services from May to October 2017 referrals to mental health services are above 2016 rate in all comparator areas, however clear peaks in June and July 2017 from practices located in ND ward. Increases in referrals from August to October 2017 are also noted from practices proximate to Grenfell, but not from practices located in the wider NKA.
UCC/WiC	**-**	**-**	SLAM UCC & WiC Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed

A&E	**-**	**-**	SLAM A&E Data 2016/17 & 2017/16	Due to small numbers of attendances coded to this diagnosis group from ND ward comparative analysis could not be performed
Emergency hospital care	-	-	SLAM Admissions Data 2016/17 & 2017/16	Due to small numbers of non-elective admissions coded to this diagnosis group per month from ND ward, comparative analysis could not be performed

Source: A&E – Accident and Emergency, UCC- Urgent Care Centre, WiC – Walk in Centre, N- No, Y – Yes, - (no data or insufficient data to perform analysis) ND –Notting Dale, NKA – North Kensington Area, QP – Queen's Park, , 'Other Mental Health services' – Use of ambiguous or generic Read Code for Mental Health referrals, * Statistically significant

2.3. Societal health impacts

In this section the impact of the fire on key societal health indicators relevant to adults is examined.

2.3.1. Utilisation of social support

2.3.1.1. Referrals to social care

This section analyses referrals to Adult Social Care (ASC) from Notting Dale ward and the wider North Kensington Area.

Table 2.11 shows the number of individuals and referrals to ASC in financial years 2016/17 and 2017/18. This analysis uses data for months April to January due to data for February and March 2018 no being complete at the time of analysis.

Table 2.11 Number of service users and referrals per year by area

Comparator		2016/17 (Apr-Jan)	2017/18 (Apr-Jan)
Notting Dale	Service Users	145	181
	Referrals	157	192
	Ratio	*1.08*	*1.06*
Wider North Kensington Area	Service Users	457	455
	Referrals	482	474
	Ratio	*1.05*	*1.04*

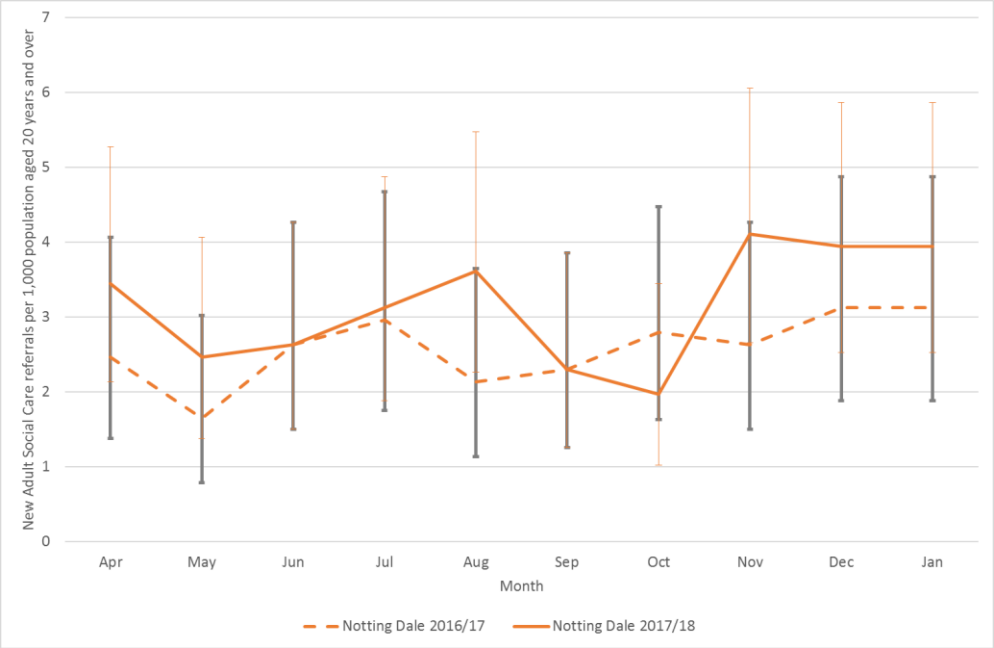
Source: Three boroughs Business Analysis Team

Charts 2.1 and 2.2 compare the numbers of referrals to Adult Social Care from Notting Dale and the wider North Kensington Area respectively. The data presented show the rate of referrals per 1,000 population (all reasons for referral). The number of referrals is greater than the number of individuals as residents can be referred more than once.

The charts show that referral rates from Notting Dale and the wider North Kensington Areas are generally higher in 2017/18 than in 2016/17. An increase in referrals between June 2017 and August 2018 from Notting Dale is noted and

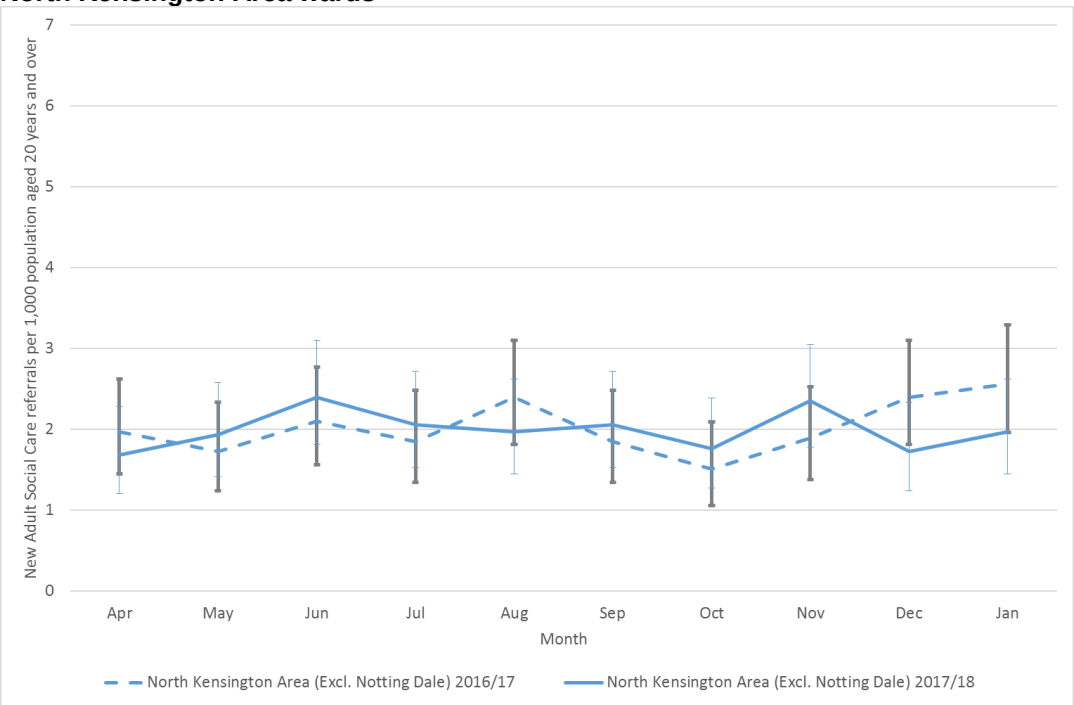
not seen in the wider North Kensington Area, however for both areas monthly rates of referral in 2017/18 are not statistically significantly different from the same period in 2016/17.

Chart 2.1 Year-on-year comparison of number of referrals 2016/17 and 2017/18: Notting Dale ward



Source: Three boroughs Business Analysis Team

Chart 2.2 Year-on-year comparison of number of referrals 2016/17 and 2017/18: Wider North Kensington Area wards



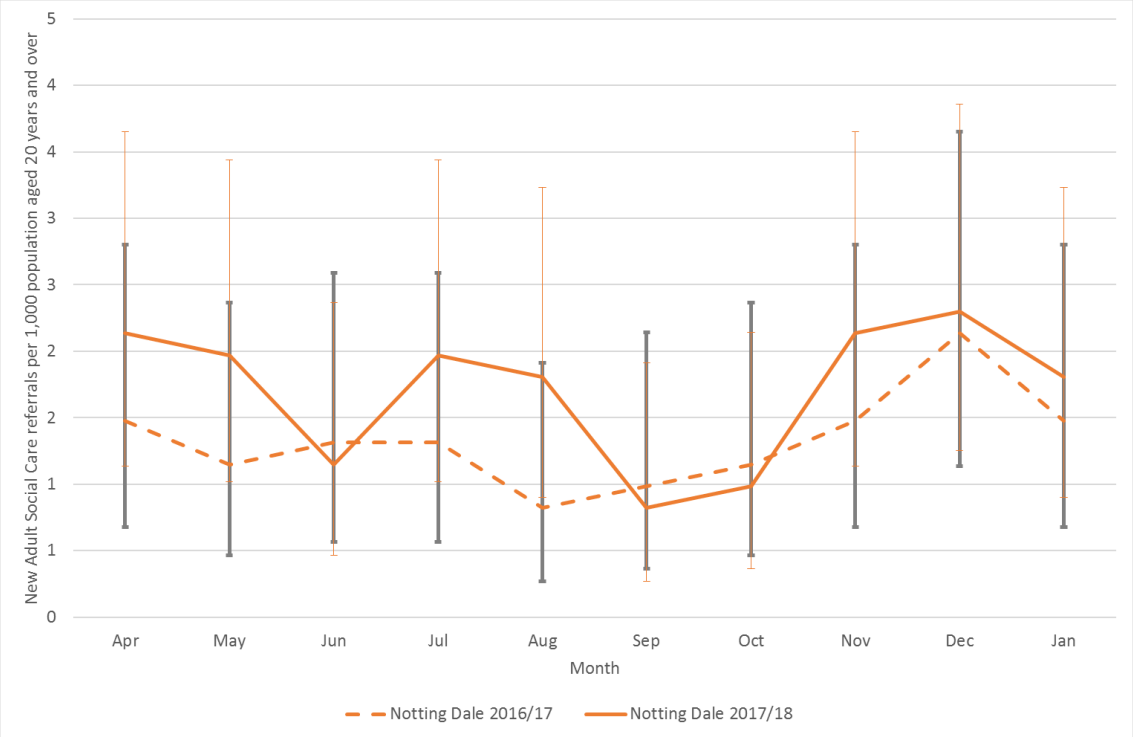
Source: Three boroughs Business Analysis Team

2.3.1.2. *Physical health support*

Charts 2.3 and 2.4 compare monthly rates of referral for physical health support. These charts show a similar trend to total referrals, with referral rates from Notting Dale ward in 2017/18 generally above 2016/17 levels, and elevated rates June to August 2017 compared to the same period in 2016/17.

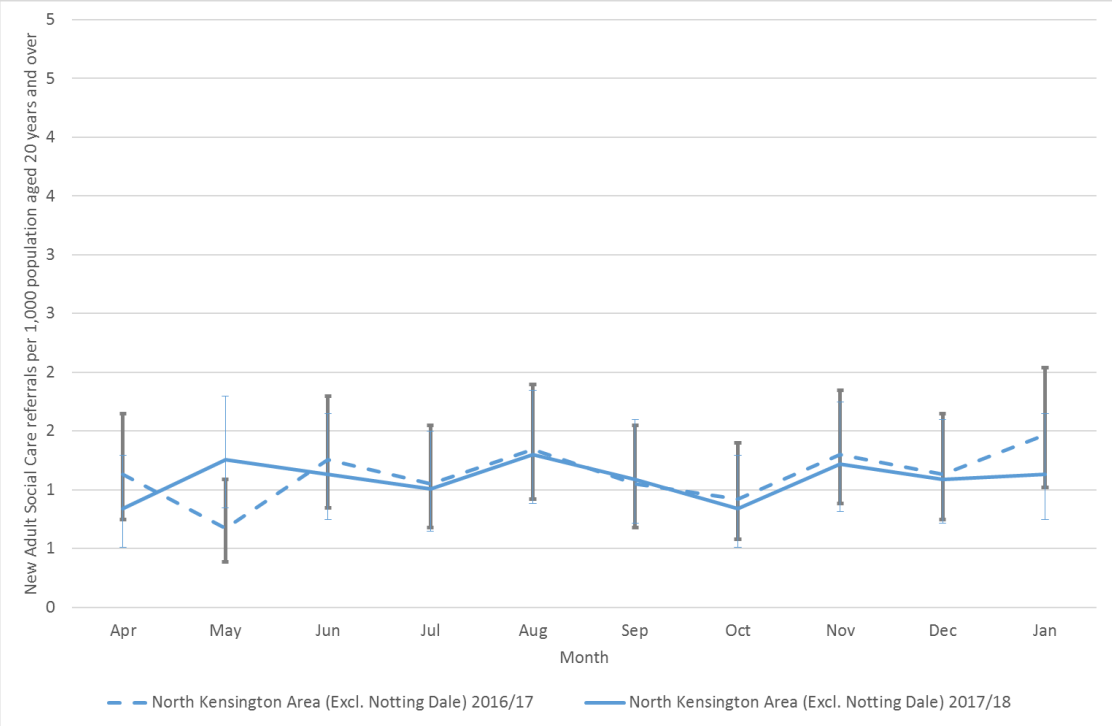
By contrast rates of referral for Physical health support from the wider North Kensington Area in 2017/18 are closer to 2016/17 rates than total referrals (Chart 2.2). For both areas monthly rates of referral in 2017/18 are not statistically significantly different from 2016/17 rates.

Chart 2.3 Year-on-year comparison of referrals to Adult Social Care for Physical Health Support 2016/17 vs. 2017/18. Notting Dale



Source: Three boroughs Business Analysis Team

Chart 2.4 Year-on-year comparison of referrals to Adult Social Care for Physical Health Support 2016/17 vs. 2017/18. North Kensington Area



Source: Three boroughs Business Analysis Team

2.3.1.3. Mental health support

The monthly number of referrals for mental health support from Notting Dale ward were too small to enable robust year-on-year comparison

2.3.1.4. Other types of support

The number of referrals for Learning Disability, Sensory, Social and Memory and Cognition support were too small to enable robust year-on-year comparison.

2.3.2. Employment

2.3.2.1. Unemployment - People of working-age claiming benefits

The unemployment data presented here is taken from NOMIS. Analysed are the rates of Job Seekers Allowance (JSA) claimants and rates of Employment Support Allowance (ESA) claimants. ESA data is further analysed by length of claim, i.e. under 6 months and by reason, e.g. physical or mental health condition.

To note, these data are only available by the pre-2014 configuration of ward boundaries, therefore the following approximations have been made:

- Notting Dale – approximated by data for Notting Barns

- Wider North Kensington Area – approximated by aggregated data from Golbourne, St. Charles, Colville, Norland and Pembridge wards.

Table 2.12 summarises the findings of trend analysis of claimant rates by quarter for JSA and ESA.

Table 2.12 Summary findings from trend analysis of quarterly JSA and ESA claimant rates

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
Job Seekers Allowance (JSA)	**N**	**N**	NOMIS 2016/17 and 2017/18	In all comparator areas rates of JSA in 2017/18 are lower than 2016/17 rates. Rates in each area also decline May to November
Employment Support Allowance (ESA) – All reasons	**N**	**N**	NOMIS 2016/17 and 2017/18	2017/18 rates in ND are above 2016/17 rates, while rates in the wider NKA and QP are similar in 2017/18 to 2016/17 levels.
Employment Support Allowance (ESA) – Under 6 months	**N**	**N**	NOMIS 2016/17 and 2017/18	2017/18 rates in ND and the wider NKA are above, 2016/17 rates. There is also an increase in rates May to November 2017. By contrast rates of ESA claimants from QP in 2017/18 are below 2016/17 levels and are declining
Employment Support Allowance (ESA) – Physical Health conditions	**-**	**-**	NOMIS 2016/17 and 2017/18	Rates of ESA claimants for relevant physical health conditions - 'respiratory or circulatory' and 'injury, poisoning' –for ND are constant in all periods of 2017/18 suggesting the data may be suppressed to a minimum level. It is therefore not possible to undertake robust comparative analysis.
Employment Support Allowance (ESA) – Mental Health	**N**	**N**	NOMIS 2016/17 and 2017/18	Rates of ESA claimants for mental health conditions from ND in 2017/18 are above, but not significantly different to 2016/17 rates. An increase is also noted May to November. However both findings for ND are consistent with findings for QP. Rates from the wider NKA are similar in both years.

2.3.3. Crime

2.3.3.1. Incidents

Ward level crime data from the Metropolitan Police Service (MPS) are available from the London Datastore. The dataset provides a monthly breakdown of crimes in previous 24-month period - 1 January 2015 to 30 November 2017 at the time this report was written. Crimes are broken down into Major and Minor Categories. These are detailed in Table 2.13 below.

Table 2.14 summarises the results of analysis of the MPS data. Supporting charts can be found in Appendix 4.3

Table 2.13 Classification of crime, Major and Minor categorisations

Major Category	Minor Category
Burglary	Burglary - Business and Community
	Burglary – Residential
	Burglary In A Dwelling
	Burglary In Other Buildings
Criminal Damage	Criminal Damage To Dwelling
	Criminal Damage To Motor Vehicle
	Criminal Damage To Other Building
	Other Criminal Damage
Drugs	Drug Trafficking
	Other Drugs
	Possession Of Drugs
Fraud & Forgery	Other Fraud & Forgery
Other Notifiable Offences	Going Equipped
	Other Notifiable
Robbery	Business Property
	Personal Property
Sexual Offences	Other Sexual
	Rape
Theft & Handling	Handling Stolen Goods
	Motor Vehicle Interference & Tampering
	Other Theft
	Theft From Motor Vehicle
	Theft From Shops
	Theft Person
	Theft/Taking Of Motor Vehicle
	Theft/Taking Of Pedal Cycle
Violence Against The Person	Assault With Injury
	Common Assault
	Harassment
	Murder
	Offensive Weapon
	Other Violence
	Wounding/GBH

Table 2.14 Summary findings from trend analysis of monthly recorded crimes by type

Setting	Impact indicated Y/N		Source	Commentary
	ND	NKA		
All crimes	**N**	**N**	MPS Jan 2016-Nov 2017	No evidence of an increase in reported incidents of crimes (all types) at the time of the fire or in the months following.

Theft and Handling	**N**	**N**	MPS Jan 2016-Nov 2017	No evidence of an increase in reported incidents of crimes (all types) at the time of the fire or in the months following.
Violence against the person	**N**	**N**	MPS Jan 2016-Nov 2017	No evidence of an increase in reported incidents of crimes (all types) at the time of the fire or in the months following.
Burglary, Criminal Damage, drugs, Fraud and forgery, Robbery, Sexual offences	**-**	**-**	MPS Jan 2016-Nov 2017	Due to small numbers incidents per month recorded in Notting Dale ward comparative analysis could not be performed

Source: MPS Ward Level Crime, London Datastore (Accessed 19/03/2018)

2.3.4. Poverty

2.3.4.1. Change in Index of Multiple Deprivation

The Index of Multiple Deprivation (IMD) is the official measure of deprivation in England. The IMD is a weighted score based on information captured across seven domains (income, employment, education, health and disability, crime, barriers to housing and services and living environment). The score is calculated at Lower Layer Super Output Level (LLSOA) and presented in quintiles: Quintile 1 are LLSOAs within the 20% most deprived LLSOAs in England, through to Quintile 5, LLSOAs within the 20% least deprived LLSOAs in England.

Published every two years this measure will not immediately be able to show the impact of the Grenfell fire on levels of deprivation in the North Kensington Area.

For information, Table 2.15 shows the estimated number of people estimated to live within each quintile of deprivation by ward.

Table 2.15 Estimated North Kensington Area population by ward and deprivation quintile and percentage of ward population

	Most Deprived				**Least deprived**	**Total population**
Ward	**1**	**2**	**3**	**4**	**5**	
Notting Dale	8679 (100%)					8679
Colville	6583 (70.5%)	1397 (15.0%)	1362 (14.6%)			9342
Dalgarno	5939 (81.8%)	1321 (18.2%)				7260
Golborne	8675 (100%)					8675
St. Helen's		5370				5370

Source: Office for National Statistics (ONS) mid-2016 Lower Level Super Output Area (LLSOA) population estimates for LLSOA. Index of Multiple Deprivation (2015)

2.3.5. Community Wellbeing

2.3.5.1. Well-being composite measures

The Greater London Authority (GLA) have previously published a ward well-being scores, however scores have not been calculated since 2013 and therefore cannot be utilised for this impact analysis.

2.3.5.2. Life satisfaction

The Office for National Statistics produce estimates of Happiness, Life Satisfaction and Anxiety in the population, however, as these estimates are based on survey data they cannot support this impact analysis.

2.3.6. Community resilience

2.3.6.1. Volunteering rates

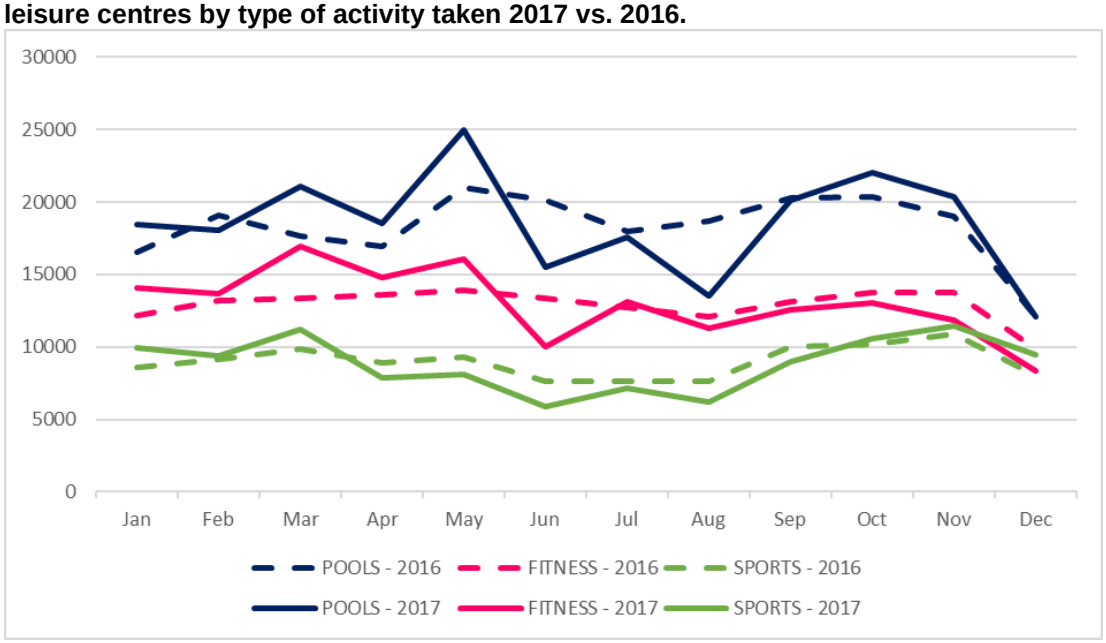
I was not possible to obtain data on rates of volunteering in Kensington and Chelsea prior to or post- the Grenfell Tower fire.

2.3.6.2. Change in use of leisure centres

This section looks at whether the Grenfell Tower fire has impacted the use of leisure centres. The data available provide numbers accessing Kensington and Chelsea based leisure centres, by month and by type of activity (See Chart 2.5). A further breakdown of this activity by age and ward of centre user is not available. It is therefore not possible to isolate the trends for the Notting Dale and the wider North Kensington Area wards from the overall trend for Kensington and Chelsea borough.

Chart 2.5 compares annual numbers accessing Kensington and Chelsea leisure centres by type of activity taken. This chart shows a reduction in user numbers in June 2017 across all types of activity, however whether this finding is related to the Grenfell tower fire is unclear.

Chart 2.5 Year-on-year comparison of numbers accessing Kensington and Chelsea leisure centres by type of activity taken 2017 vs. 2016.



Source: GLL

2.3.7. Homelessness

2.3.7.1. Households waiting to be housed

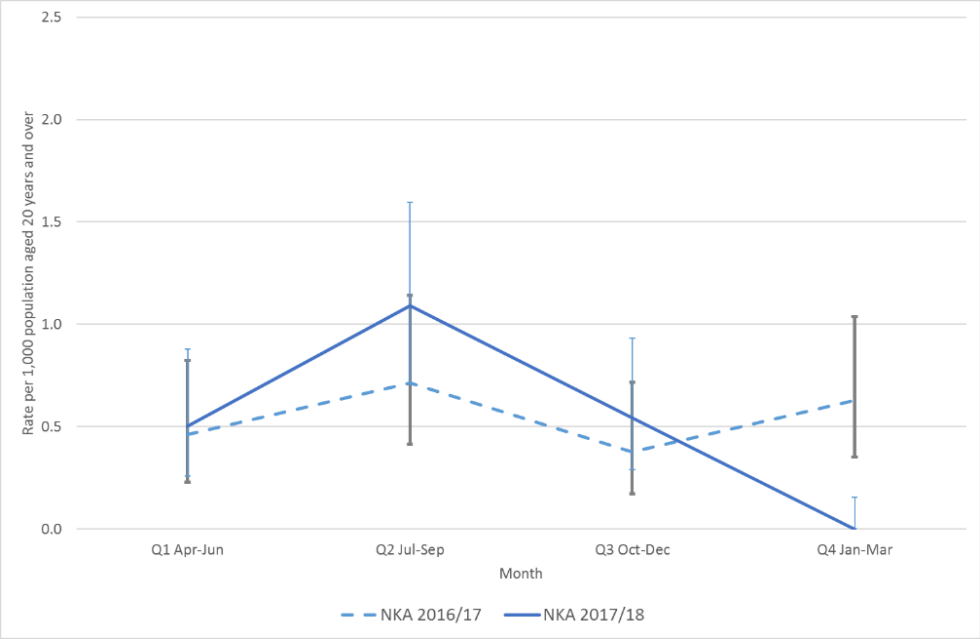
Monthly data on numbers waiting to receive housing were not available preventing robust analysis of the impact of the Grenfell Tower fire on numbers waiting to be housed.

2.3.7.2. Change in number of rough sleepers

This section presents analysis of the available local data on the number of rough sleepers. The data provide the number of individuals and the number of contacts made with services.

With the exception of Dalgano and Golbourne wards, quarterly numbers of individuals identified or contacted by ward were too small to analyse robustly. Therefore Charts 2.6 and 2.7 show only the year-on-year trend in the rate of rough sleeping individuals and contacts for the North Kensington Area, respectively. The data presented includes Notting Dale ward.

Chart 2.6 Trend in rate of Rough Sleepers individuals April 2016 to February 2018: North Kensington Area (Including Notting Dale ward)



Source: St Mungos

Chart 2.7 Trend in rate of Rough Sleeper contacts April 2016 to February 2018: North Kensington Area (Including Notting Dale ward)

Source: St Mungos

Charts 2.6 and 2.7 both show, a substantial increase in the number of individuals and contacts in Q2, July to September 2017. Review of the underlying data shows the increases are mainly in Dalgano and Golbourne wards. However, the providers of this data caveat that increases in the numbers of rough sleepers and of contacts may be due to increased outreach in the aftermath of the Grenfell fire.

2.3.8. Assets

2.3.8.1. Access to green spaces

Publically available data on access to green space estimates the proportion of households with access to green space by ward. Published on the London Datastore, the most recent ward level data on access to 'open spaces' relates to 2014. Table 2.16 shows the percentage of households within wards with access to types of green space: 'open space', 'local parks', 'district parks', 'metropolitan parks' or 'regional parks' for 2013 and 2014 for the North Kensington Area.

Open space is defined as: access to designated green/public open space as defined in the London Plan, excluding farmland.

Access is defined by distance: Open spaces accessible to the public – 400, Local, Small and Pocket parks: 400 m, District parks: 1.2k, Metropolitan Parks: 2.4km and Regional Parks: 5km.

Table 2.16 shows that a higher percentage of households in Notting Dale ward have access to 'open space' and 'local parks' compared to other North Kensington Area wards. In addition, around 1 in 7 households have access to district parks. This a lower percentage than Colville, but more an option not available in Dalgarno, Golbourne and St Helen's wards.

Table 2.16 Percentage of households in North Kensington wards with access to green space, 2014

Ward name	Open Space	Local Parks	District Parks	Metropolitan Parks	Regional Parks
Colville	79.2%	96.2%	29.4%	100.0%	0.0%
Dalgarno	89.5%	99.0%	0.0%	100.0%	0.0%
Golborne	66.6%	97.9%	0.0%	100.0%	0.0%
Notting Dale	93.6%	100.0%	15.7%	100.0%	0.0%
St Helen's	45.8%	98.2%	0.0%	100.0%	0.0%

Source: Greenspace Information for Greater London (GiGL 2013), Residential addresses and ward boundaries provided by Ordnance Survey (2014); Routing information provide by Ordnance Survey MasterMap Integrated Transport Network dataset (2013). Published by the Greater London Authority (2015)

2.3.8.2. Access to churches and community centres

No data sources for this measure were identified

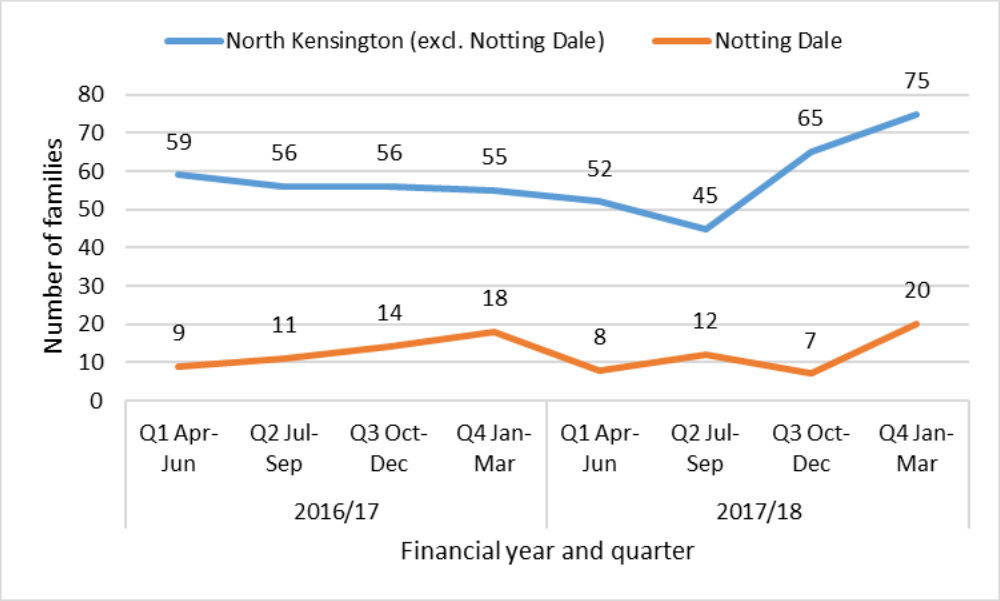
2.3.8.3. Access to children and family centres

This section examines the trend in children's centre engagement. The available data measure the number of families that are:

- engaged – have attended an activity at the centre three or four times
- strongly engaged – have attended an activity at the centre five or more times

Chart 2.8 shows the trend in families 'engaged' with North Kensington Children and Families' centres over the last two financial years for Notting Dale ward and North Kensington Area wards. The chart shows the trend in the number of families engaged with Children and Families' centres differ for Notting Dale ward compared to the wider North Kensington Area. Between Q4 2016/17 and Q1 2017/18, Notting Dale ward shows a substantial 56% reduction in the number of families engaged (18 to 8 families) compared to a 5% (3 family reduction) in the remainder of the North Kensington area. However in Q2 2017/18 numbers of families engaged with Children and Family Centres in Notting Dale increases in contrast to numbers in the wider North Kensington Area which continue to decline.

Chart 2.8 Trend in families 'engaged' with Children and Families Centres April 2016 to March 2018. Notting Dale Ward centre compared to centres in the wider North Kensington area.



Source: RBKC Early Years Team

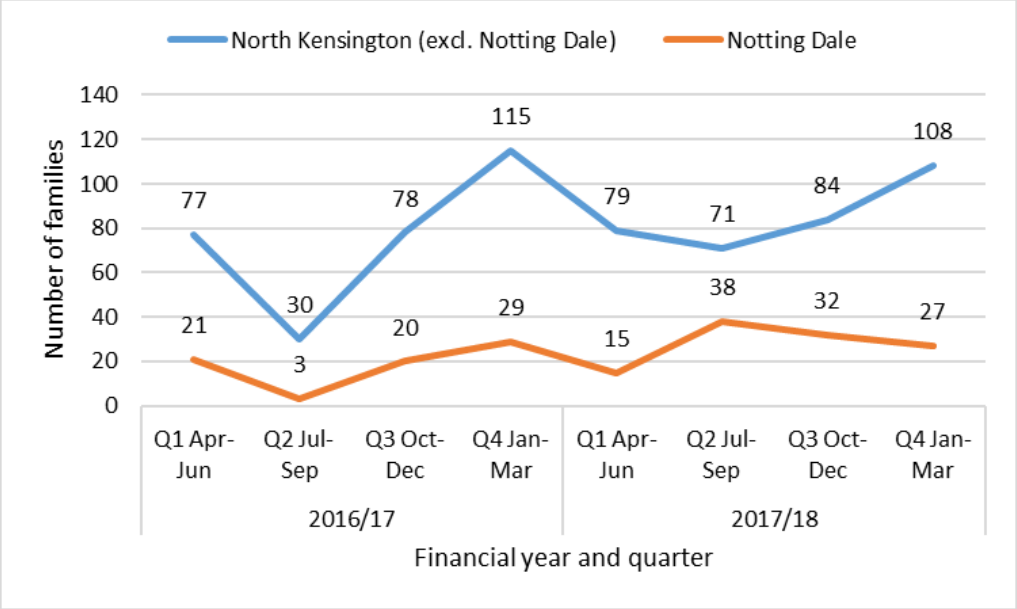
Chart 2.9 shows the trend in families ' strongly engaged' with North Kensington Children and Families' centres over the last two financial years for Notting Dale ward and North Kensington Wards (excluding Notting Dale ward).

This chart shows the trend in the number of families ‘strongly engaged’ with Children and Families' centres are similar for Notting Dale compared to the other

North Kensington wards between Q1 2016/17 and Q1 2017/18. In particular, both areas show a reduction in the number of 'strongly engaged' families between Q4 2016/17 and Q1 2017/18. The reduction is larger for Notting Dale (48%) ward – a reduction of 29 to 15 families, compared to a 31% reduction in the remainder of the North Kensington area (115 to 79 families).

From Q1 to Q2 2017/18 numbers of families 'strongly engaged' with Children and Family Centres in Notting Dale increase only to fall continuously from Q2 2017/18. By contrast numbers of families in the wider North Kensington area decrease Q1 to Q2 2017/18 but increase continually from this point.

Chart 2.9 Trend in families 'strongly engaging' with Children and Families Centres April 2016 to March 2018. Notting Dale Ward centre compared to centres in the wider North Kensington area.



Source: RBKC Early Years Team

2.3.8.4. Access to amenities

There is no data available to inform this section.

3. System

3.1. Workforce

This section looks at the impact on the workforce involved in the response to the Grenfell Tower fire. Due to the availability of data, this section refers only to the staff of Kensington and Chelsea council.

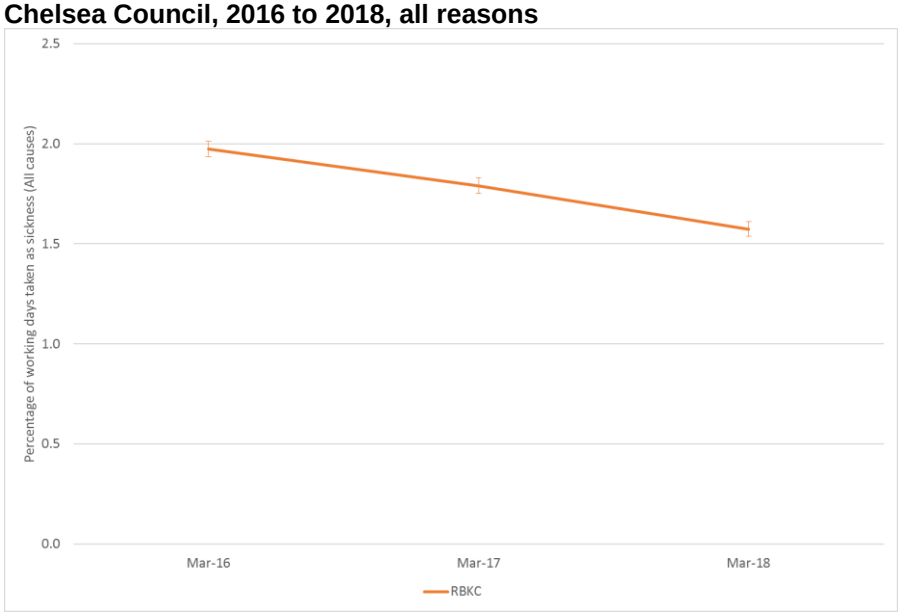
3.1.1. Sickness

The following charts show year-on-year trends in absences due to sickness 2016 to 2018, total and by condition. The data relate to days lost to sickness and are expressed as a percentage of maximum working days within each year. In this analysis it is assumed that within each year there are 250 working days.

Chart 3.1 shows the overall trend in sickness, while Charts 3.2 and 3.3 show the trends for musculoskeletal and mental health reasons respectively.

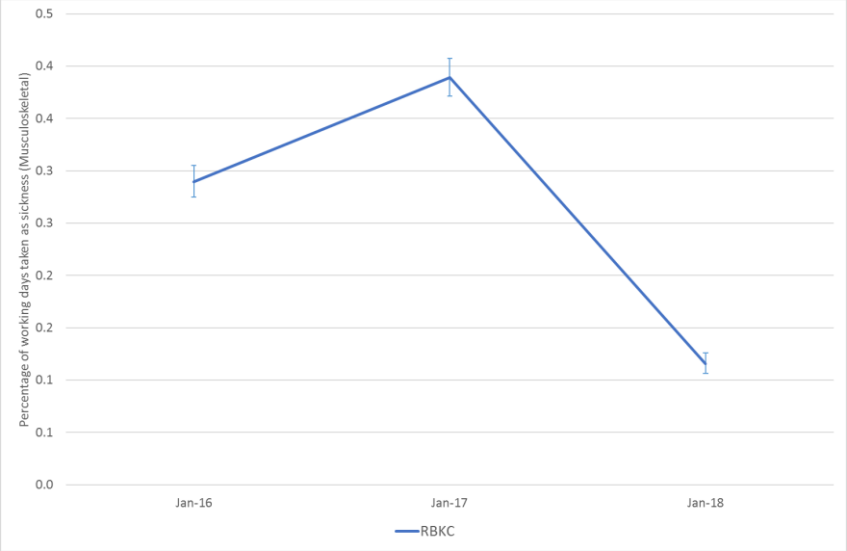
Chart 3.1 shows that overall rates of sickness have fallen year-on-year 2016 to 2018. Chart 3.2 shows rates of sickness due to musculoskeletal conditions increased in 2017 but fell again in 2018. Chart 3.3 shows that between 2017 and 2018 there was a statistically significant increase in sickness for mental health reasons. This may be related to the Grenfell Tower fire, however, as only annual data are annual data are available, it is not possible to rigorously test this association.

Chart 3.1 Percentage of potential working days lost to sickness, Kensington and Chelsea Council, 2016 to 2018, all reasons



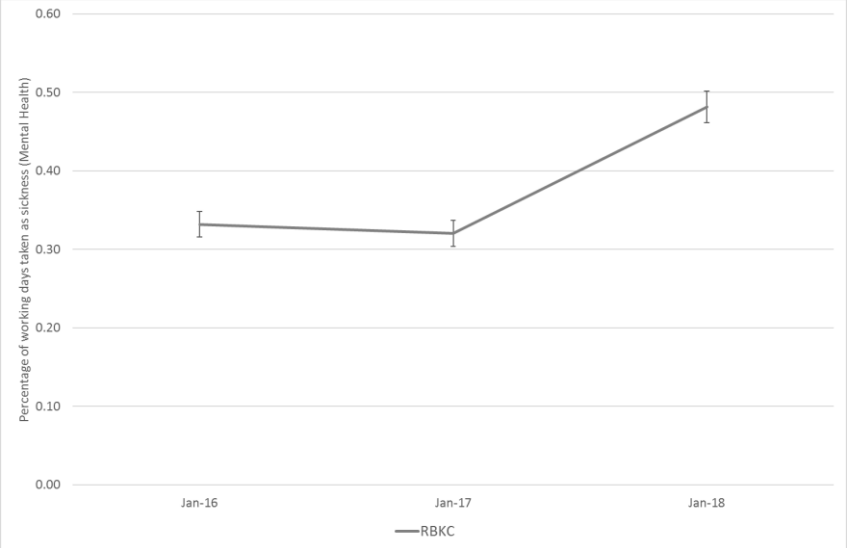
Source: RBKC HR

Chart 3.2 Percentage of potential working days lost to sickness, Kensington and Chelsea Council, 2016 to 2018, musculoskeletal conditions



Source: RBKC HR

Chart 3.3 Percentage of potential working days lost to sickness, Kensington and Chelsea Council, 2016 to 2018, mental health reasons

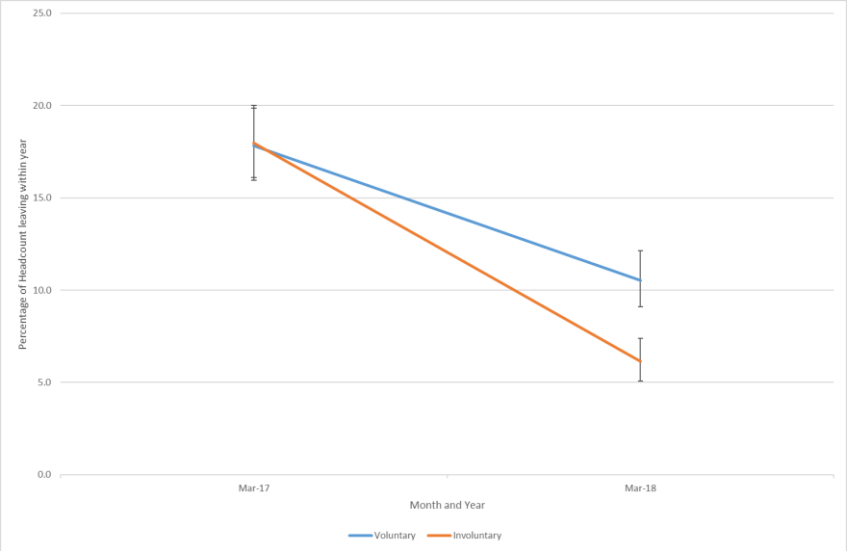


Source: RBKC HR

3.1.2. Turnover

Analysis of leavers data indicates that the percentage of staff leaving Kensington and Chelsea Council in 2018 (voluntarily or involuntarily) as a percentage of headcount is lower than in 2017 (Chart 3.4 below). However, as the data are not available monthly, it is not possible to ascertain if there were any changes to leaving rates at the time of or following the Grenfell Tower fire.

Chart 3.4 Percentage of potential headcount leaving Kensington and Chelsea Council, 2017 and 2018, voluntary and involuntary



Source: RBKC HR

4. APPENDIX 1

This appendix details the definition of comparator populations used in this analysis. Table 1.1 maps comparators to groups of analyses undertaken by domain and sub-domain, Table A1.2 details the GP practices used to proxy ward populations.

Table A1.1 Comparators used in analyses by domain and sub domain

Domain	Sub-domain(s)	Comparator populations
Physical and Mental health (Adults and Children)	Urgent Care and Walk in Centre attendances A&E attendances Emergency hospital activity Outpatient hospital activity	Residents of: • Notting Dale ward • Wider North Kensington Area wards (Colville, Dalgarno, Golbourne, St.Helen's) • Queen's Park, Westminster
Physical and Mental health (Adults and Children)	Primary care prescribing – respiratory medicine – anti-depressants medicine – medicines for sleep disorders	People registered with GP practices located • in Notting Dale ward • in close proximity to Grenfell • in the Wider North Kensington Area • in Queen's Park, Westminster (See table A1.2 for details)
Societal health	Employment	Residents of: • Notting Dale ward • Wider North Kensington Area wards (Colville, Dalgarno, Golbourne, St.Helen's) • Queen's Park, Westminster
	Social care referrals (Adults and Children)	Residents of: • Notting Dale ward • Wider North Kensington Area wards (Colville, Dalgarno, Golbourne, St.Helen's)
	Crime	Residents of: • Notting Dale ward • Wider North Kensington Area wards (Colville, Dalgarno, Golbourne, St.Helen's) Queen's Park, Westminster
System	Workforce Sickness and Absence	Staff of Kensington and Chelsea Council

Table A1.2 GP practice populations used to approximate ward populations

Grouping	Code	Practice Name	Code	Practice Name
North Kensington Practices - Proximate	E87003	North Kensington MC	E87733	The Exmoor Surgery
	E87024	The Golbourne MC	Y00200	The Portobello MC
	E87742	The Golbourne MC	Y00507	St.Quintin Health Centre
	E87065	The Notting Hill MC	Y01011	Barlby Surgery
	E87067	Colville Health Centre		
Notting Dale - Practices	E87050	The Beacon Practice		
	E87706	The Foreland MC		

Queen's Park practices - Comparator	E87021	Dr Garfield and Partners	E87755	Queens Park HC
	E87735	Queens Park HC	E87057	Queens Park HC
	E87751	Harrow Road		
Wider North Kensington Area Practices	E87026	Meanwhile Garden MC		
	E87007	Westbourne Grove MC		
	E87061	The Pembridge Villas Surgery		

MC – Medical Centre

5. APPENDIX 2

Table A2.1 Relevant GP activity codes (Read codes)

Presentation - Physical	Read Code(s) Description	Read Code(s)
Assault	Assault	X71BI
Assault/ Sexual	Assault	X71BI
Atrial fibrillation	Atrial fibrillation	G5730
Burns	Burn	XE1ni
Drowning	Drowning	SN413
Effect on pregnancy	Abortions/ premature births	(L0...) (L100.) (L100z) (L163.) (Lyu0B)(X40BD) (X40BE) (XaZBe) (XaZBf)(XE0ve) (XE0vi) (XE0xe)
Exposure to fire	Accident caused by fire and flames	TD…
Gastro	Gastrointestinal and digestive disorders	J…
Hypertension	Hypertension	XE0Ub
Intentional harm	Intentional self-harm	XE22c
Mental and Behavioural	Mental Health disorder	E…
Myocardial infarction	Myocardial infarction	X200E
Poisoning	Poisoning	XE1oH
Potential suicide	Suicide and self-inflicted injury	XE22H
Respiratory	Respiratory disorder	H…
Stroke	Transient ischaemic attack	XE0VK
Unexplained symptoms	Medically unexplained symptoms	Xaafw

Source: Systm One Read Codes v2

Table A2.2 Relevant A&E diagnoses coded

Presentation	A&E First Diagnosis Code
Burns	10
Poisoning	14
Respiratory symptoms	25
Gastrointestinal conditions	26
Obstetrics	28
Psychosocial problems	35
Social problems	37
Nothing abnormal detected	39

Source: HES data dictionary (2015). http://content.digital.nhs.uk/media/18619/HES-AE-Data-Dictionary/pdf/DD_AE_v2.pdf

Table A2.3 Relevant inpatient diagnoses codes (ICD 10 codes) as a Primary Spell diagnoses

Presentation	ICD 10 Codes
Assault	X85-X99, Y00-Y04, Y06-Y09
Assault/ Sexual	Y05
Atrial fibrillation	I48
Burns	T20 – T28
Drowning	W16, W65 – W70, W73, W74
Effect on pregnancy	O03, P00
Exposure to fire	X00 – X09
Gastro	A04, A08, A09
Hypertension	I10 – I13
Intentional harm	X60 –X84
Mental and Behavioural	F11 – F20, F25, F28 – F34, F38 – F45, F43, F48, F50, F51 – F55, F59 – F63, F66 –F68, F69, F80 – F84, F88, F89, F9 – F95, F98 – F99
Myocardial infarction	I21, I22, I46
Other specific threats to breathing	W83
Poisoning/ Potential suicide	Y10 – Y34
Respiratory	J06, J20 – J22, J43 – J47, J63, J67, J68, J70, J98, J99
Social problems	Z58 – Z60, Z63 – Z65, Z73
Stroke/ haemorrhage	I60 – I64

Source: International Classification of Disease 10th edition (ICD 10) codes

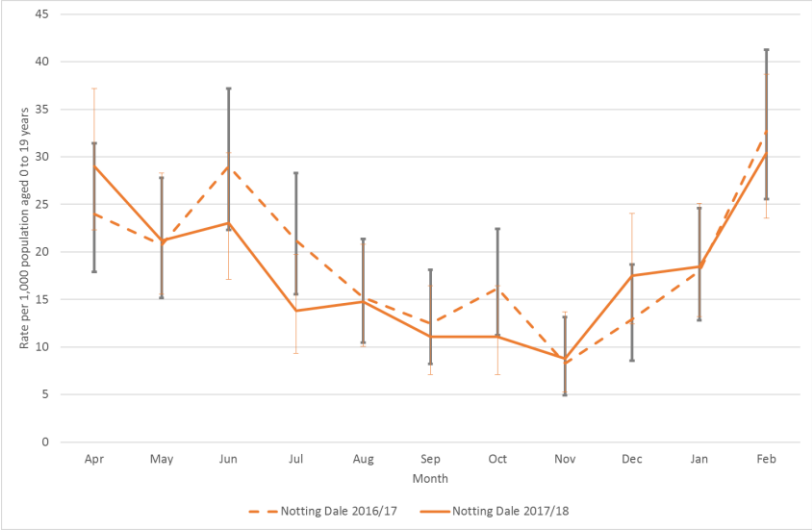
6. APPENDIX 3.1 – Physical Health supporting analyses (Children)

GP activity – All Mental and Physical Health

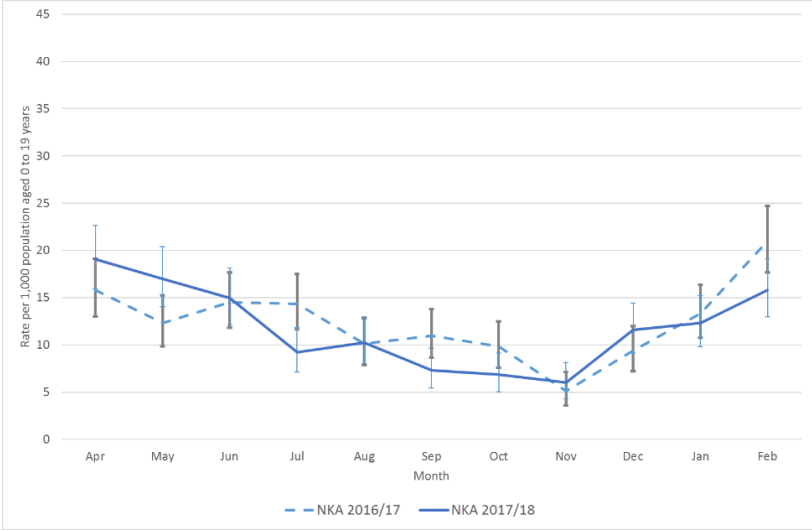
Notting Dale	North Kensington Area (Excl. Notting Dale)
Data not available	Data not available
Queen's park - Comparator	
Data not available	

GP activity – Respiratory conditions

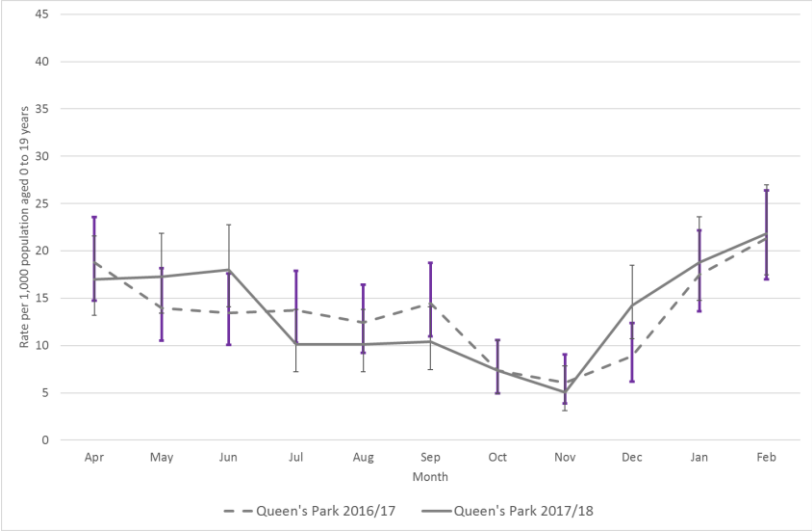
Notting Dale



North Kensington Area (Excl. Notting Dale)

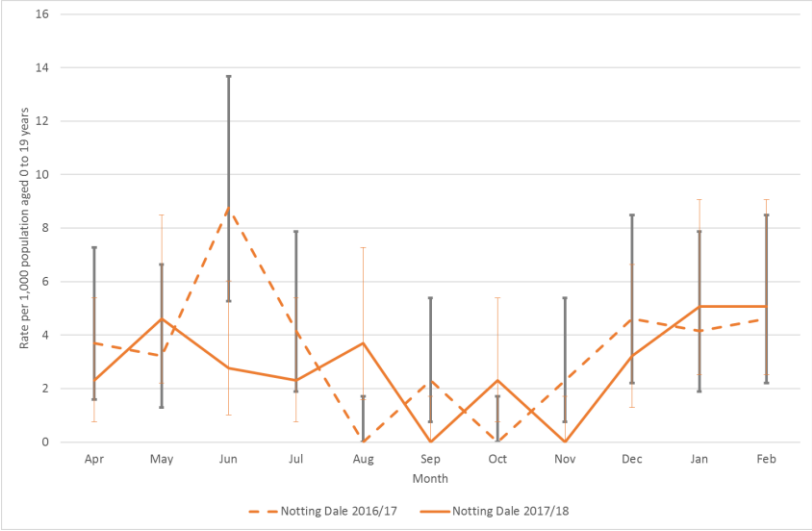


Queen's park - Comparator

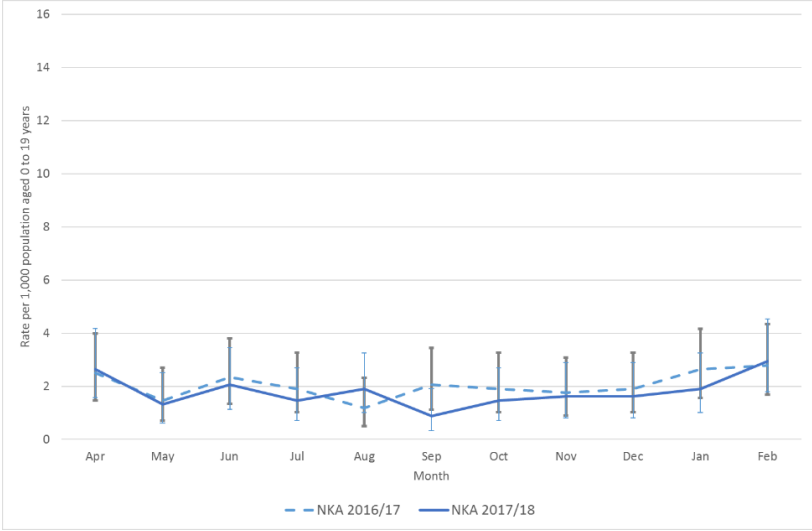


GP activity – Gastrointestinal conditions

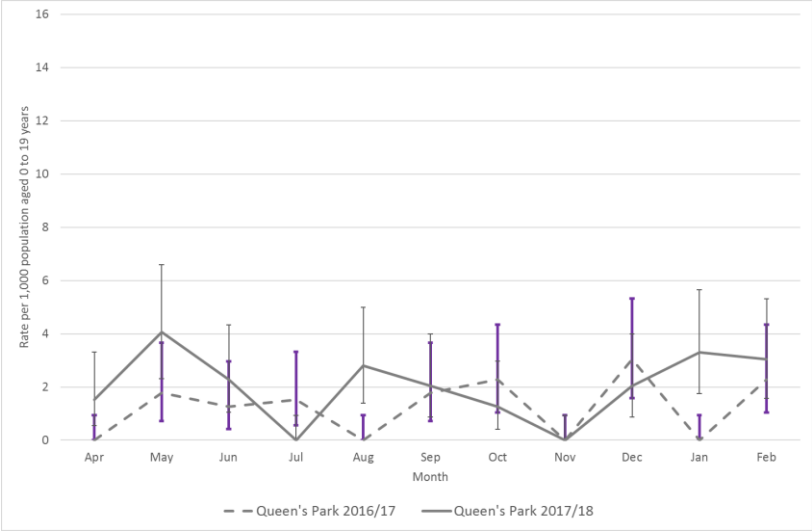
Notting Dale



North Kensington Area (Excl. Notting Dale)



Queen's park - Comparator



GP activity – Asthma

Notting Dale	**North Kensington Area (Excl. Notting Dale)**
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Burns

Notting Dale	North Kensington Area (Excl. Notting Dale)
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Assault (incl. Sexual assault)

Notting Dale	**North Kensington Area (Excl. Notting Dale)**
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Cardiac conditions

Notting Dale	**North Kensington Area (Excl. Notting Dale)**
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Cerebrovascular conditions

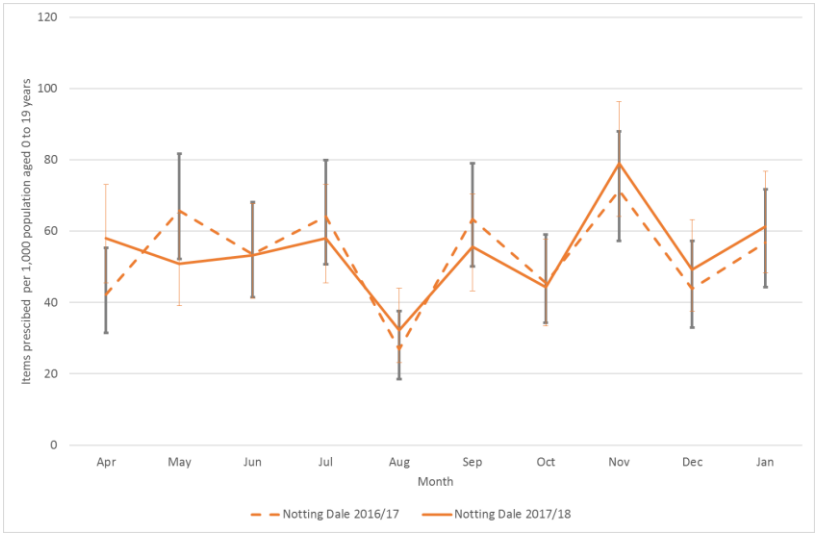
Notting Dale	**North Kensington Area (Excl. Notting Dale)**
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Unexplained medical symptoms

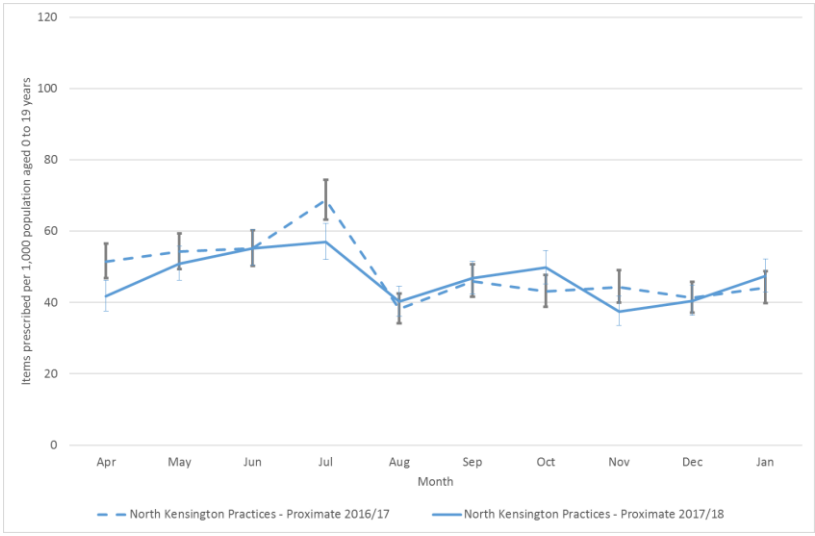
Notting Dale	**North Kensington Area (Excl. Notting Dale)**
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP prescribing items – Medications for respiratory conditions (All)

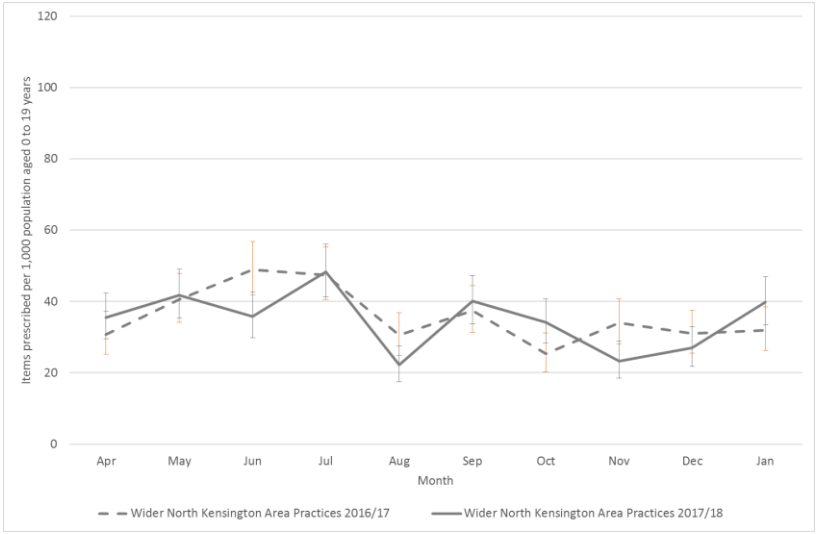
Notting Dale – Practices located in Notting Dale ward



North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward

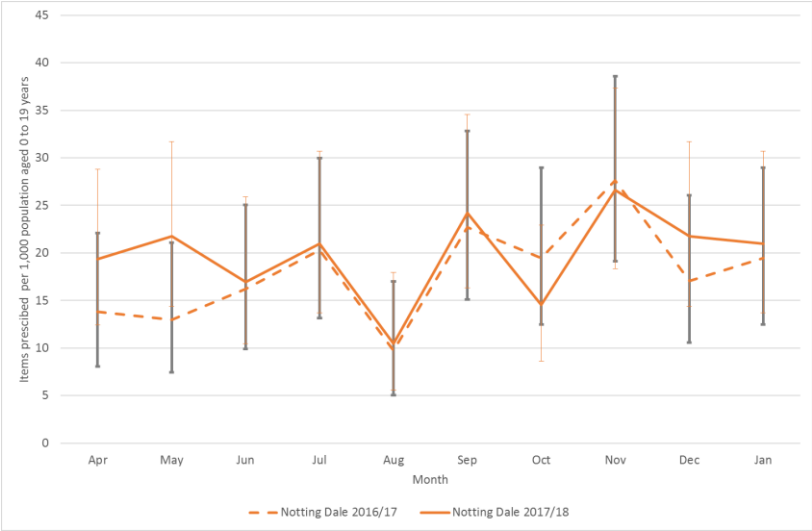


Wider North Kensington Area – Practices located furthest away from Grenfell

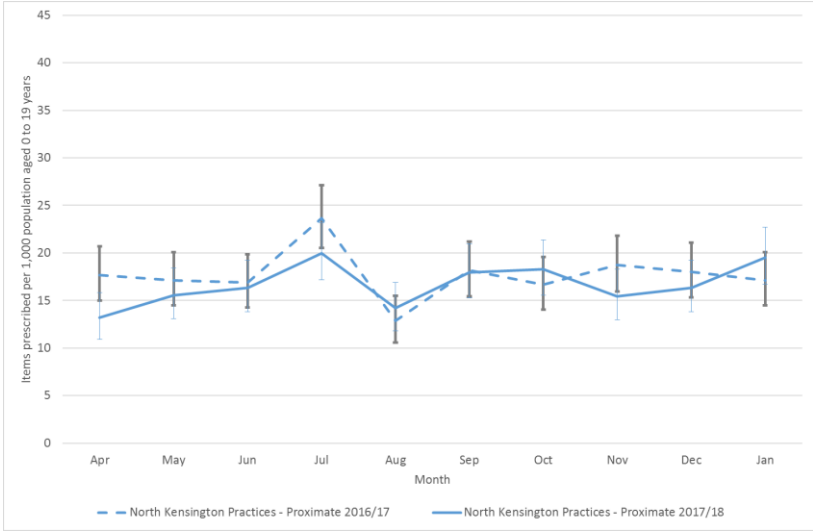


GP prescribing items – Medications for respiratory conditions (Bronchodilators)

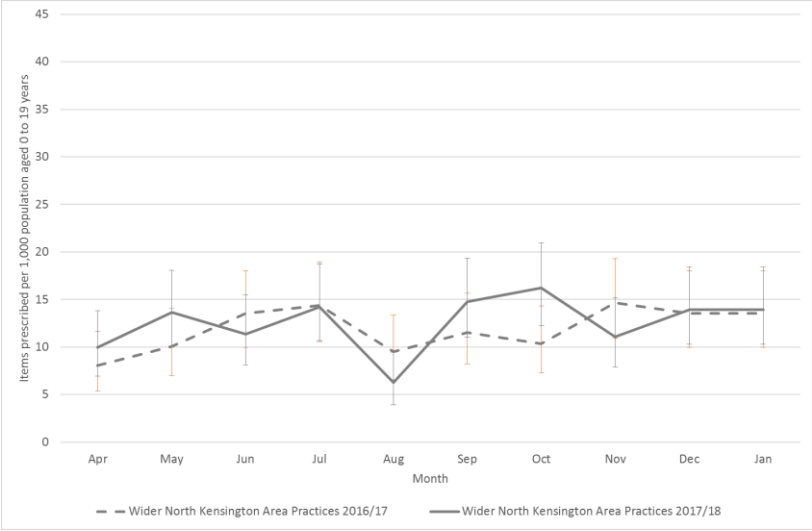
Notting Dale – Practices located in Notting Dale ward



North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward

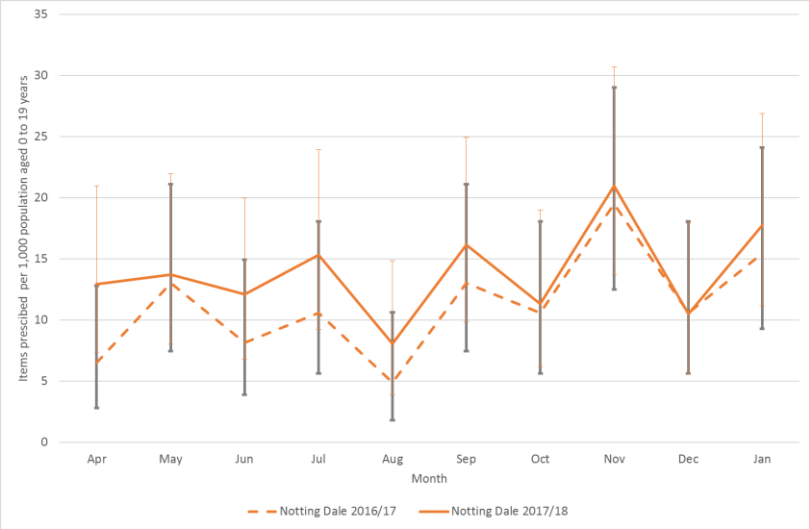


Wider North Kensington Area – Practices located furthest away from Grenfell

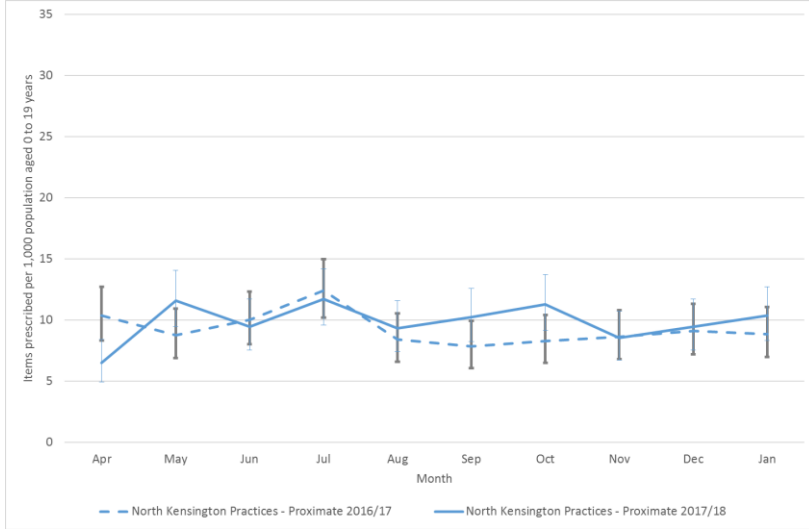


GP prescribing items – Medications for respiratory conditions (Corticosteroids – Respiratory)

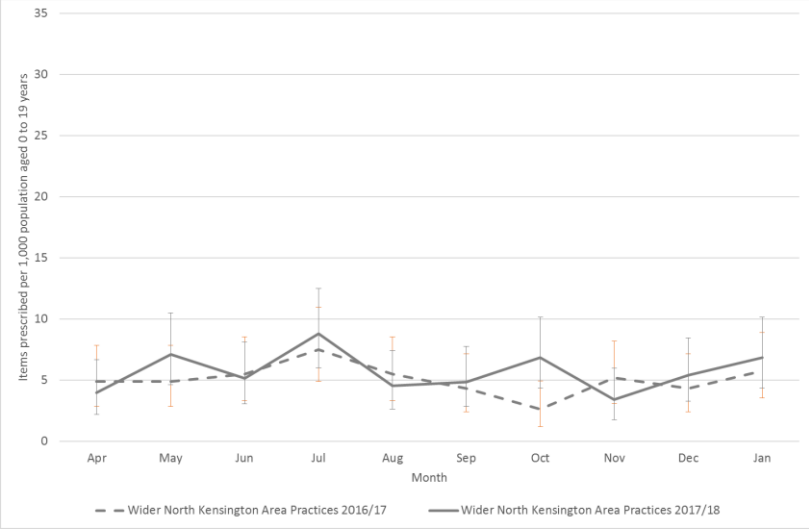
Notting Dale – Practices located in Notting Dale ward



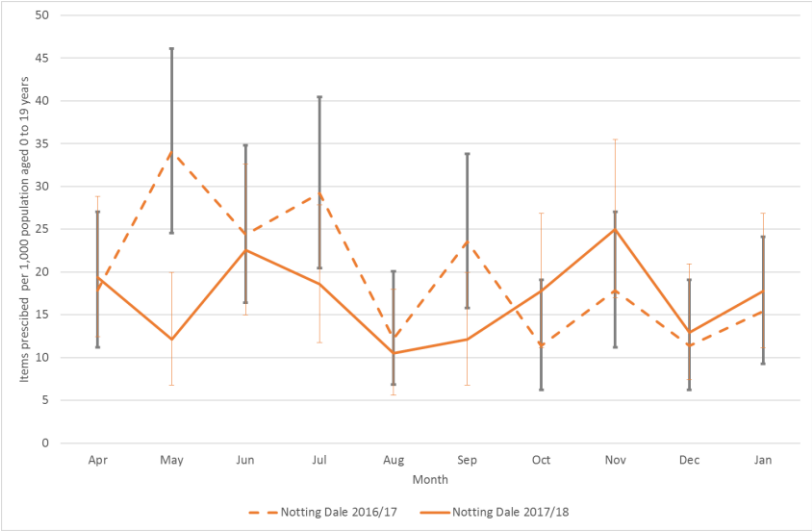
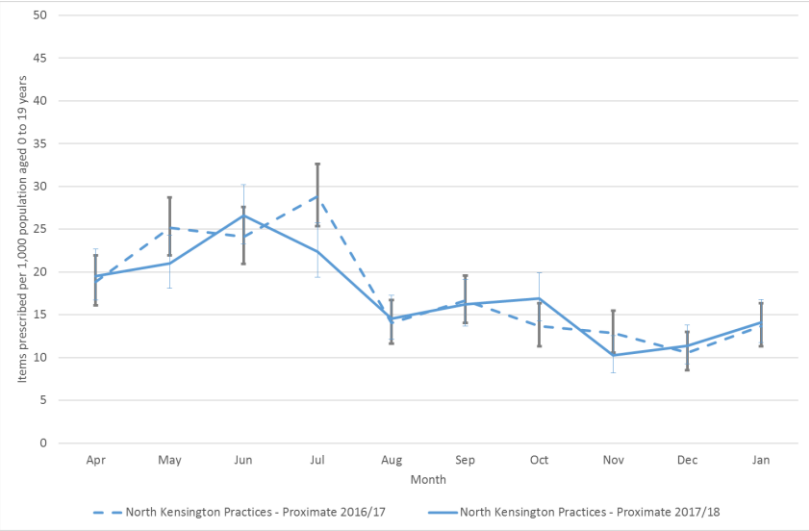
North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward

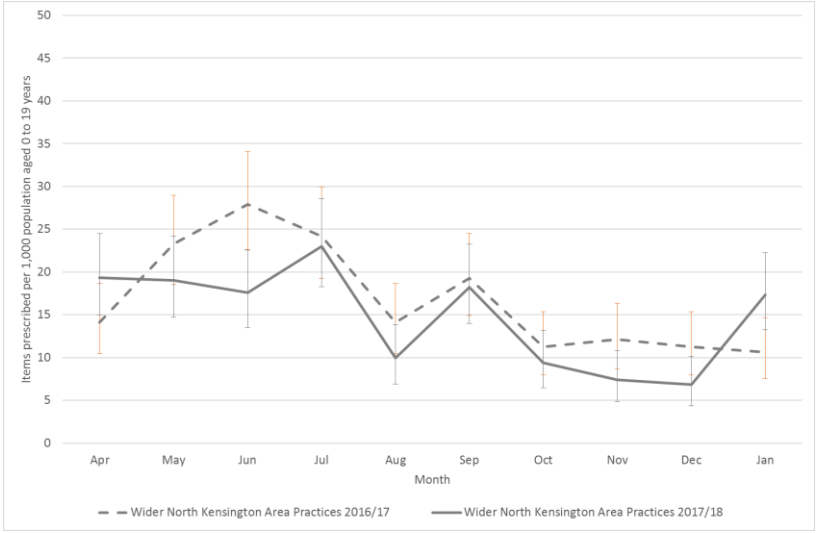


Wider North Kensington Area – Practices located furthest away from Grenfell



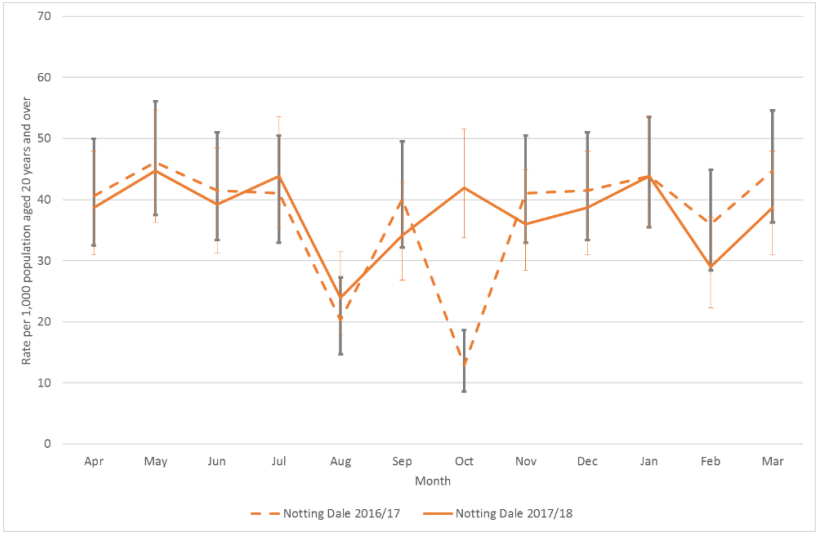
GP prescribing items – Medications for respiratory conditions (Antihistamines)

Notting Dale – Practices located in Notting Dale ward	North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward
	
Wider North Kensington Area – Practices located furthest away from Grenfell	

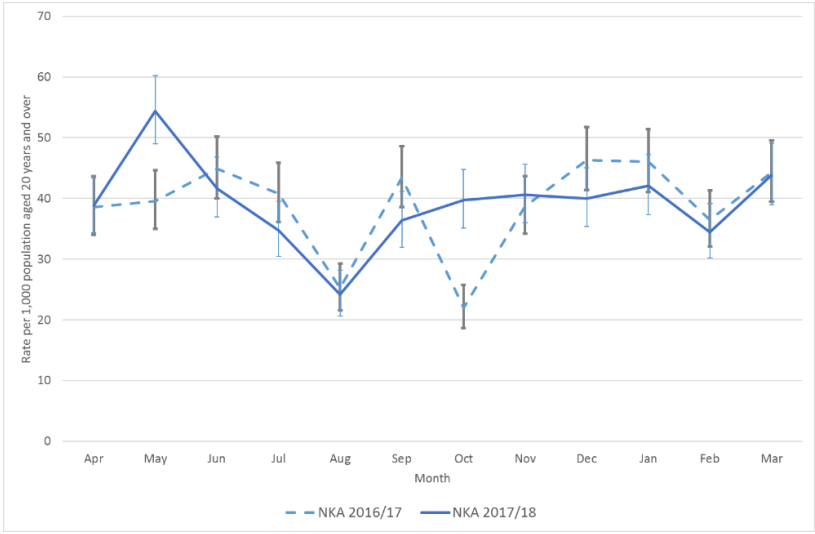


Urgent Care Centre/ Walk in Centre attendances – Any primary diagnosis

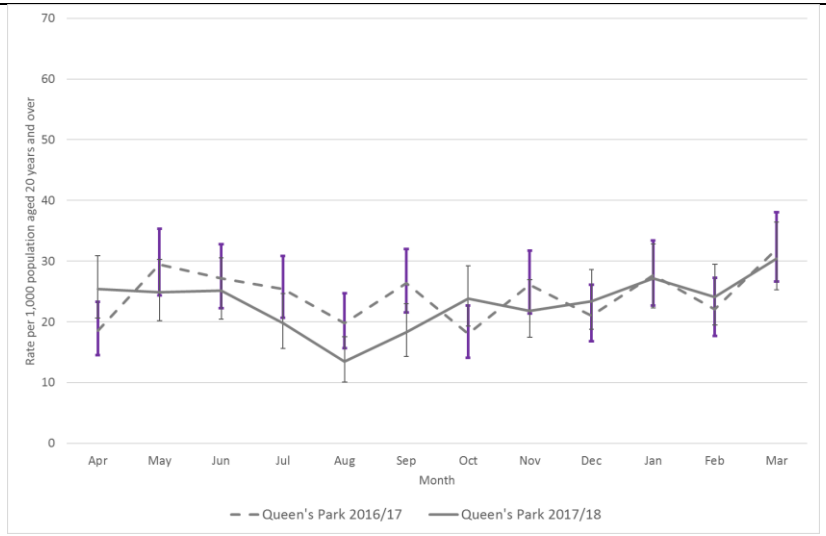
Notting Dale



Wider North Kensington Area



Queen's Park



Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Respiratory conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Gastrointestinal conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Cardiac conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Cerebrovascular conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	

Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Burns and Scalds)

Notting Dale	**Wider North Kensington Area**
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Psychiatric Conditions)

Notting Dale	**Wider North Kensington Area**
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Obstetrics)

Notting Dale	**Wider North Kensington Area**
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Nothing Abnormal Detected)

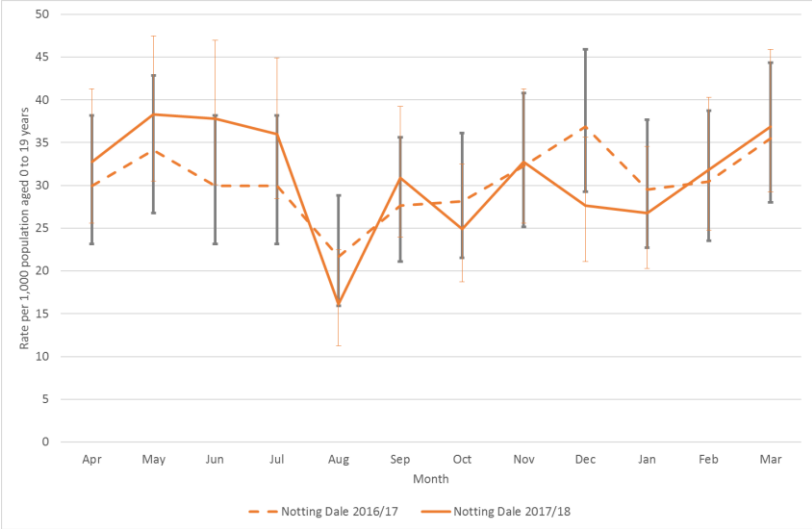
Notting Dale	**Wider North Kensington Area**
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Poisonings)

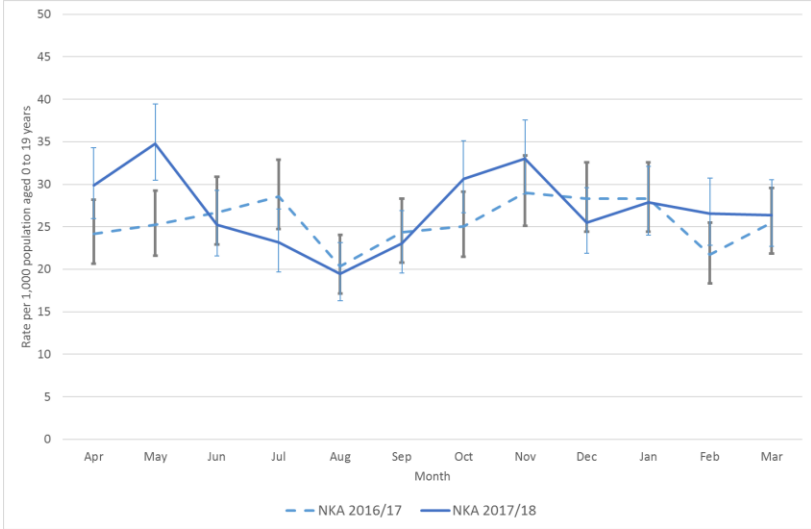
Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Any primary diagnosis

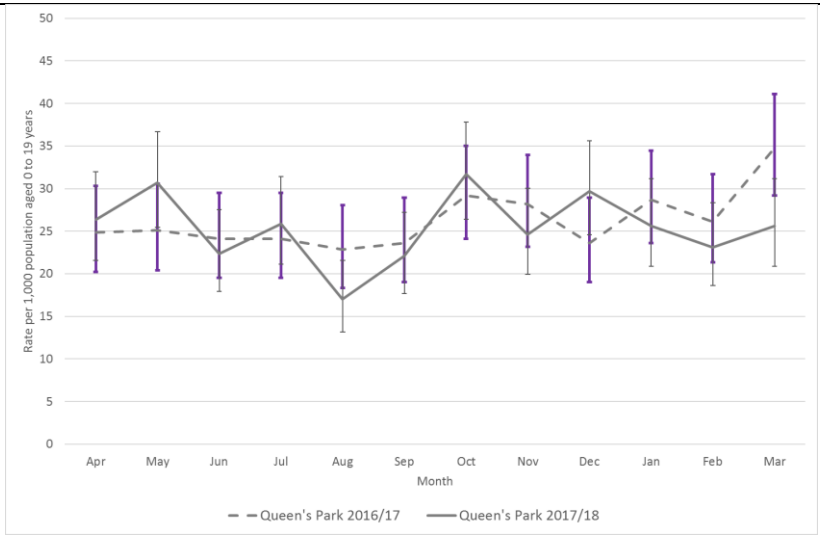
Notting Dale



Wider North Kensington Area



Queen's Park



A&E attendances – Primary diagnosis (Respiratory conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	

A&E attendances – Primary diagnosis (Gastrointestinal conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	

A&E attendances – Primary diagnosis (Cardiac conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Cerebrovascular conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Burns and Scalds)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Psychiatric Conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Obstetrics)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Nothing Abnormal Detected)

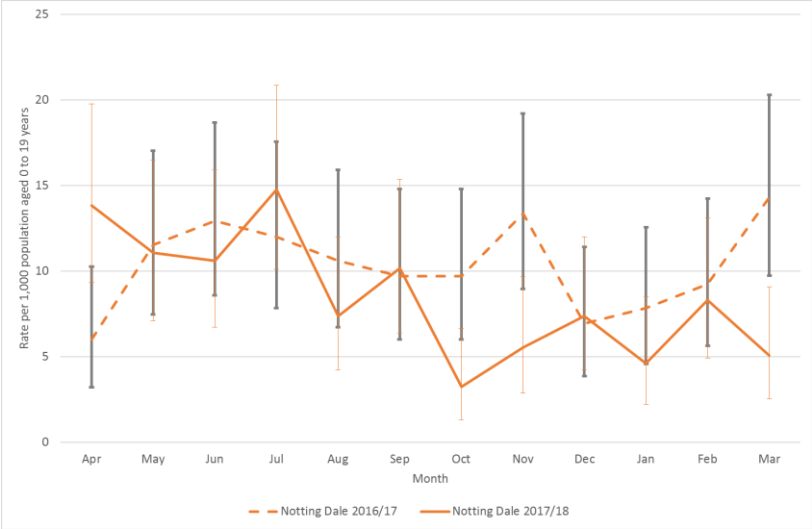
Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Poisonings)

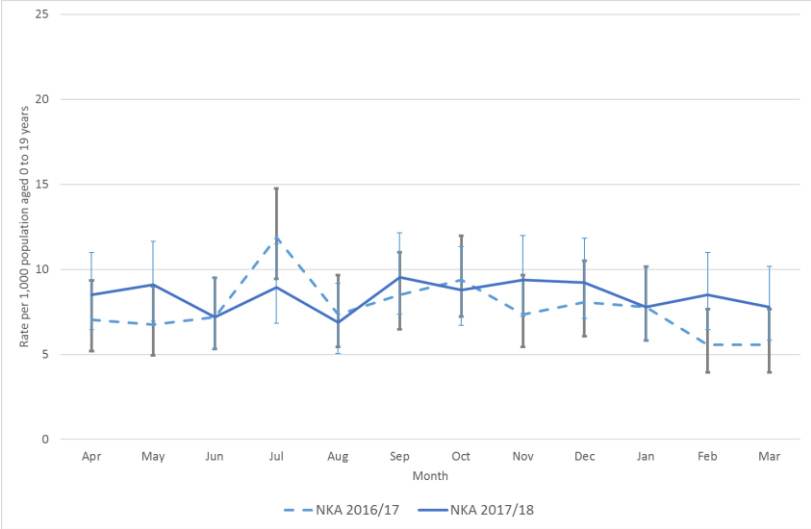
Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Any primary diagnosis

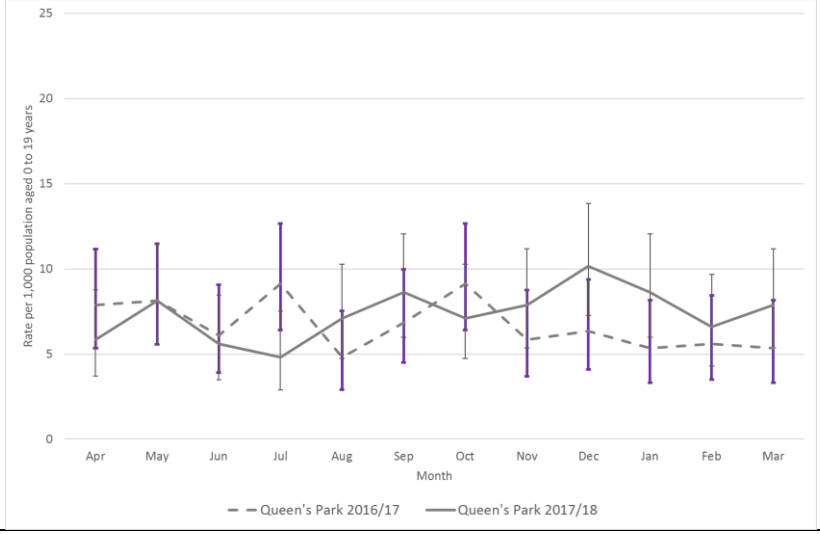
Notting Dale



Wider North Kensington Area



Queen's Park



Non-elective admissions – Primary diagnosis (Respiratory conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Cardiac conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Cerebrovascular conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Burns and Scalds)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Gastrointestinal conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Psychiatric Conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Obstetrics)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Nothing Abnormal Detected)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	

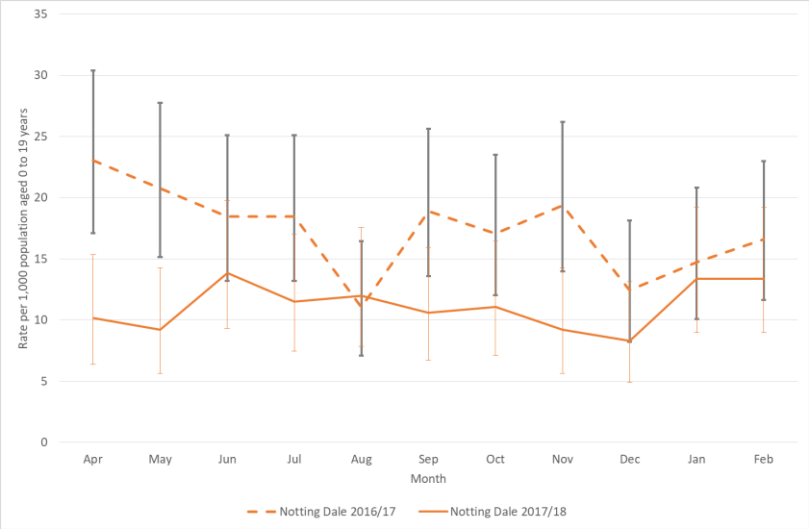
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Poisonings)

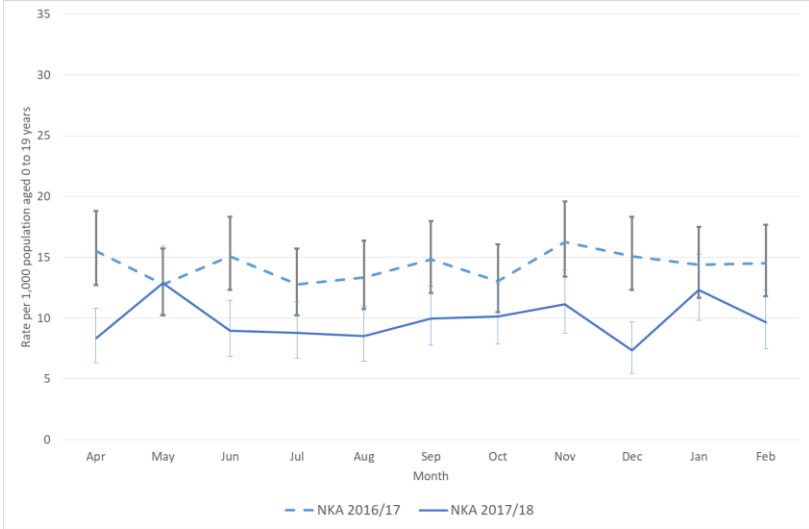
Notting Dale	**Wider North Kensington Area**
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Outpatient First Attendances –Any Treatment Function

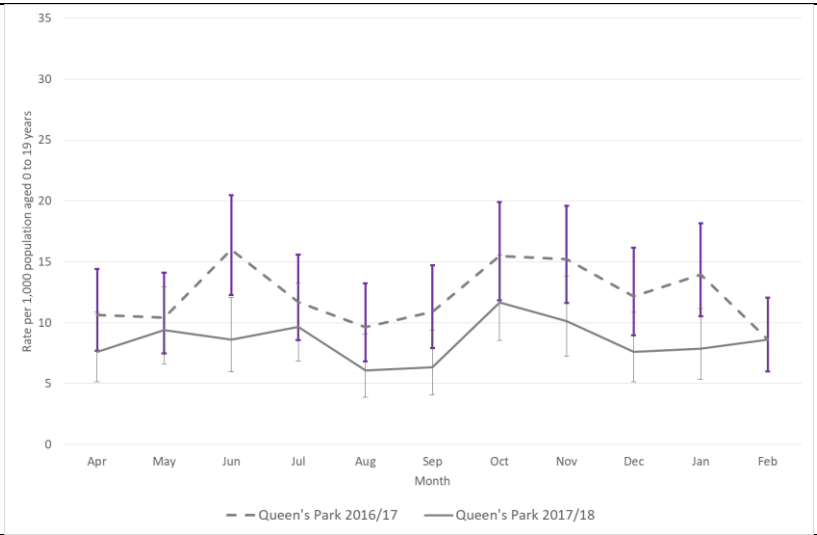
Notting Dale



Wider North Kensington Area



Queen's Park



Outpatient First Attendances –Respiratory Medicine

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Outpatient First Attendances –Cardiology

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	
Fewer than 5 per month	

Outpatient First Attendances –Stroke Medicine

Notting Dale	Wider North Kensington Area
No activity	No activity
Queen's Park	
No activity	

Outpatient First Attendances –Burns

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Outpatient First Attendances –Gastroenterology

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Outpatient First Attendances –Mental/behavioural

Notting Dale	Wider North Kensington Area
No clinics	No clinics
Queen's Park	
No clinics	

Outpatient First Attendances –Obstetrics

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Outpatient First Attendances –Unexplained medical symptoms

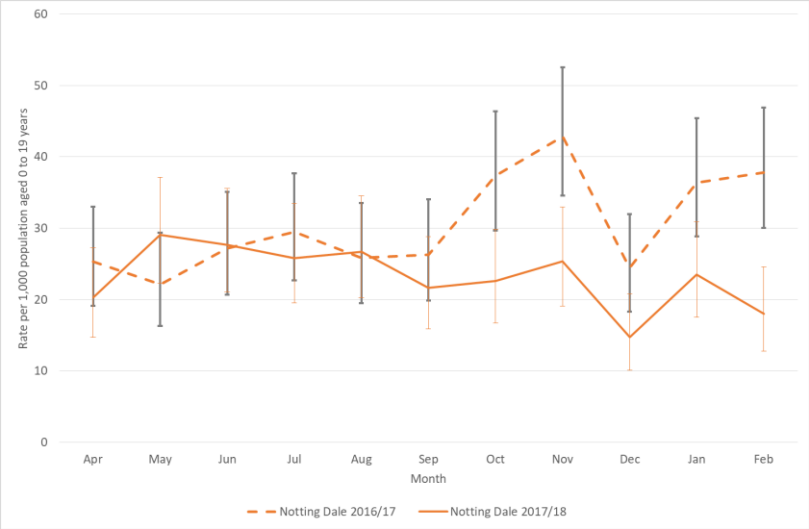
Notting Dale	**Wider North Kensington Area**
No code to detect	No code to detect
Queen's Park	
No code to detect	

Outpatient First Attendances – Intentional self-harm

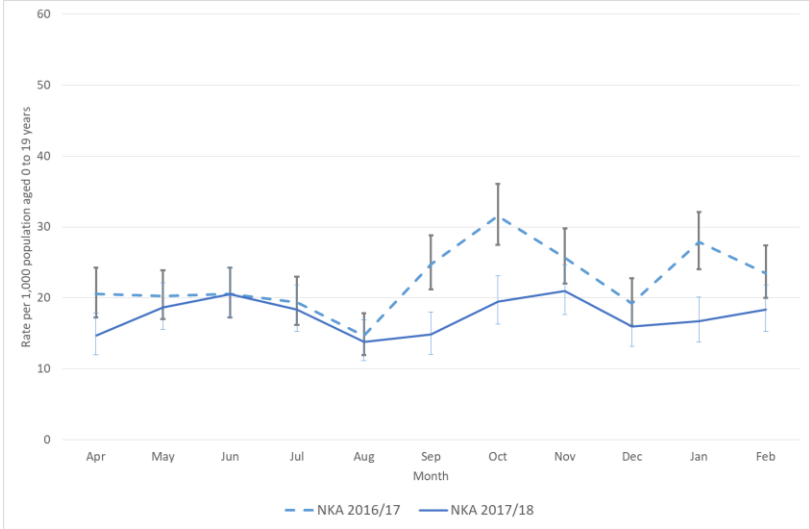
Notting Dale	**Wider North Kensington Area**
No activity	No activity
Queen's Park	
No activity	

Outpatient Follow-up Attendances –Any Treatment Function

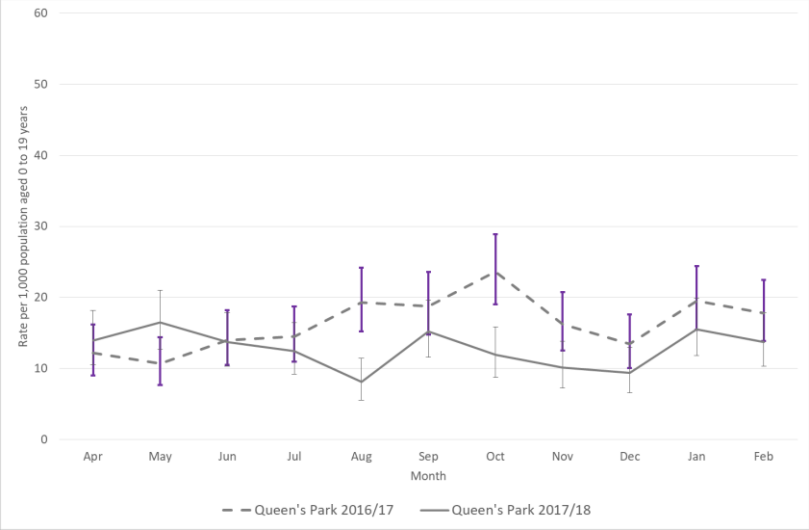
Notting Dale



Wider North Kensington Area



Queen's Park



Outpatient Follow-up Attendances –Respiratory Medicine

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Outpatient Follow-up Attendances –Cardiology

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	
Fewer than 5 per month	

Outpatient Follow-up Attendances –Stroke Medicine

Notting Dale	Wider North Kensington Area
No activity	No activity
Queen's Park	
No activity	

Outpatient Follow-up Attendances –Burns

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Outpatient Follow-up Attendances –Gastroenterology

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Outpatient Follow-up Attendances –Mental/behavioural disorders

Notting Dale	Wider North Kensington Area
No clinics	No clinics
Queen's Park	
No clinics	

Outpatient Follow-up Attendances –Obstetrics

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Outpatient Follow-up Attendances –Unexplained medical symptoms

Notting Dale	Wider North Kensington Area
No code to detect	No code to detect
Queen's Park	
No code to detect	

Outpatient Follow-up Attendances — Intentional self-harm

Notting Dale	Wider North Kensington Area
No activity	No activity
Queen's Park	
No activity	

6.1. APPENDIX 3.2 – Mental Health supporting analyses (Children)

GP activity – Mental health conditions

Notting Dale	North Kensington Area (Excl. Notting Dale)
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Intentional self-harm/ poisoning/ suicide

Notting Dale	North Kensington Area (Excl. Notting Dale)
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP prescribing items – Antidepressants

Notting Dale – Practices located in Notting Dale ward	North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward
Less than 5 items per month	
Wider North Kensington Area – Practices located furthest away from Grenfell	

GP prescribing items – Medications for sleep disorders (BNF chapter - Hypnotics)

Notting Dale – Practices located in Notting Dale ward	North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward
Less than 5 items per month	
Wider North Kensington Area – Practices located furthest away from Grenfell	

GP Referrals to Mental Health services – All services

Notting Dale – Practices located in Notting Dale ward	North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward
Less than 5 referrals per month	
Wider North Kensington Area – Practices located furthest away from Grenfell	

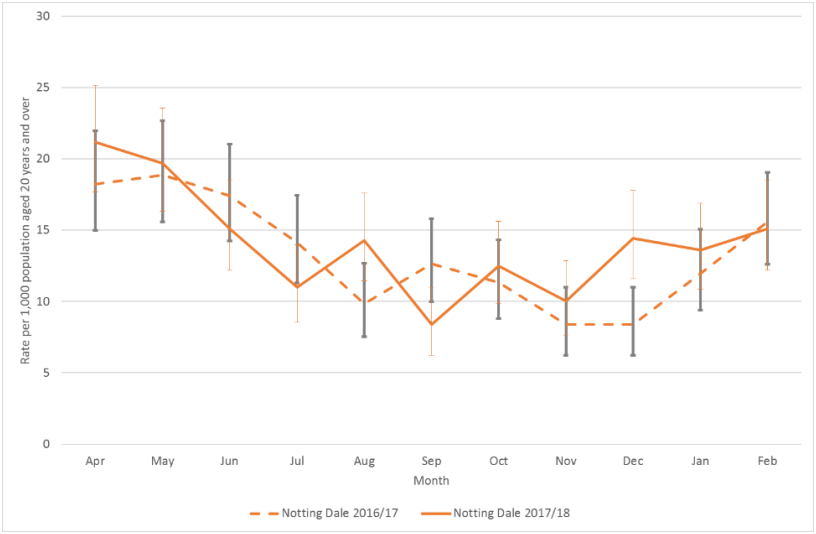
7. APPENDIX 4.1 – Physical Health supporting analyses (Adults)

GP activity – All Mental and Physical Health

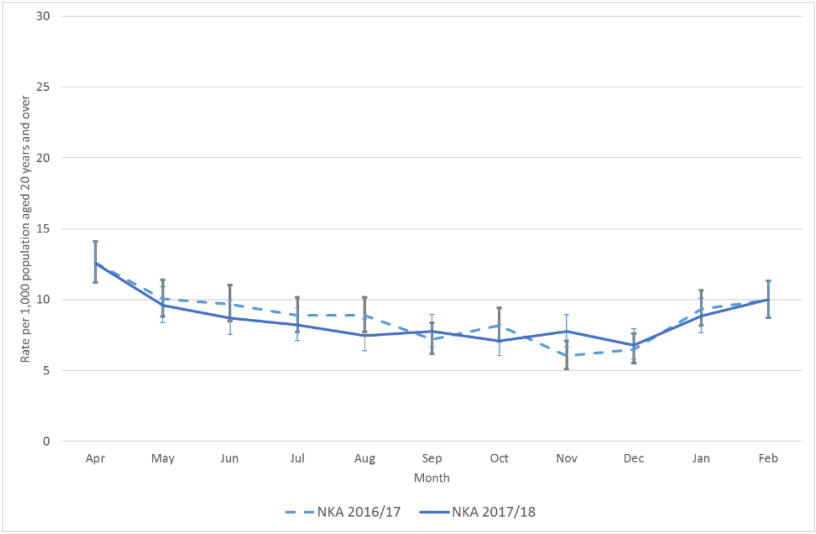
Notting Dale	North Kensington Area (Excl. Notting Dale)
No data available	No data available
Queen's park – Comparator	
No data available	

GP activity – Respiratory conditions

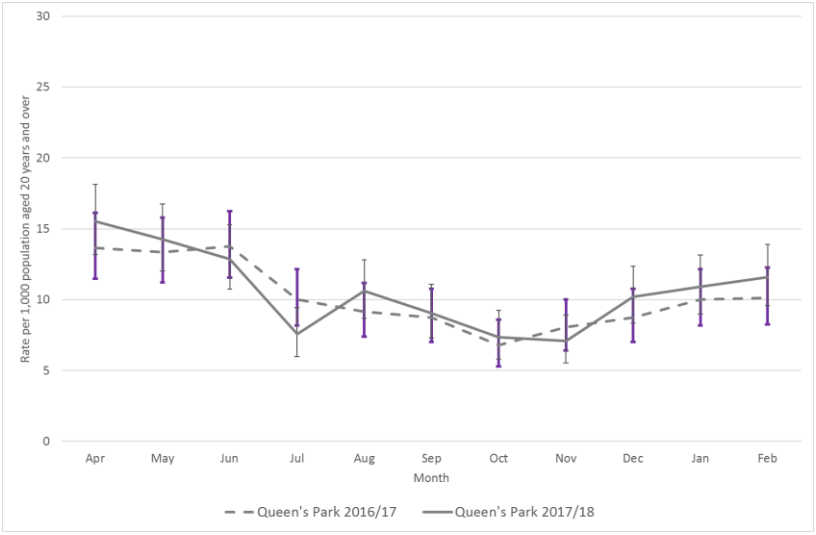
Notting Dale



North Kensington Area (Excl. Notting Dale)

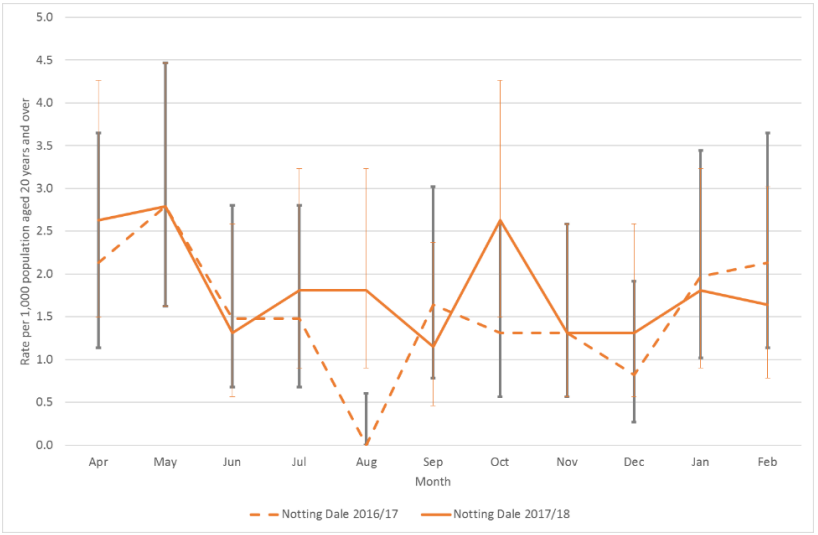


Queen's park - Comparator

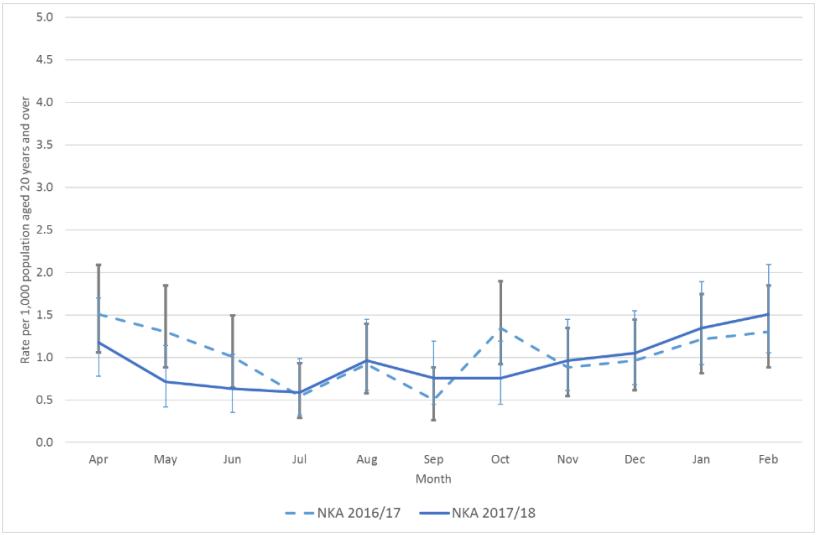


GP activity – Asthma

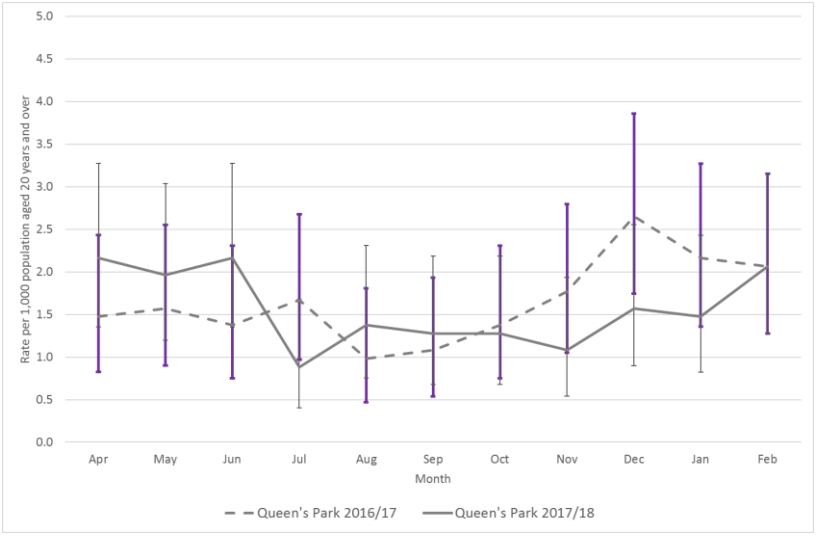
Notting Dale



North Kensington Area (Excl. Notting Dale)

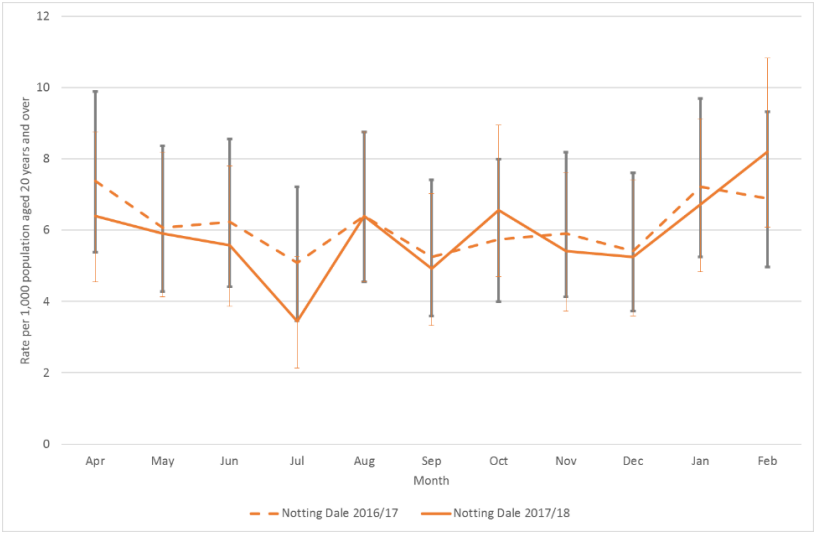


Queen's park - Comparator

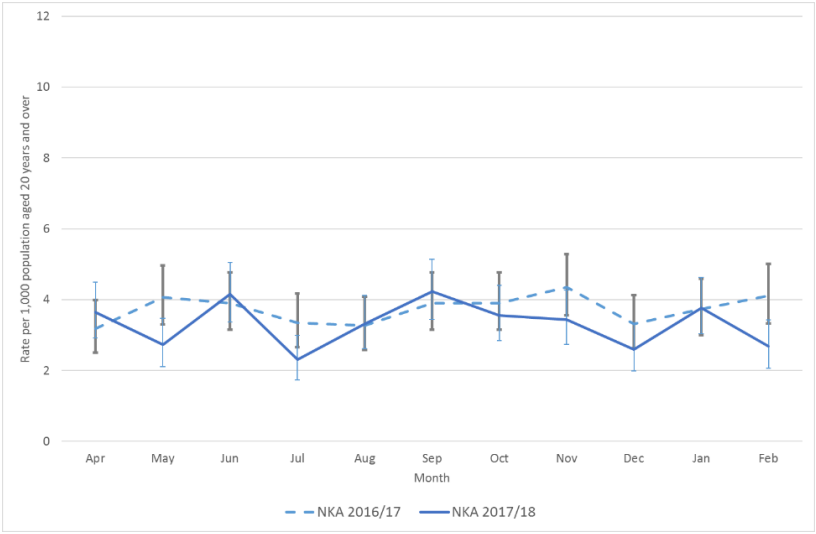


GP activity – Gastrointestinal conditions

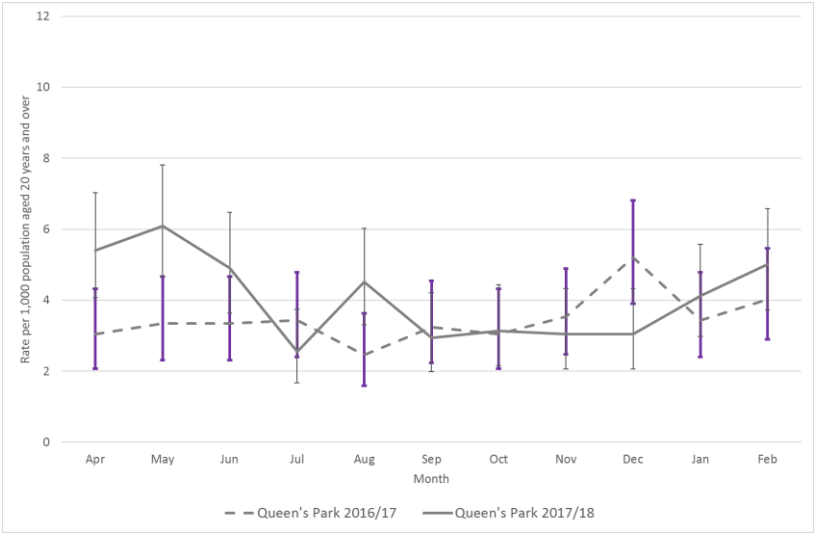
Notting Dale



North Kensington Area (Excl. Notting Dale)

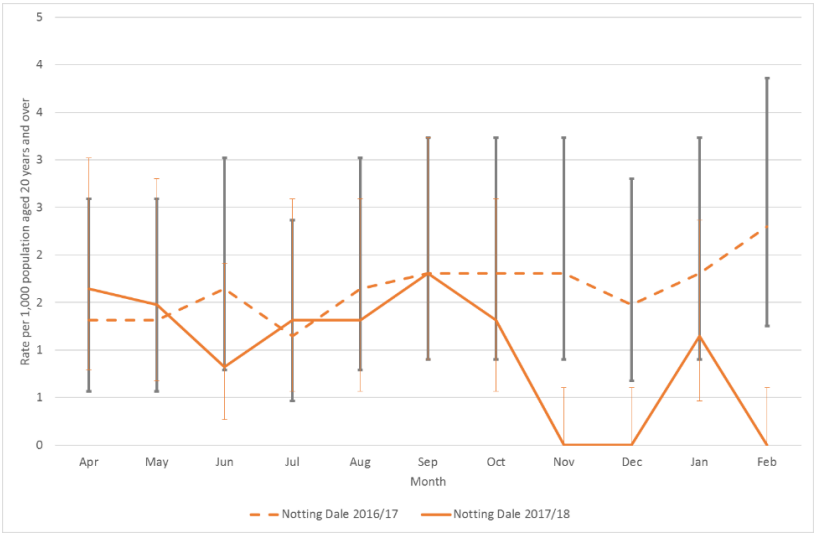


Queen's park - Comparator

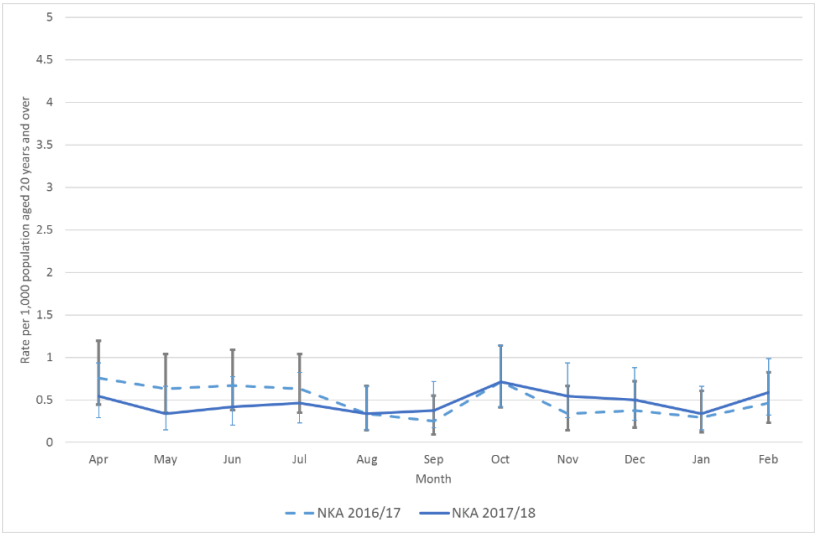


GP activity – Cardiac conditions

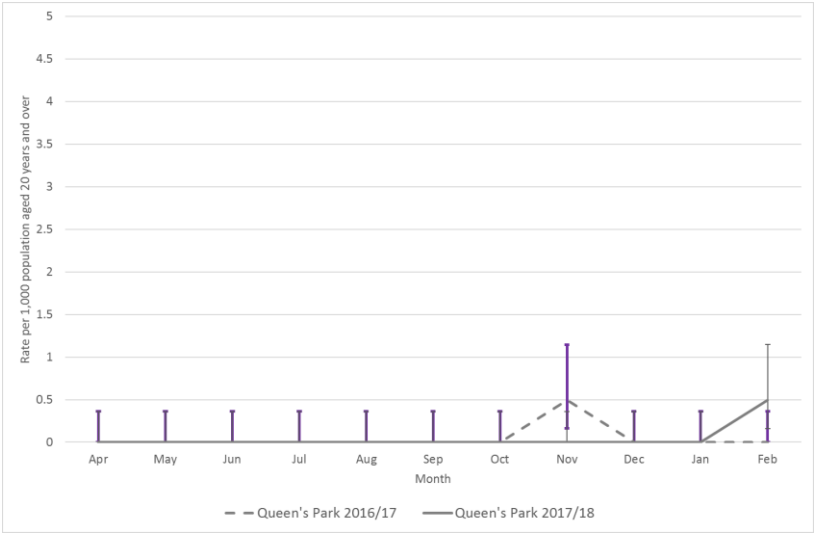
Notting Dale



North Kensington Area (Excl. Notting Dale)



Queen's park - Comparator



GP activity – Burns

Notting Dale	North Kensington Area (Excl. Notting Dale)
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Assault (incl. Sexual assault)

Notting Dale	North Kensington Area (Excl. Notting Dale)
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Cerebrovascular conditions

Notting Dale	North Kensington Area (Excl. Notting Dale)
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Effect on pregnancy (spontaneous abortion/ pre –term births)

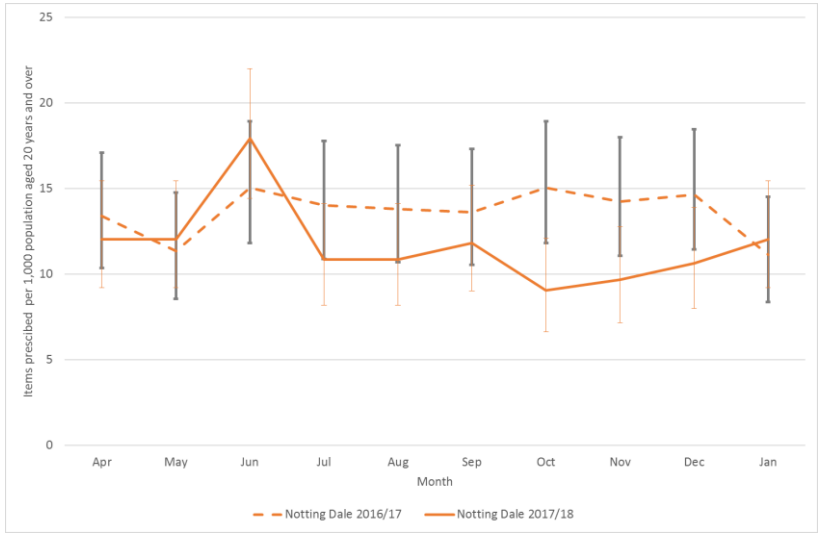
Notting Dale	North Kensington Area (Excl. Notting Dale)
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP activity – Unexplained medical symptoms

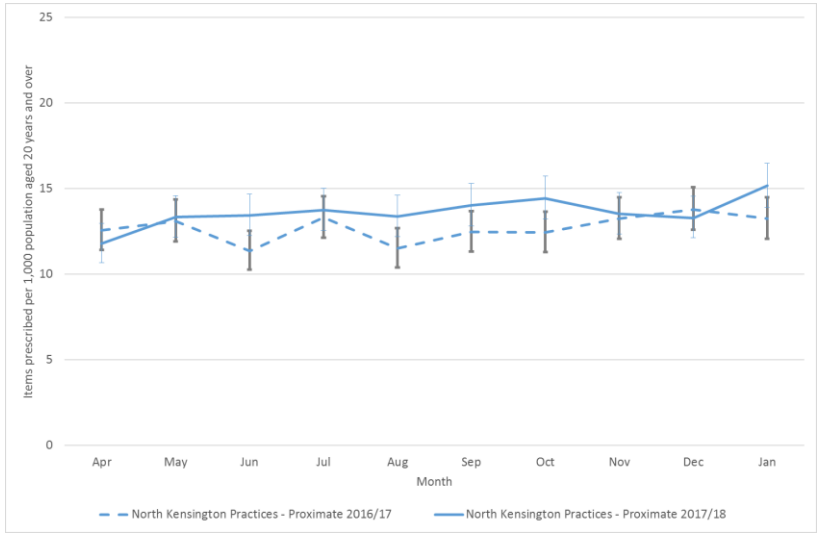
Notting Dale	North Kensington Area (Excl. Notting Dale)
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP prescribing items – Medications for respiratory conditions (All)

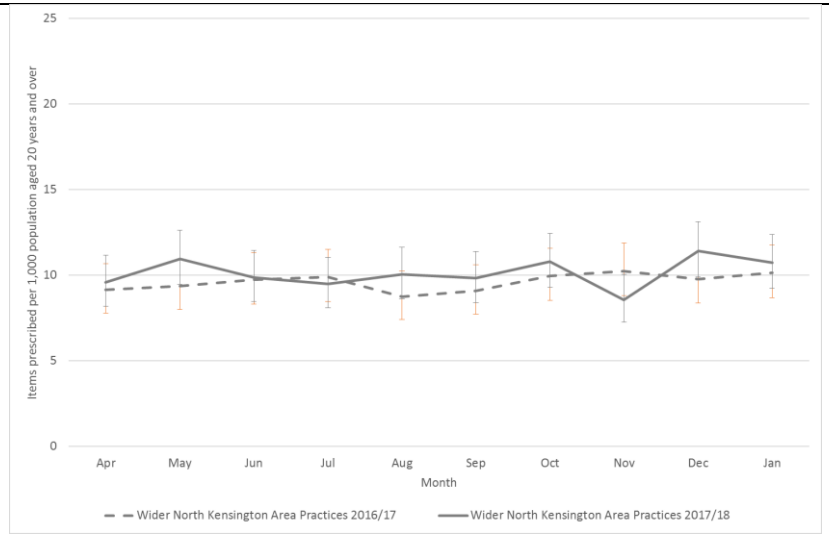
Notting Dale – Practices located in Notting Dale ward



North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward

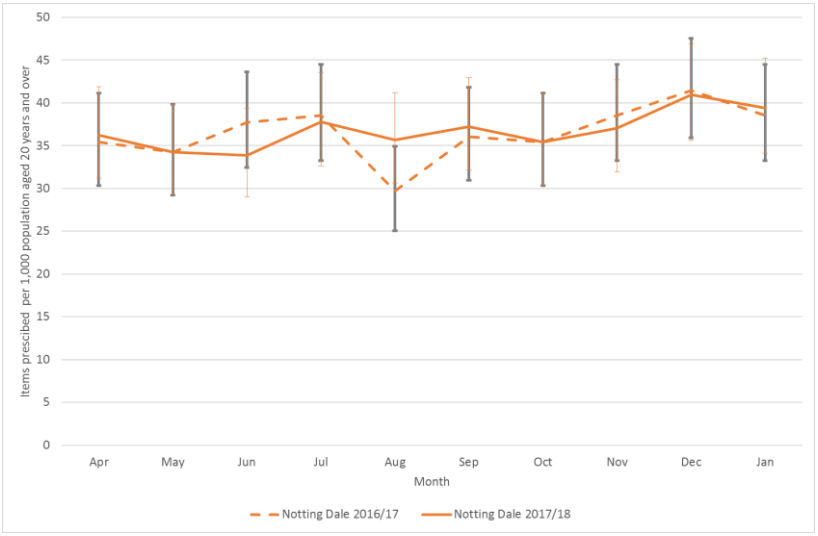


Wider North Kensington Area – Practices located furthest away from Grenfell

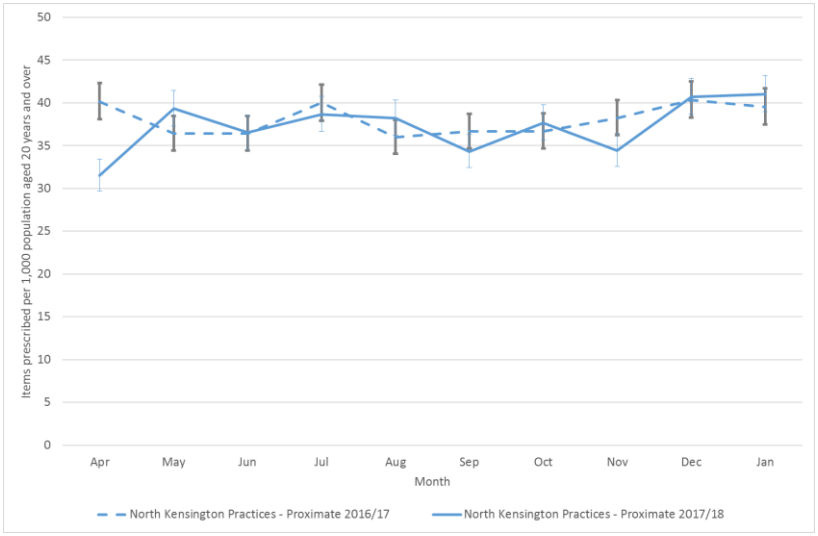


GP prescribing items – Medications for respiratory conditions (Bronchodilators)

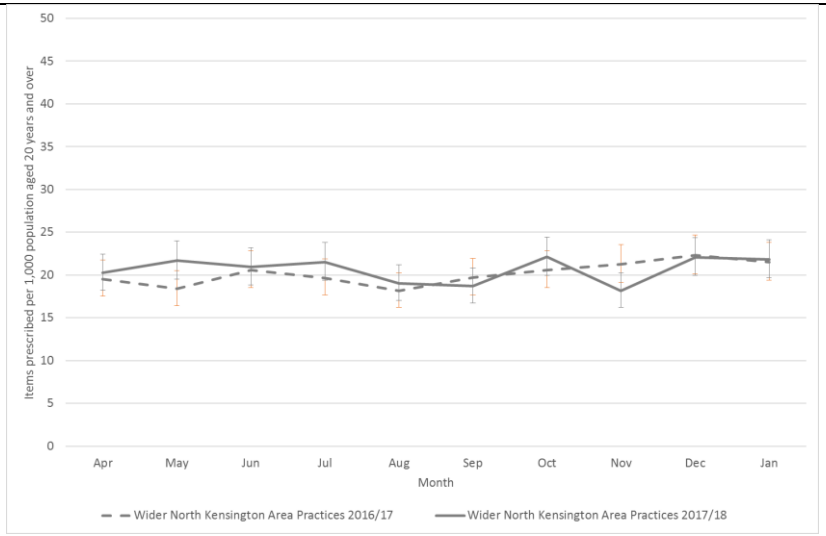
Notting Dale – Practices located in Notting Dale ward



North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward

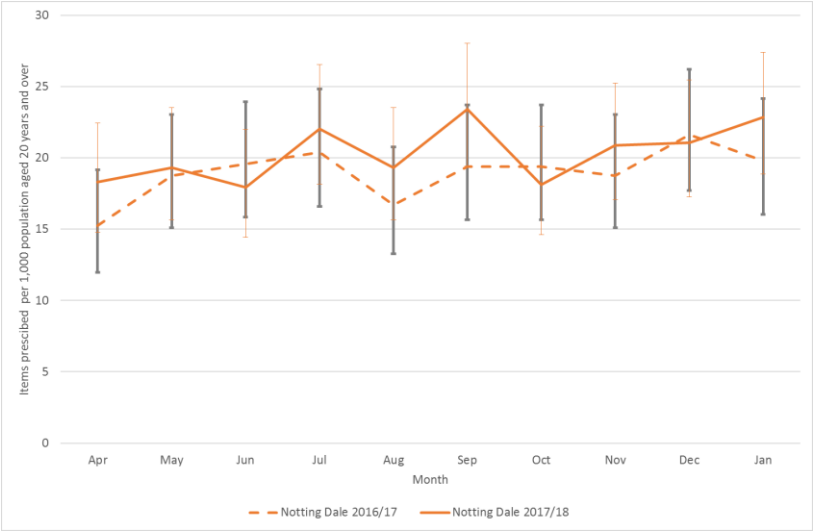


Wider North Kensington Area – Practices located furthest away from Grenfell

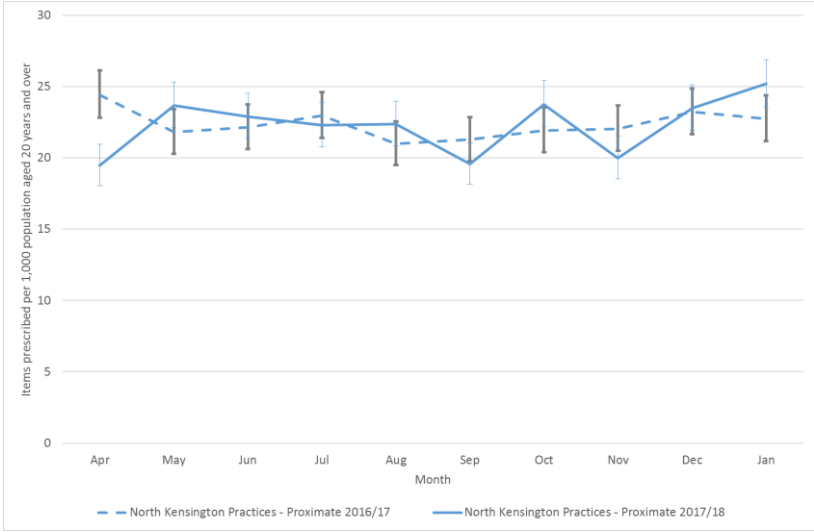


GP prescribing items – Medications for respiratory conditions (Corticosteroids – Respiratory)

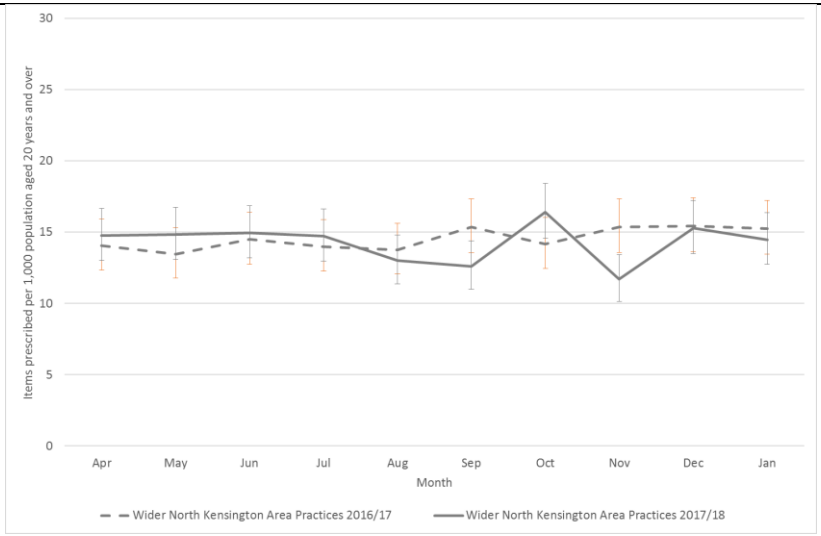
Notting Dale – Practices located in Notting Dale ward



North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward

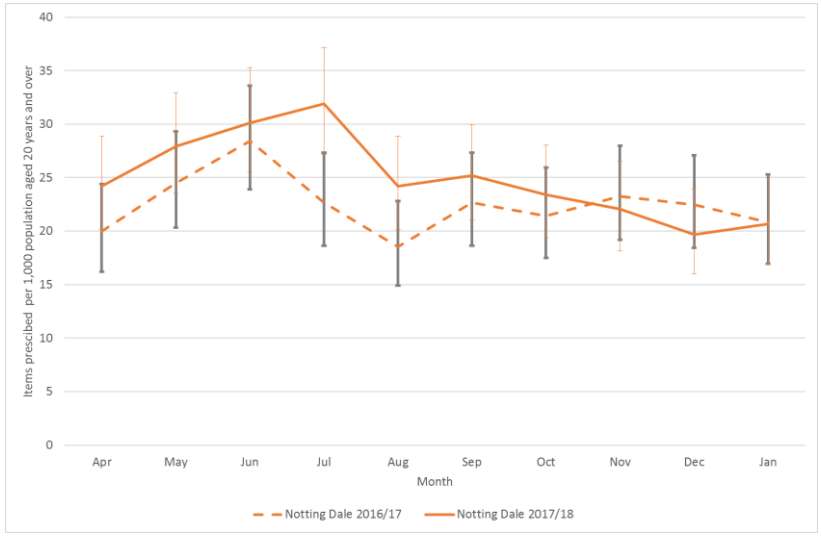


Wider North Kensington Area – Practices located furthest away from Grenfell

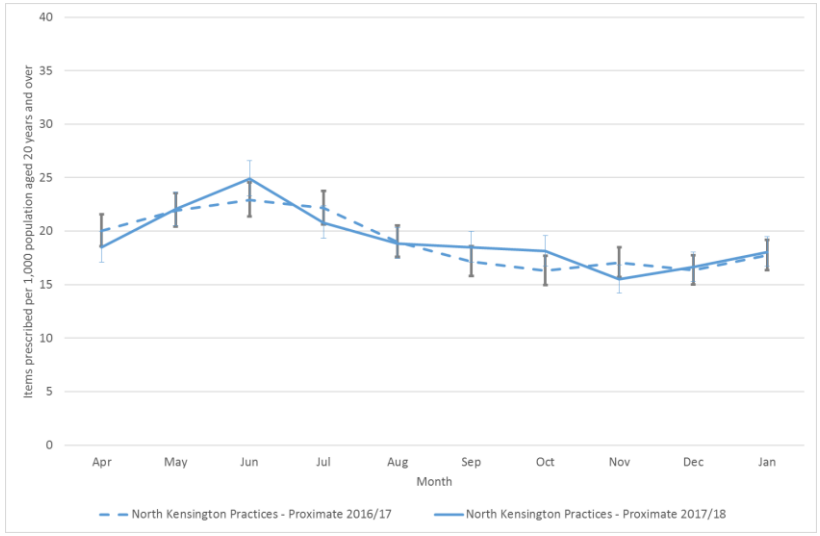


GP prescribing items – Medications for respiratory conditions (Antihistamines)

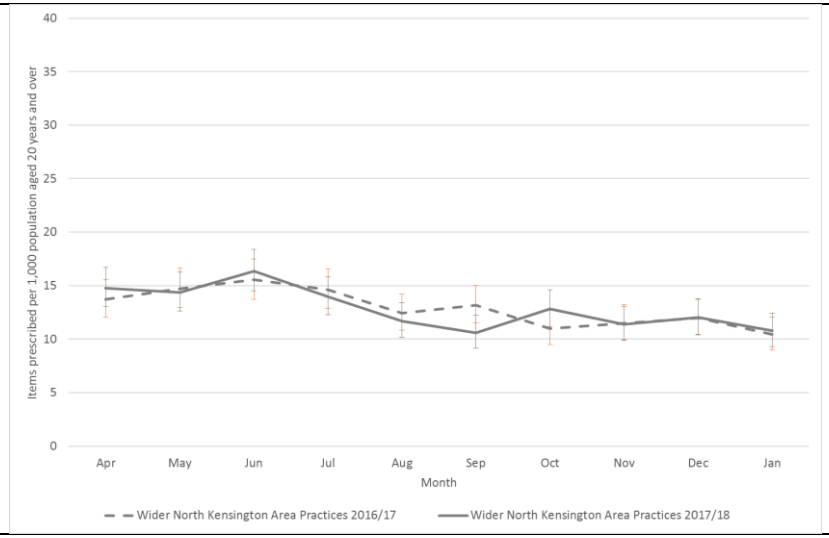
Notting Dale – Practices located in Notting Dale ward



North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward

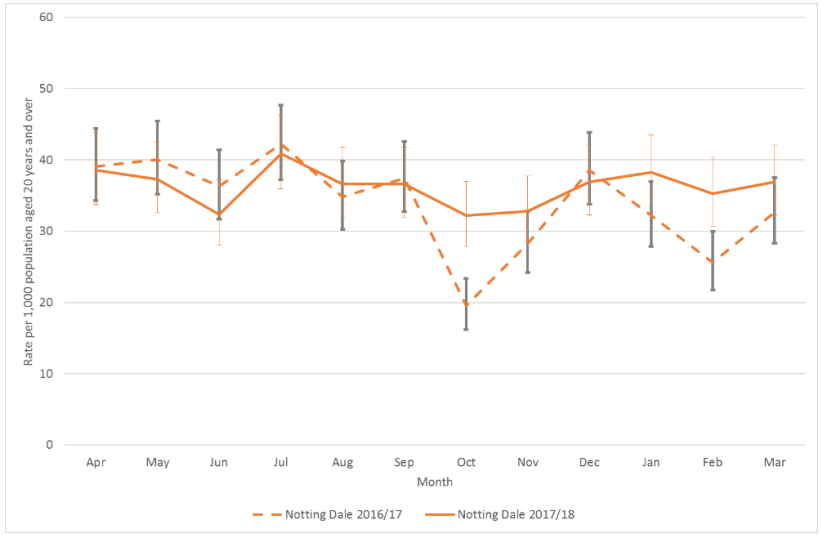


Wider North Kensington Area – Practices located furthest away from Grenfell

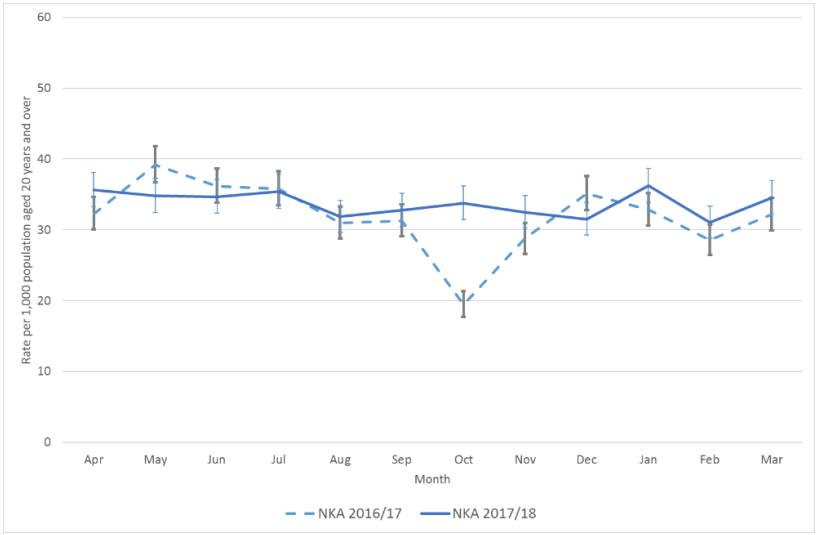


Urgent Care Centre/ Walk in Centre attendances – Any primary diagnosis

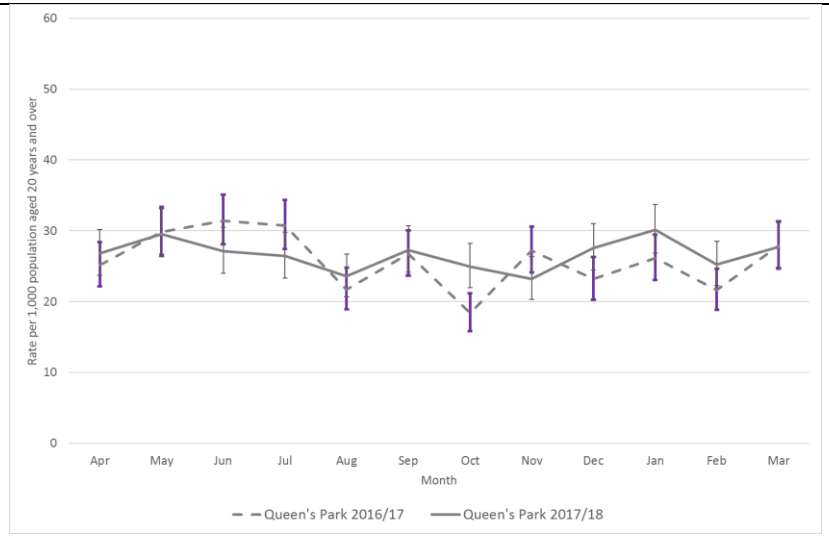
Notting Dale



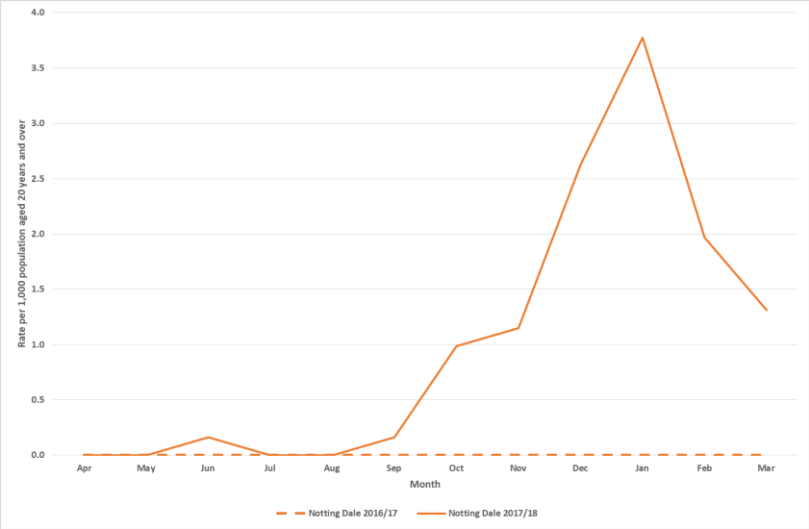
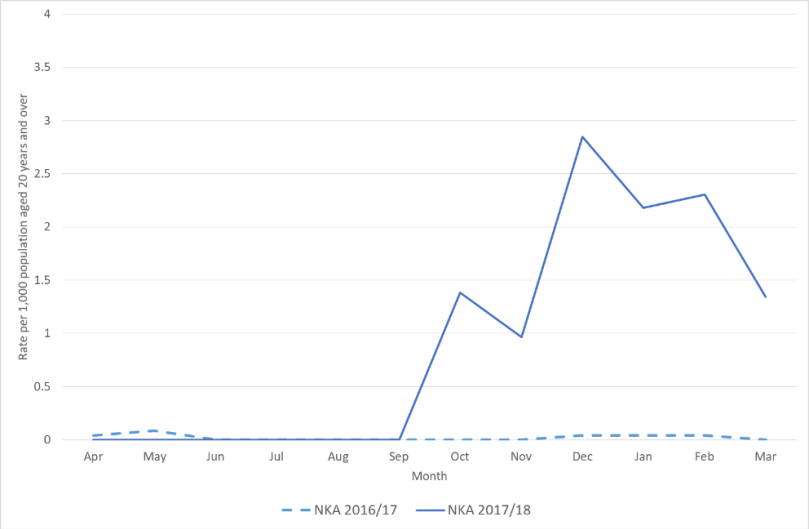
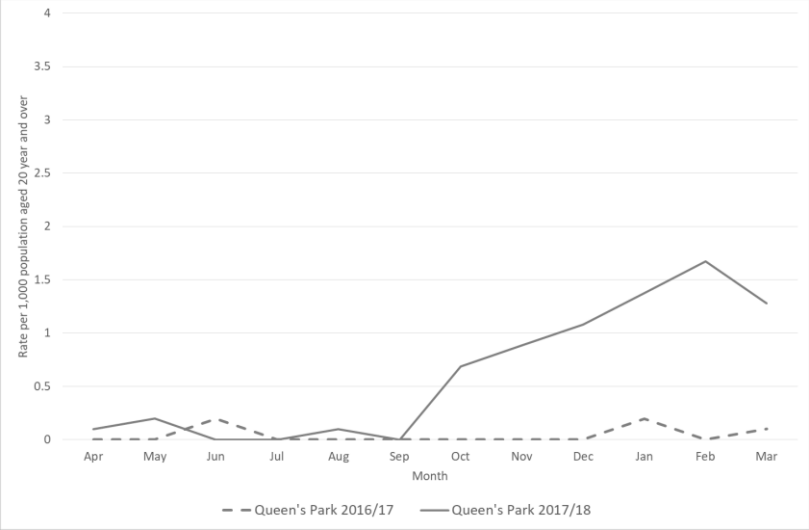
Wider North Kensington Area



Queen's Park



Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Respiratory conditions)

Notting Dale	Wider North Kensington Area
	
Queen's Park	
	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Gastrointestinal conditions)

Notting Dale	**Wider North Kensington Area**
Fewer than 5 per month	
Queen's Park	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Cardiac conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Cerebrovascular conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Burns and Scalds)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Obstetrics)

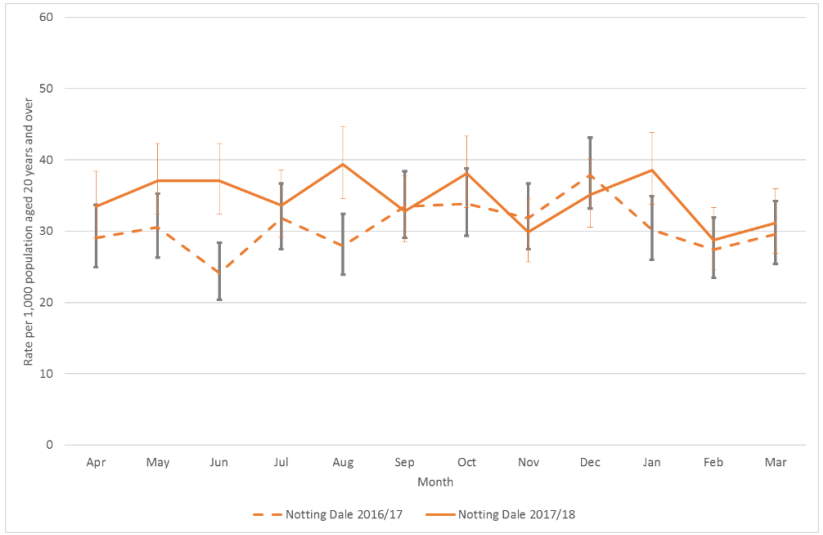
Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Nothing Abnormal Detected)

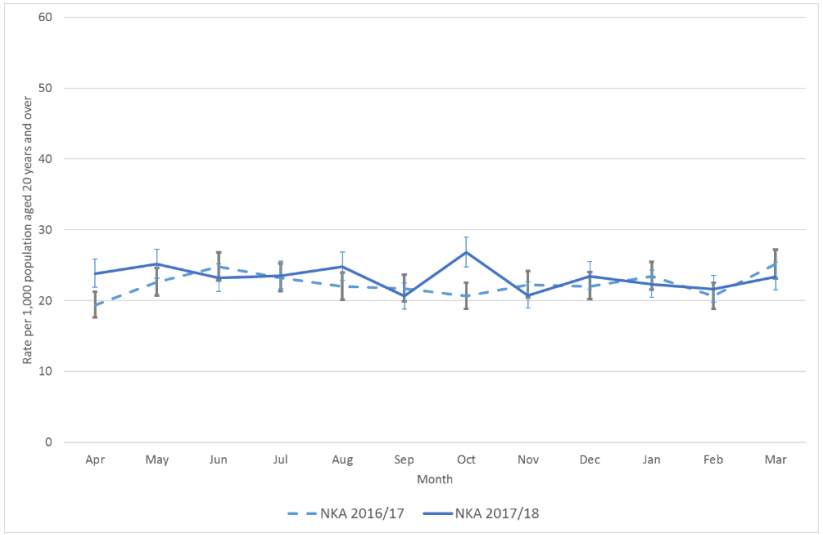
Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Any primary diagnosis

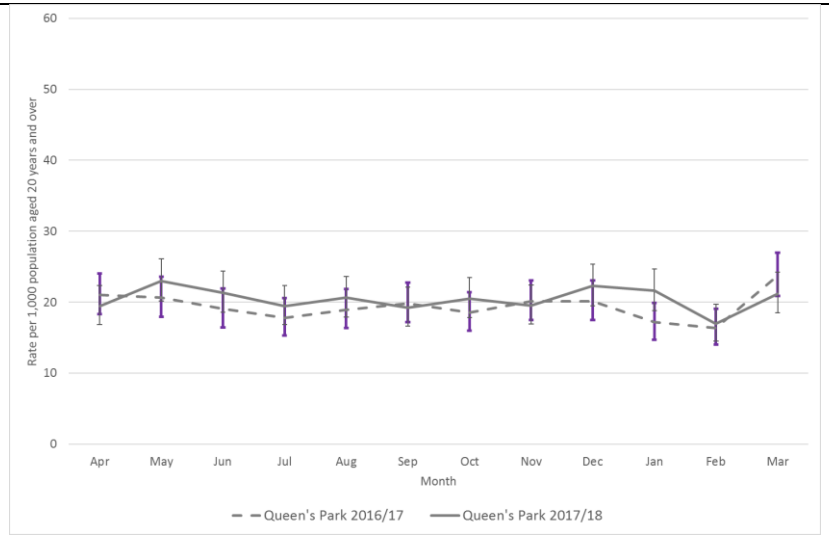
Notting Dale



Wider North Kensington Area

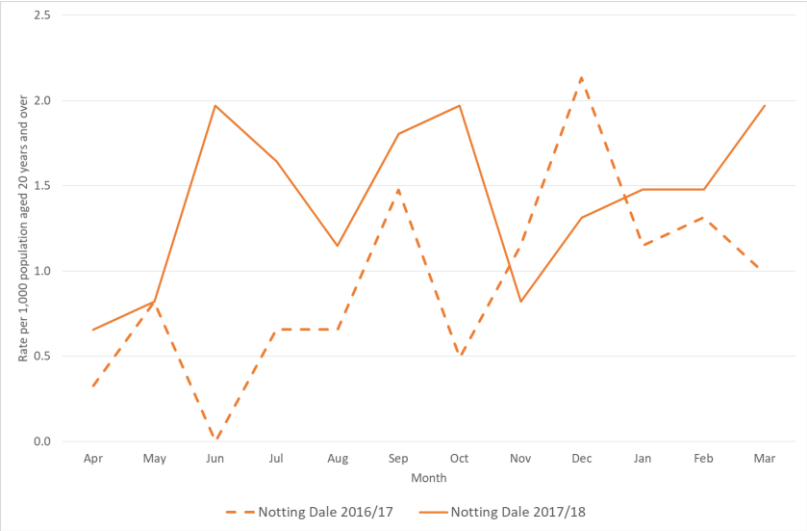


Queen's Park

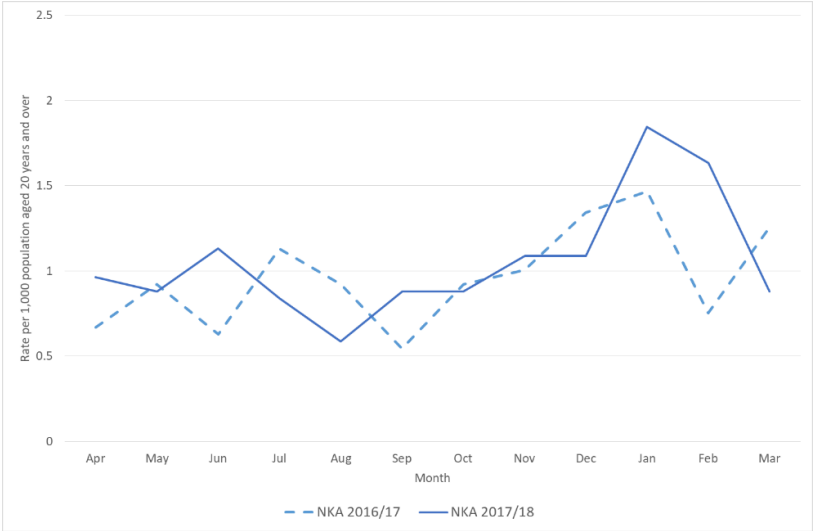


A&E attendances – Primary diagnosis (Respiratory conditions)

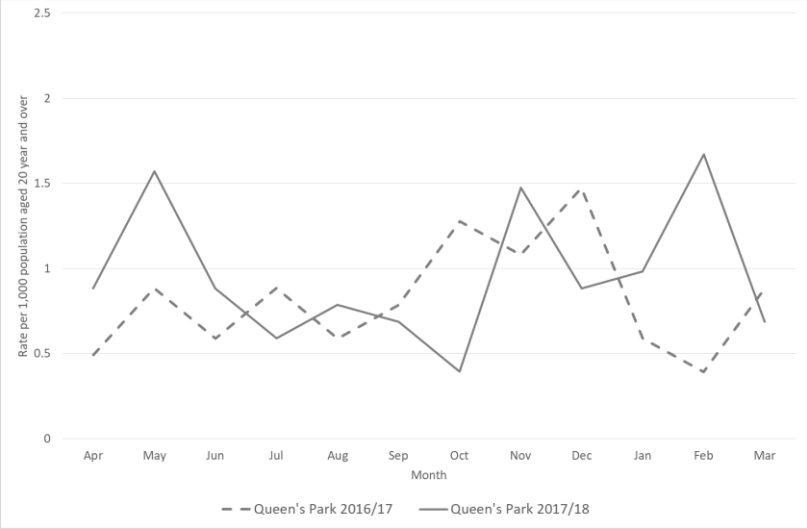
Notting Dale



Wider North Kensington Area

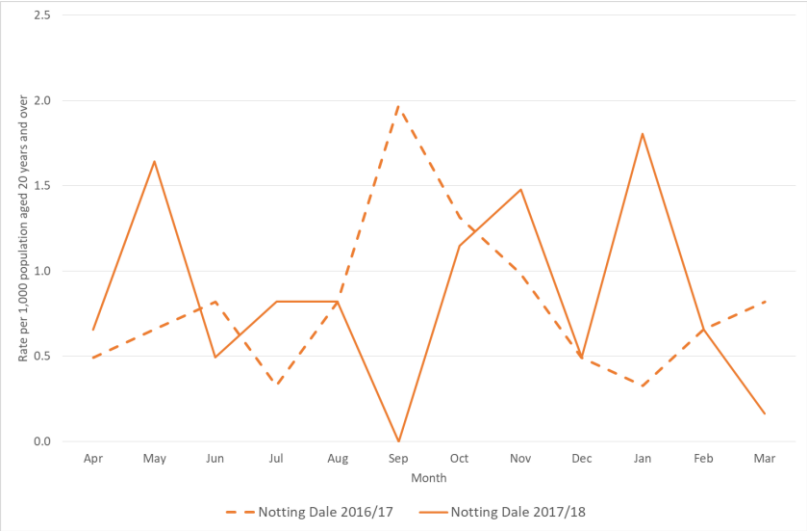


Queen's Park

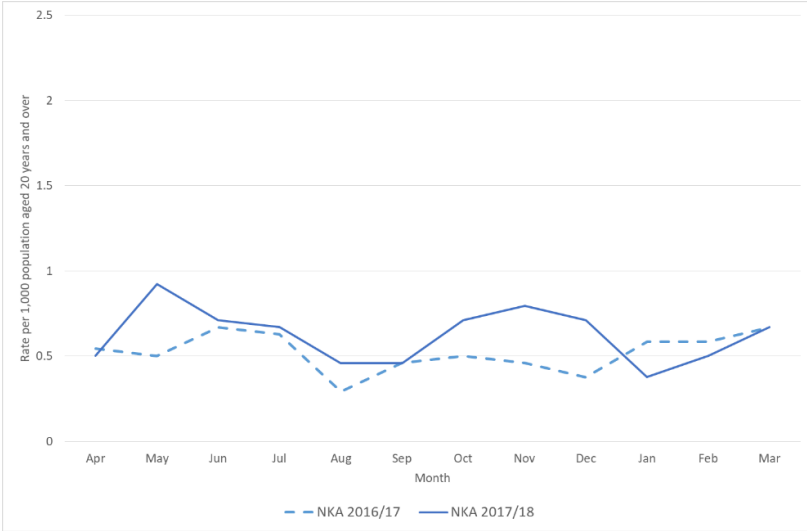


A&E attendances – Primary diagnosis (Cardiac conditions)

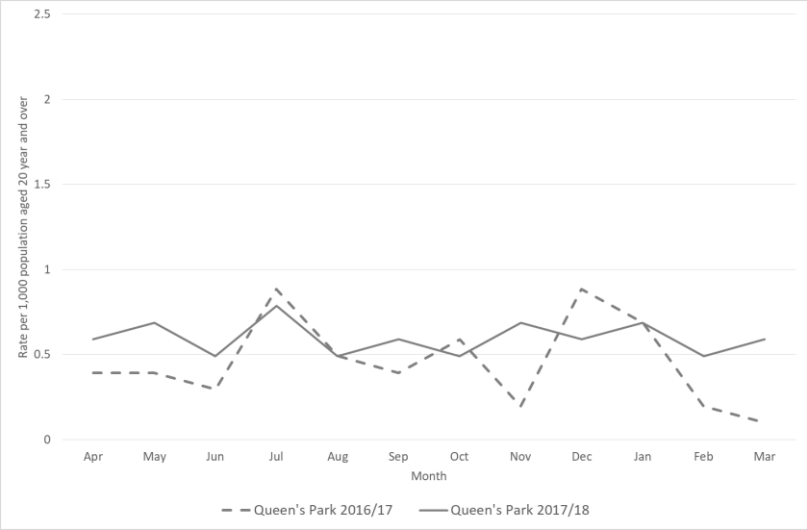
Notting Dale



Wider North Kensington Area

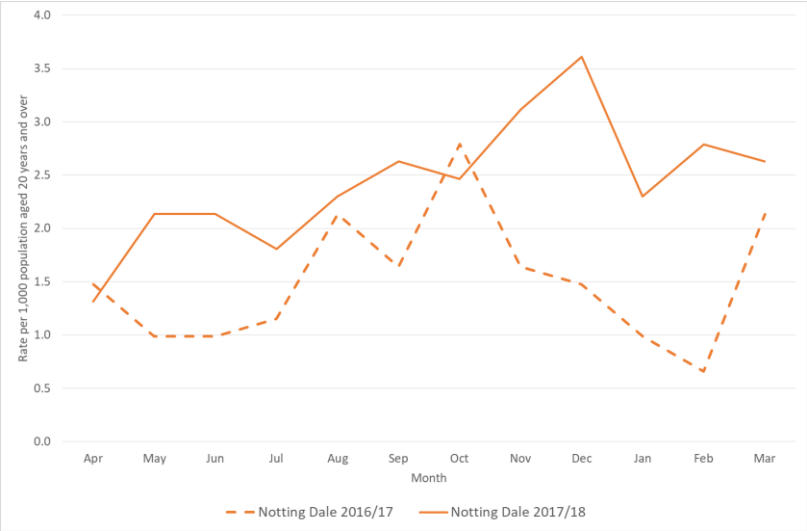


Queen's Park

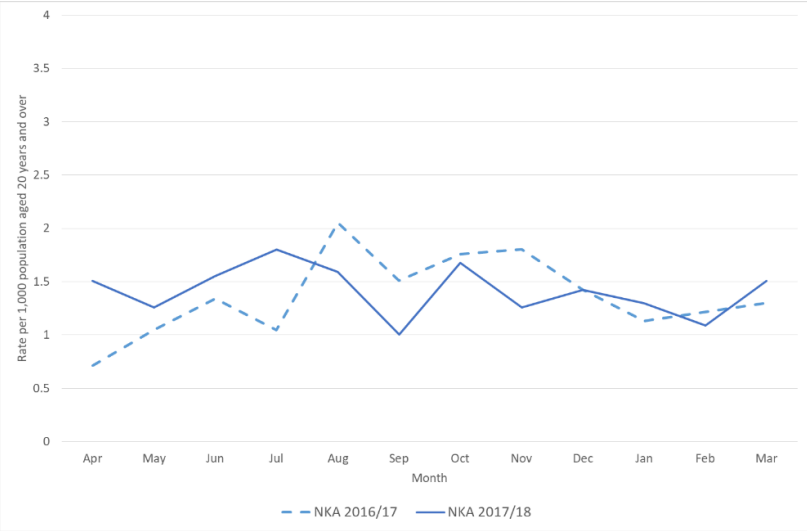


A&E attendances – Primary diagnosis (Gastrointestinal conditions)

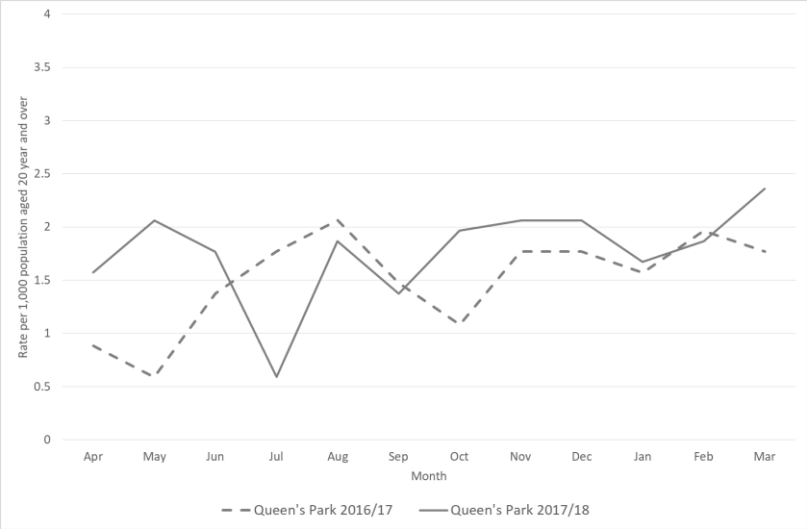
Notting Dale



Wider North Kensington Area



Queen's Park



A&E attendances – Primary diagnosis (Cerebrovascular conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Burns and Scalds)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Obstetrics)

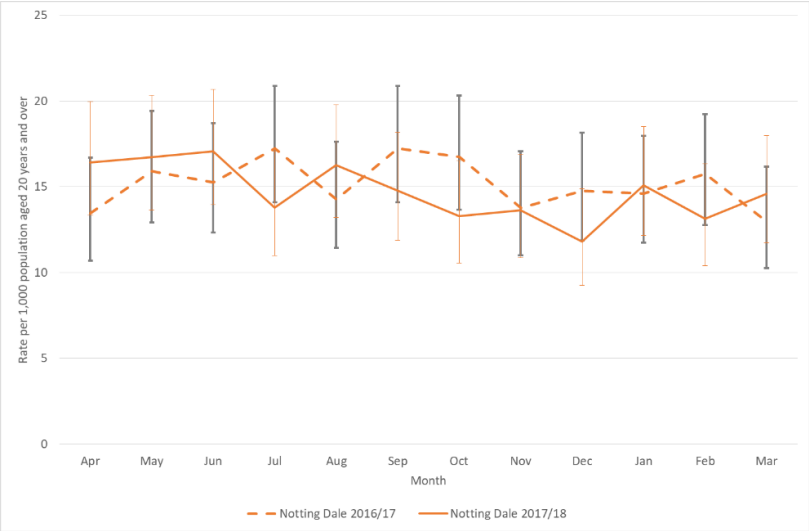
Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Nothing Abnormal Detected)

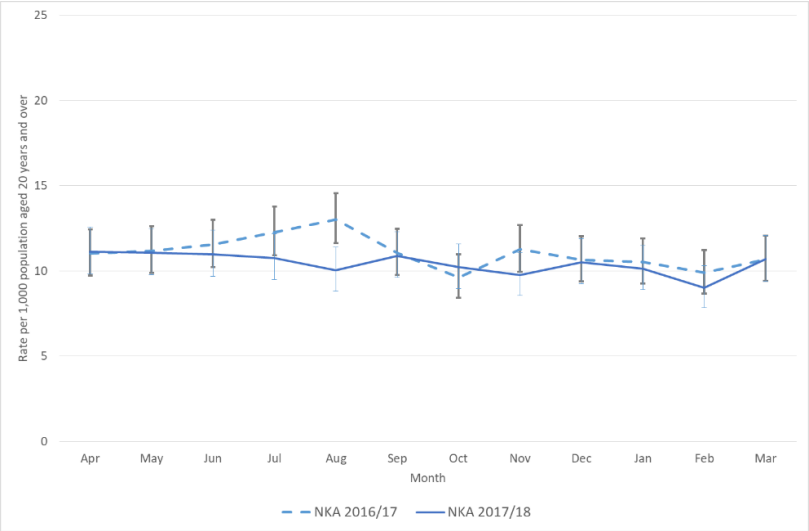
Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Any primary diagnosis

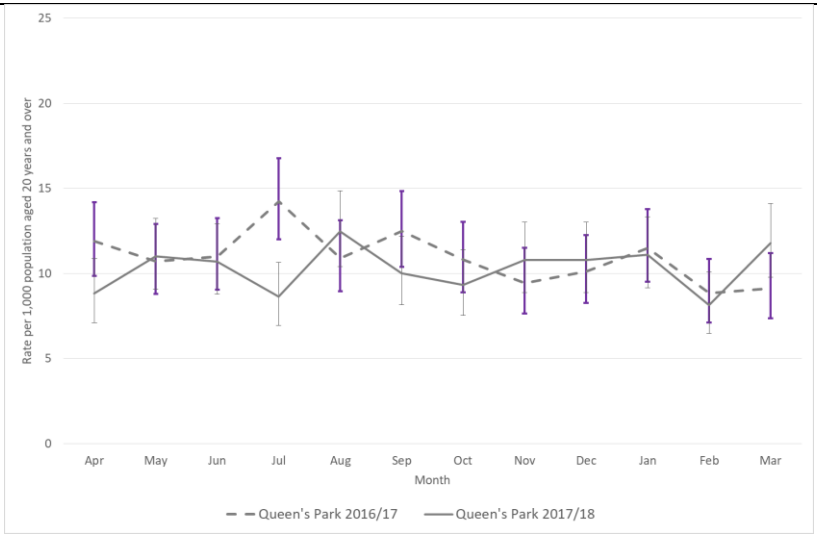
Notting Dale



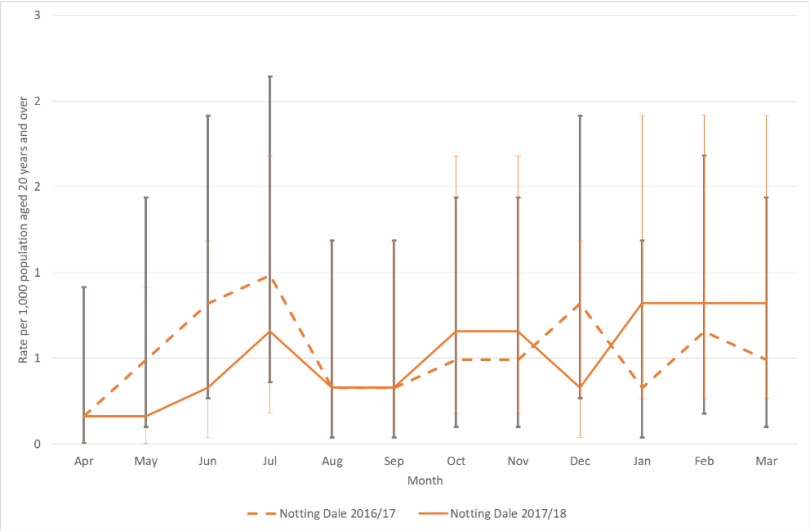
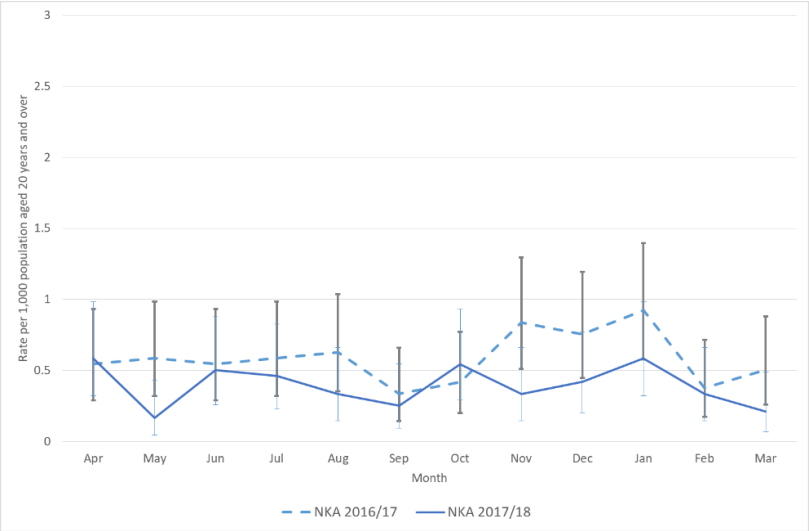
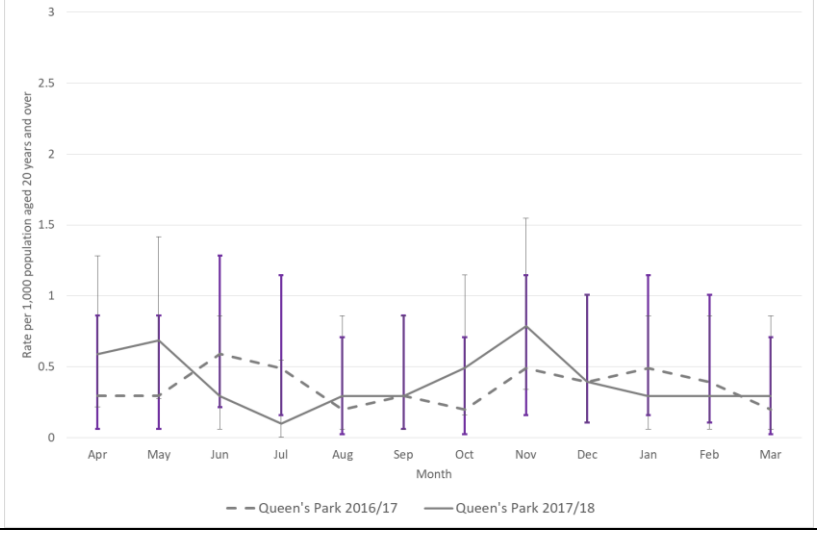
Wider North Kensington Area



Queen's Park



Non-elective admissions – Primary diagnosis (Respiratory conditions)

Notting Dale	Wider North Kensington Area
	
Queen's Park	
	

Non-elective admissions – Primary diagnosis (Cardiac conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Burns and Scalds)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Cerebrovascular conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Gastrointestinal conditions)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Obstetrics)

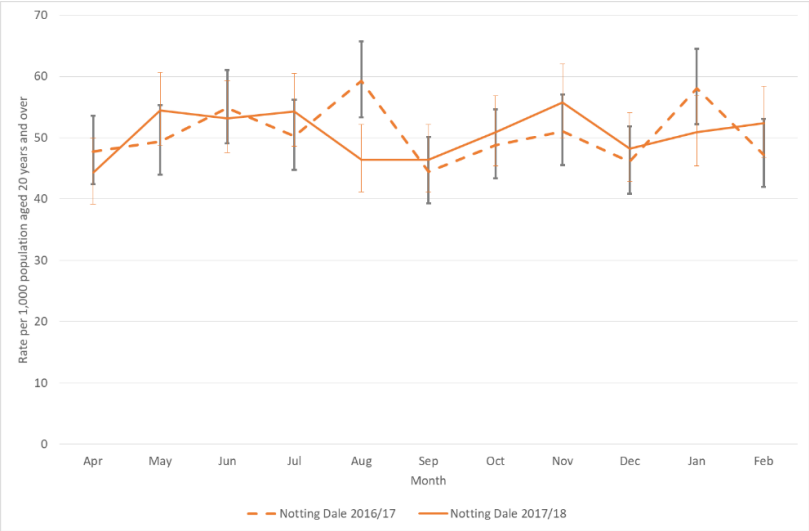
Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Nothing Abnormal Detected)

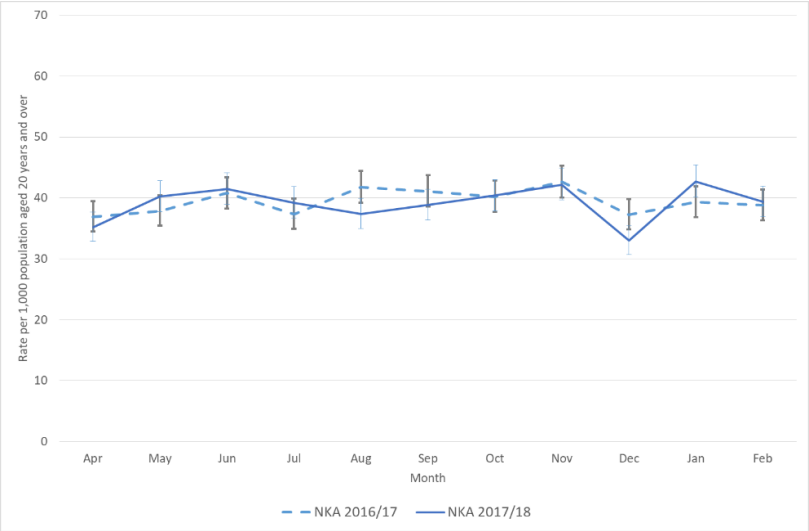
Notting Dale	Wider North Kensington Area
No code to detect	No code to detect
Queen's Park	
No code to detect	

Outpatient First Attendances –Any Treatment Function

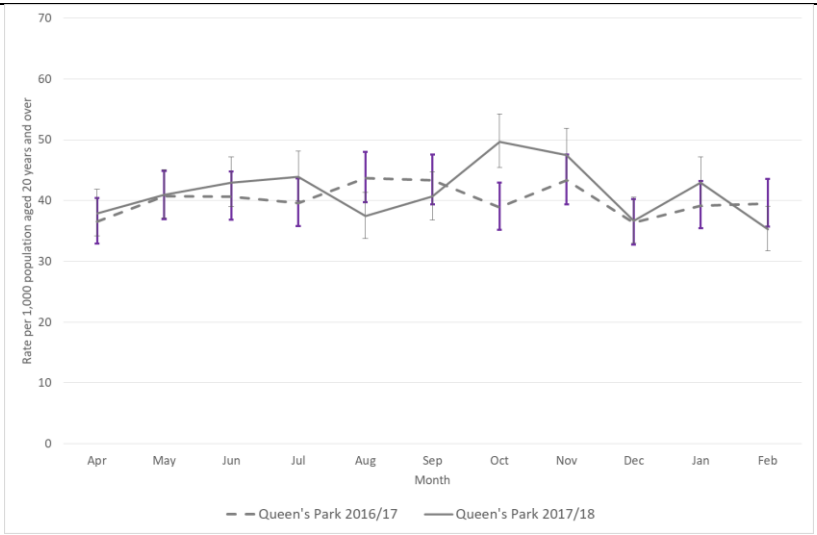
Notting Dale



Wider North Kensington Area

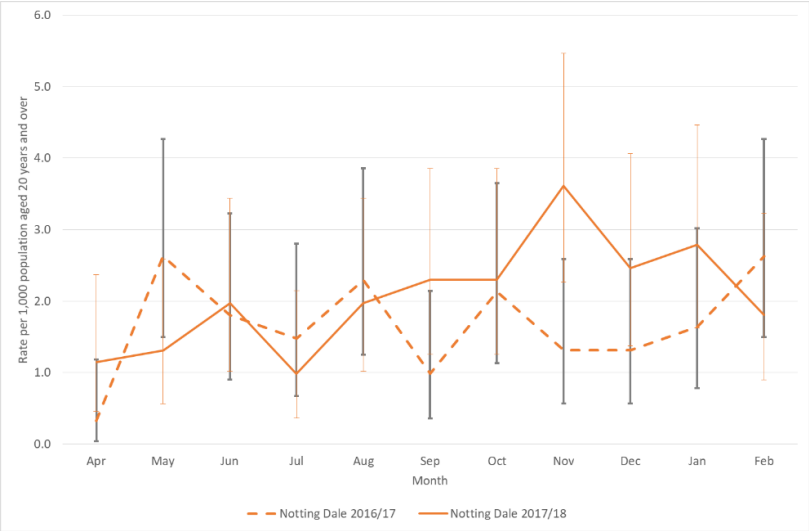


Queen's Park

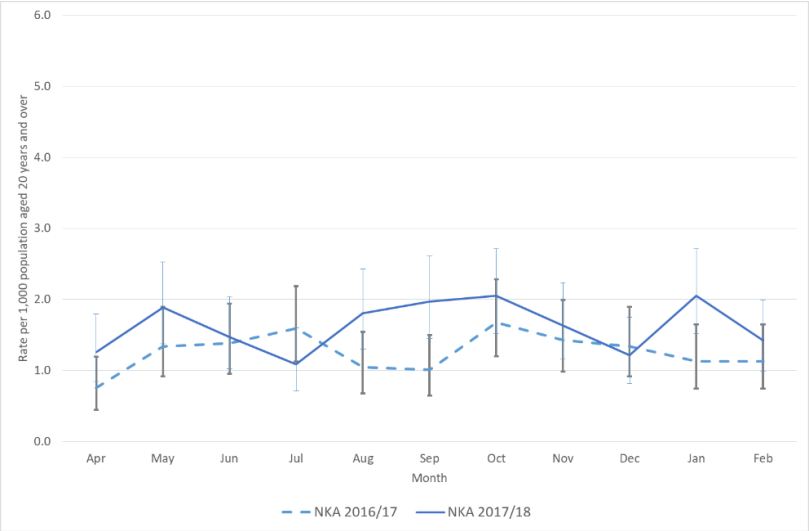


Outpatient First Attendances –Respiratory Medicine

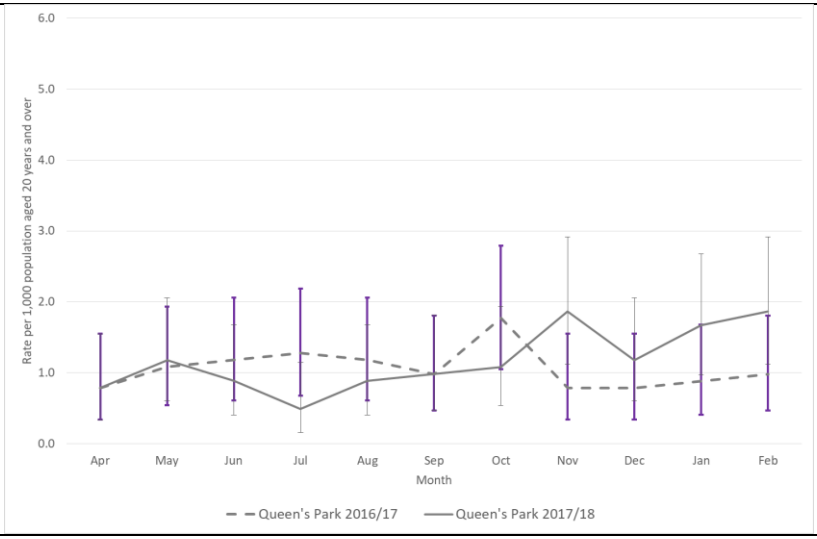
Notting Dale



Wider North Kensington Area

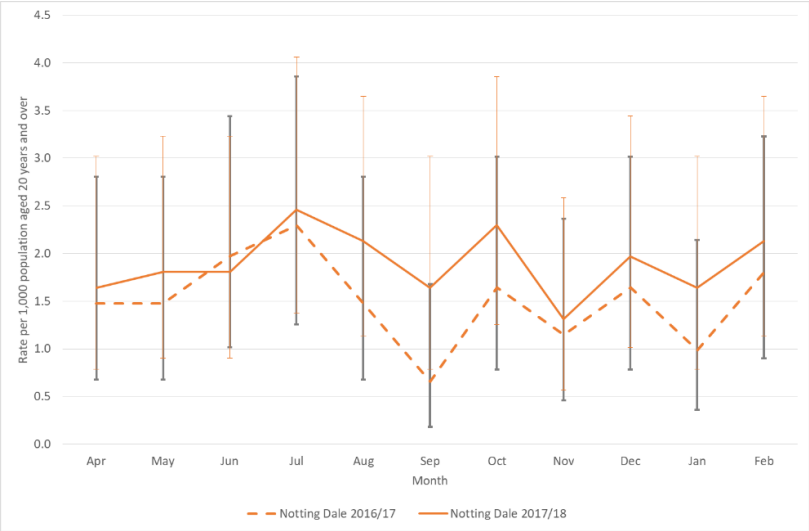


Queen's Park

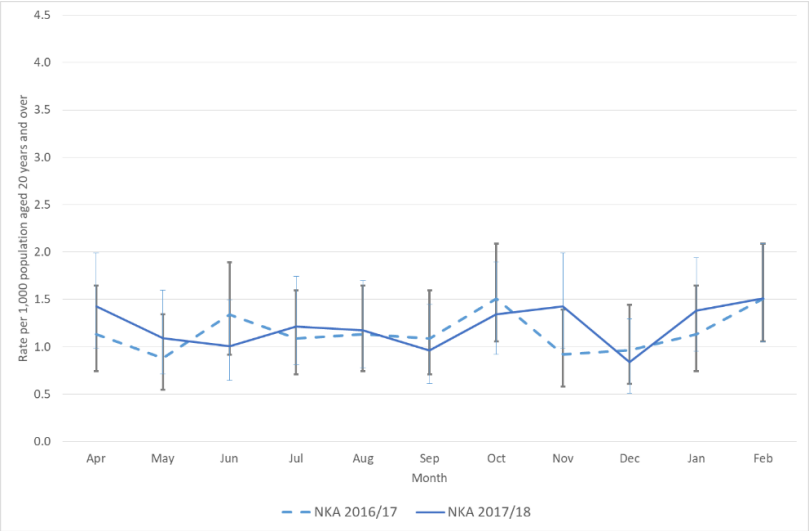


Outpatient First Attendances –Cardiology

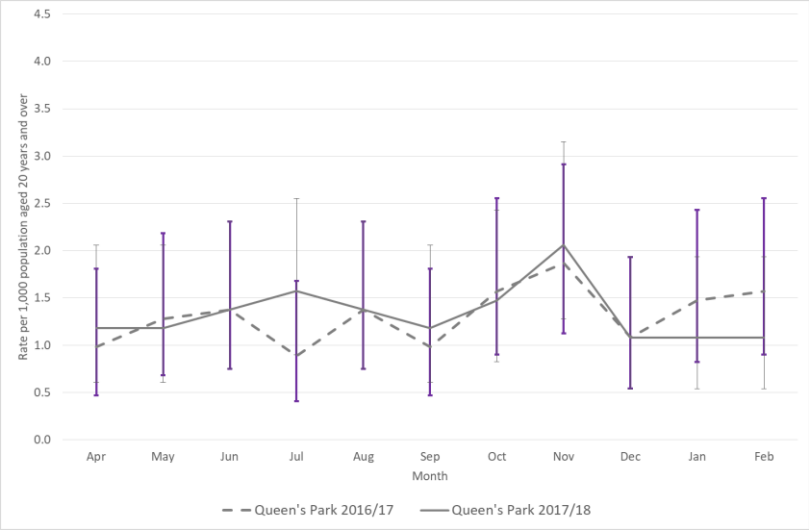
Notting Dale



Wider North Kensington Area

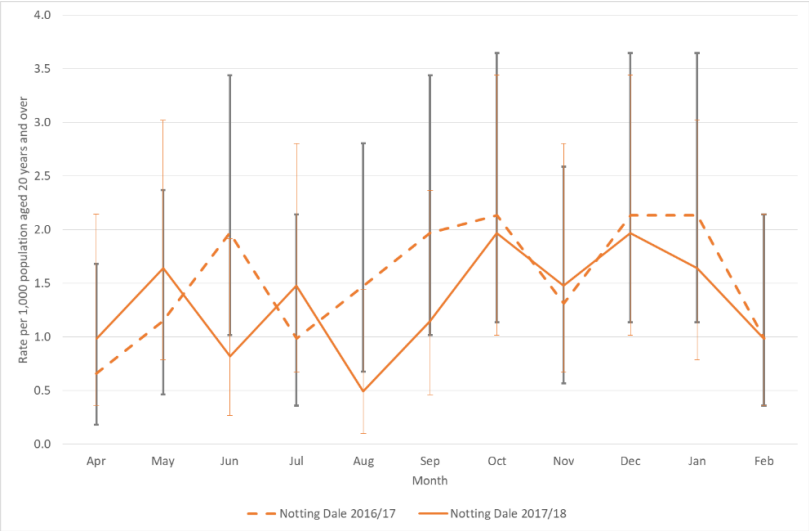


Queen's Park

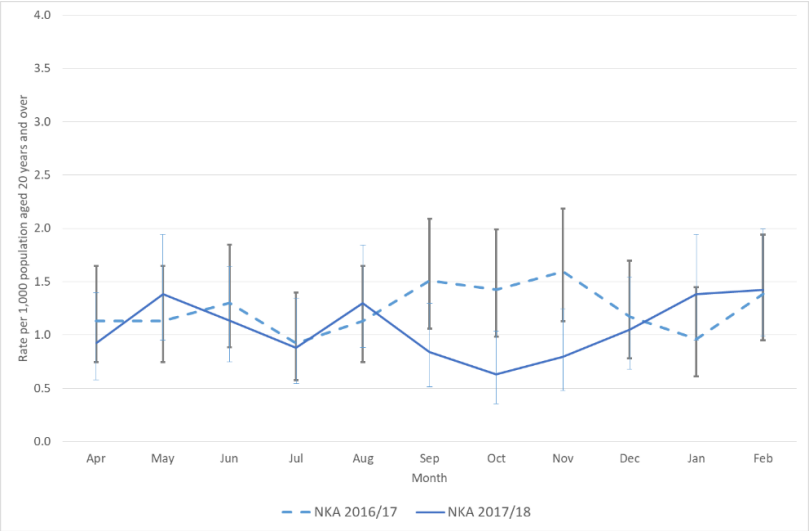


Outpatient First Attendances –Gastroenterology

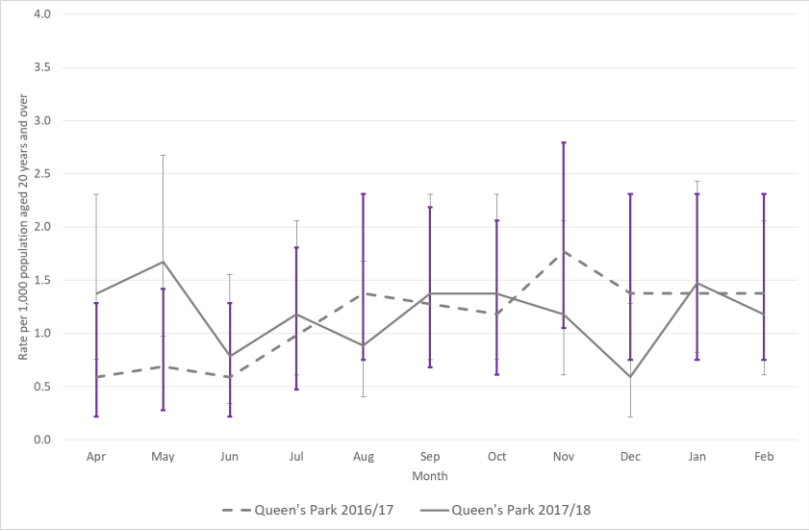
Notting Dale



Wider North Kensington Area

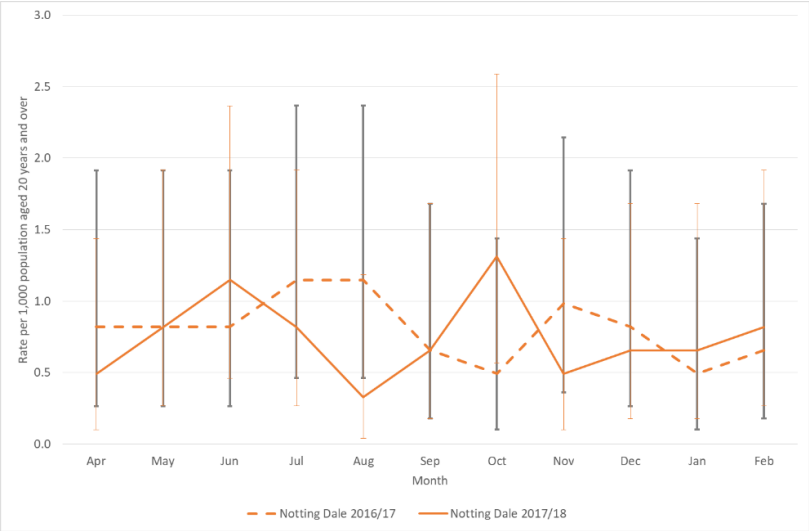


Queen's Park

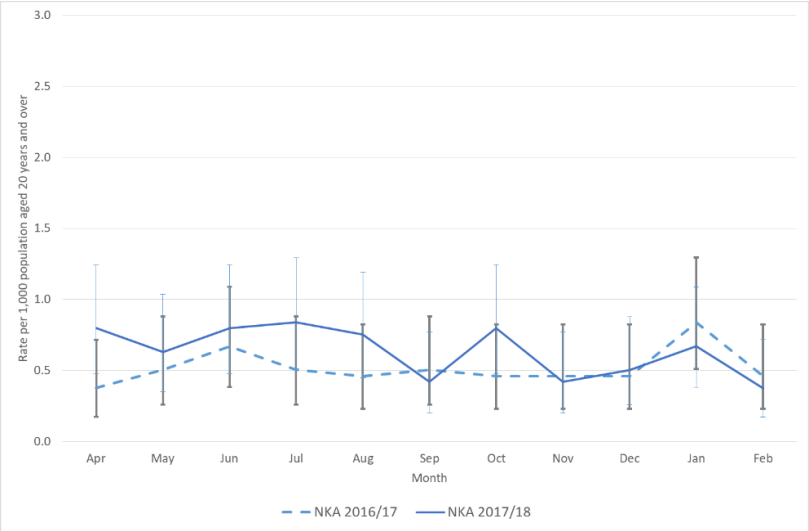


Outpatient First Attendances –Obstetrics

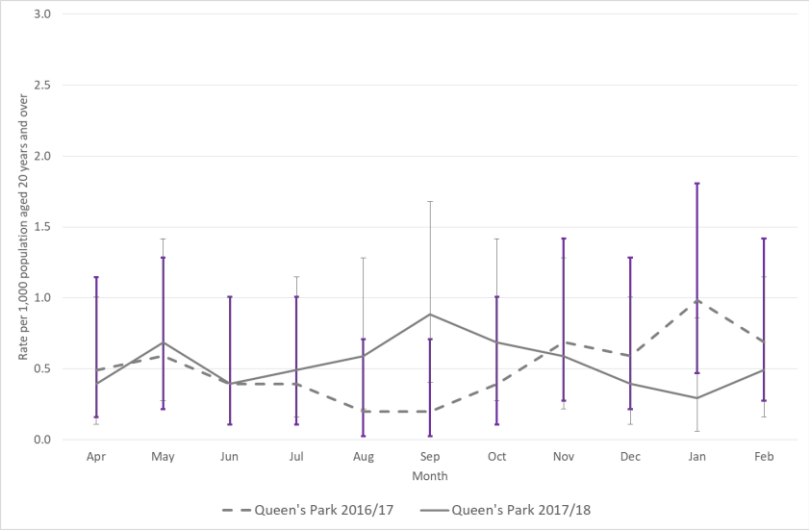
Notting Dale



Wider North Kensington Area



Queen's Park



Outpatient First Attendances –Stroke Medicine

Notting Dale	**Wider North Kensington Area**
No activity	No activity
Queen's Park	
No activity	

Outpatient First Attendances –Burns

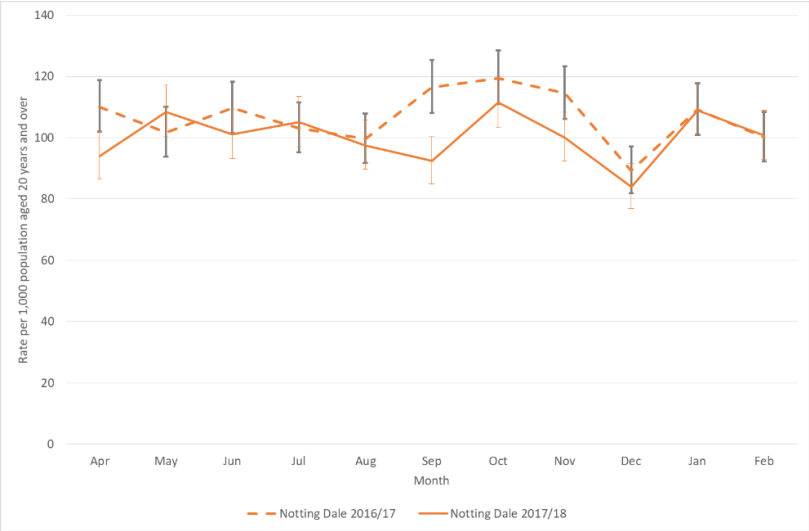
Notting Dale	**Wider North Kensington Area**
No activity	No activity
Queen's Park	
No activity	

Outpatient First Attendances –Unexplained medical symptoms

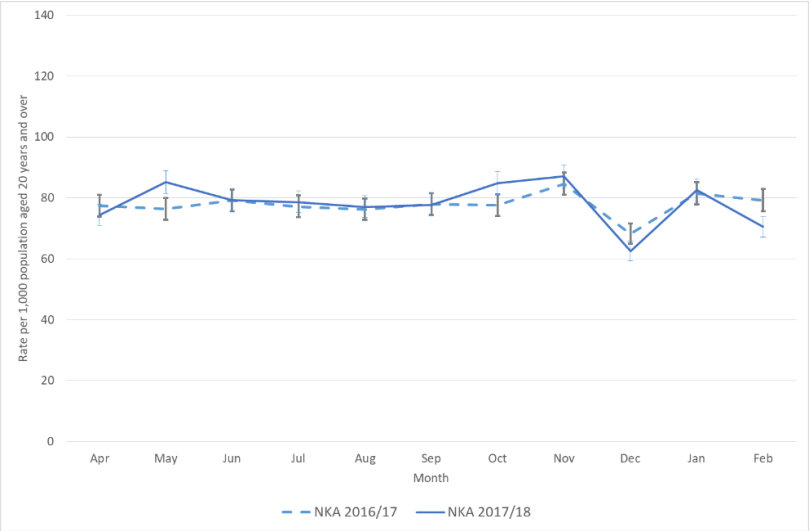
Notting Dale	**Wider North Kensington Area**
No code to detect	No code to detect
Queen's Park	
No code to detect	

Outpatient Follow-up Attendances –Any Treatment Function

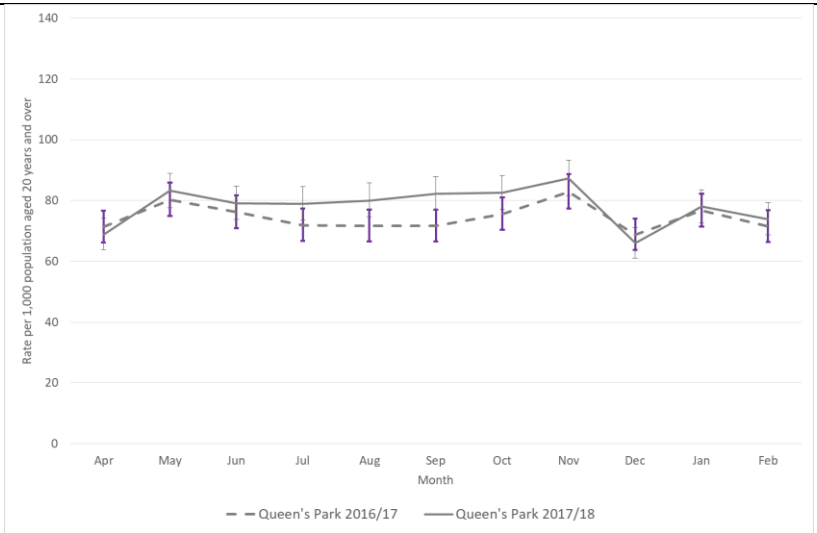
Notting Dale



Wider North Kensington Area

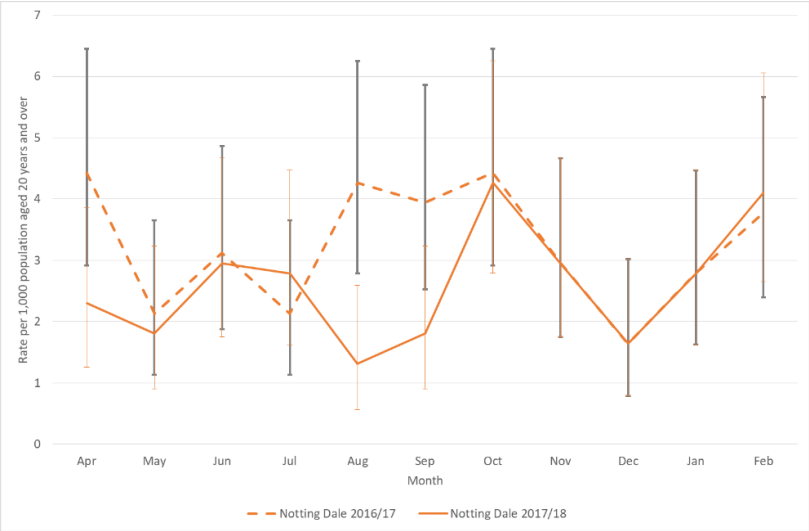


Queen's Park

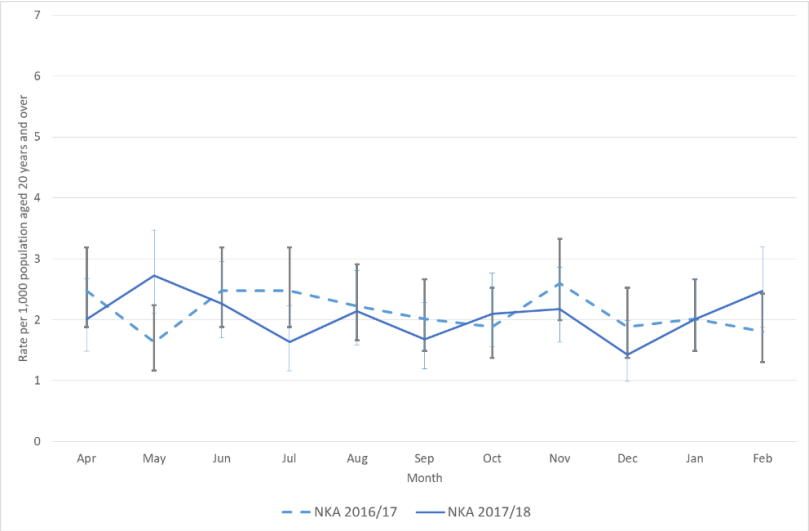


Outpatient Follow-up Attendances –Respiratory Medicine

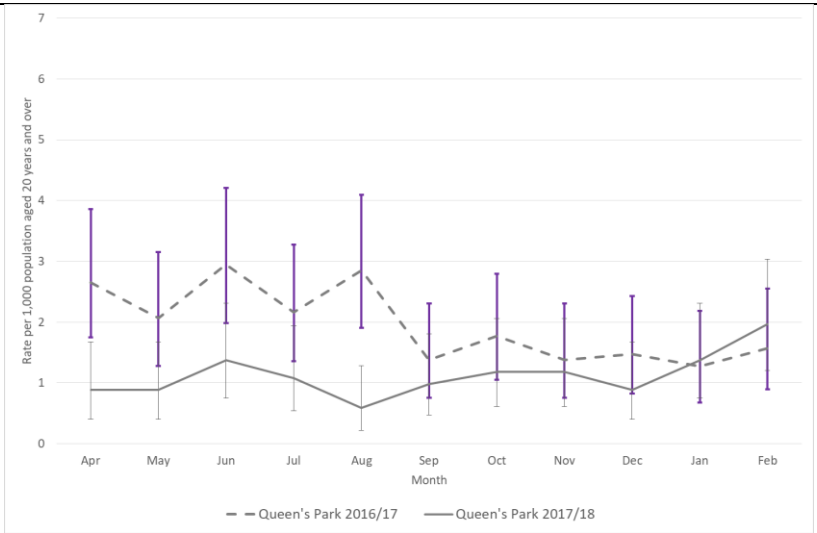
Notting Dale



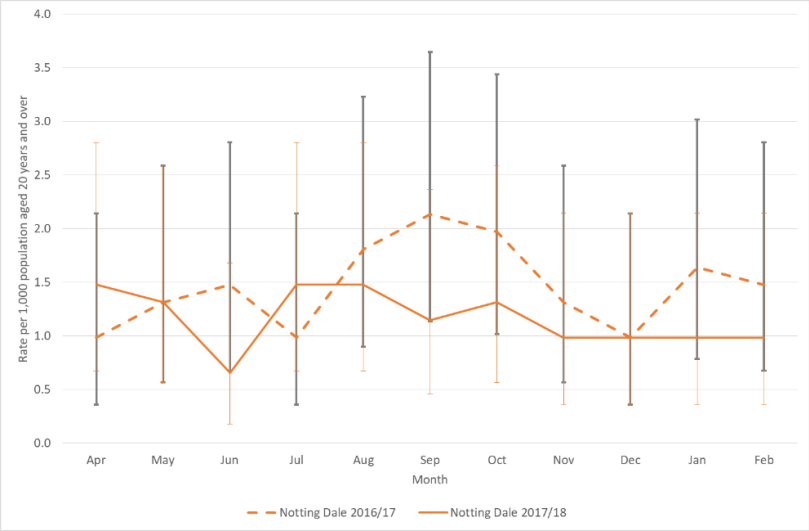
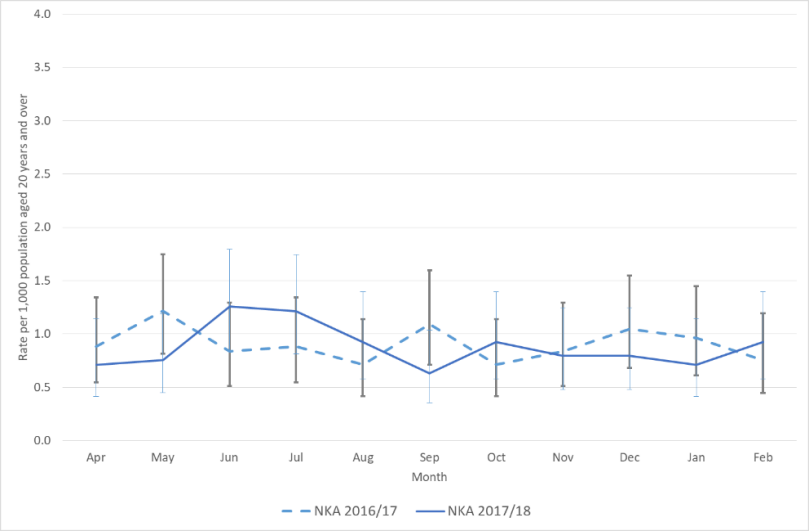
Wider North Kensington Area



Queen's Park

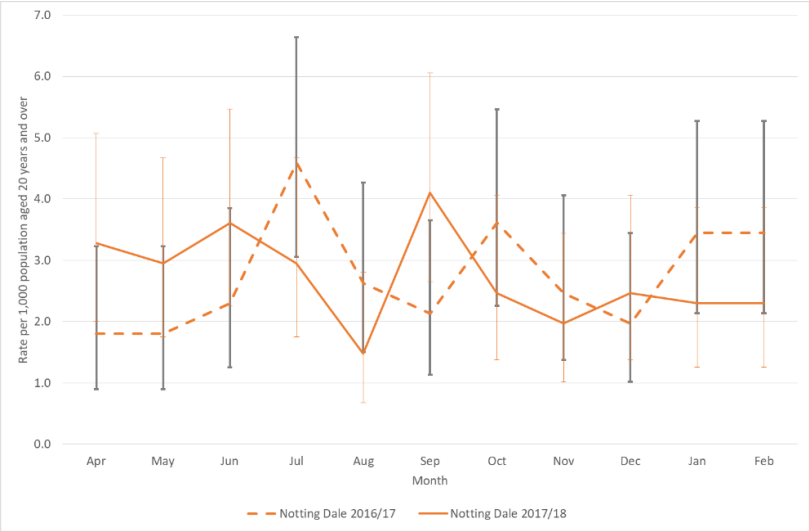


Outpatient Follow-up Attendances –Cardiology

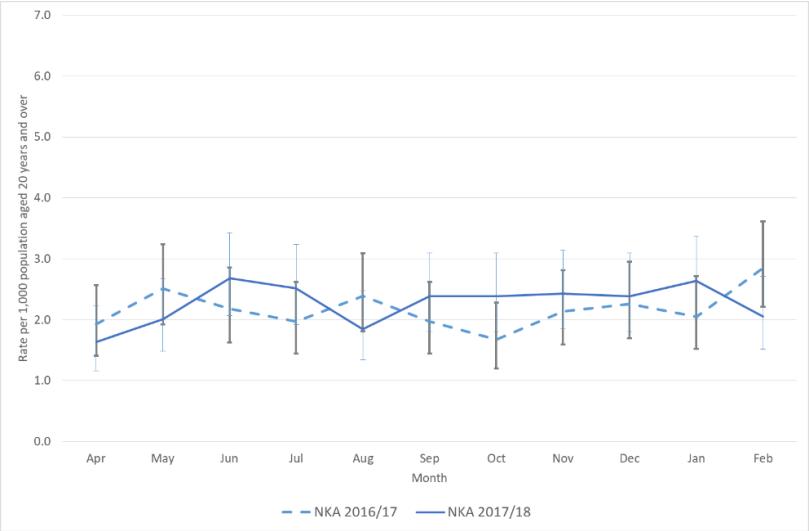
Notting Dale	Wider North Kensington Area
	
Queen's Park	

Outpatient Follow-up Attendances –Gastroenterology

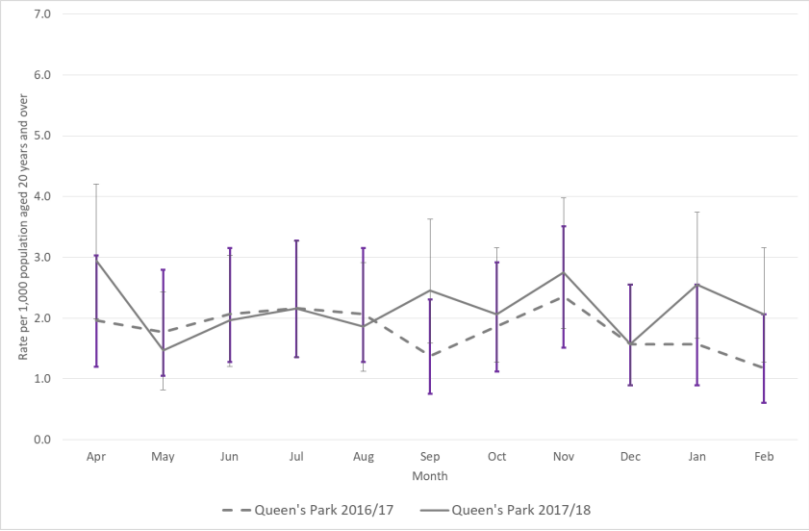
Notting Dale



Wider North Kensington Area

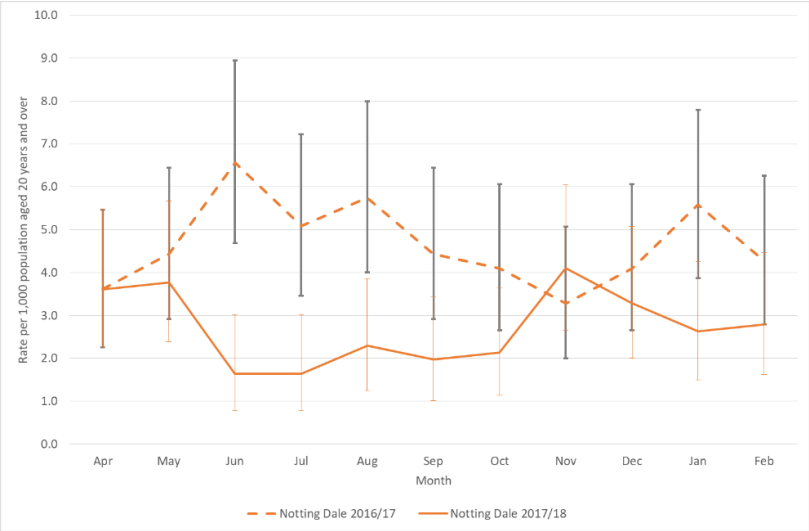


Queen's Park

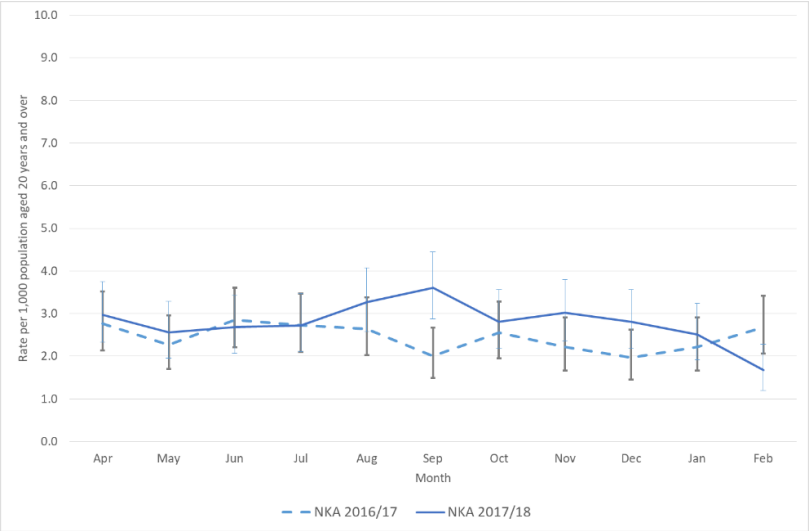


Outpatient Follow-up Attendances –Obstetrics

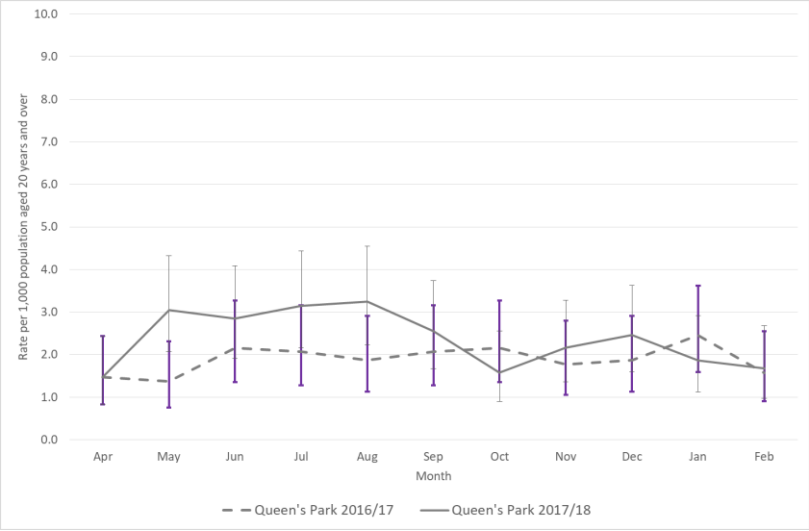
Notting Dale



Wider North Kensington Area



Queen's Park



Outpatient Follow-up Attendances –Stroke Medicine

Notting Dale	**Wider North Kensington Area**
No activity	No activity
Queen's Park	
No activity	

Outpatient Follow-up Attendances –Burns

Notting Dale	**Wider North Kensington Area**
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

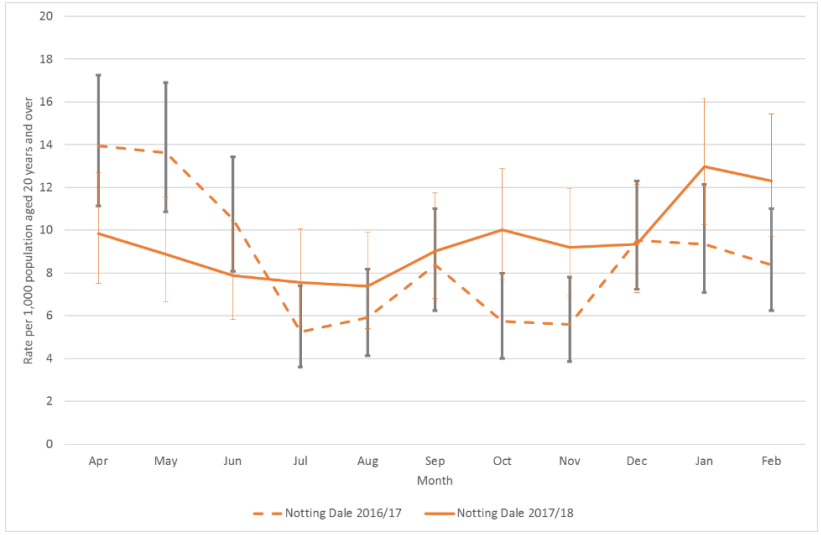
Outpatient Follow-up Attendances –Unexplained medical symptoms

Notting Dale	**Wider North Kensington Area**
No code to detect	No code to detect
Queen's Park	
No code to detect	

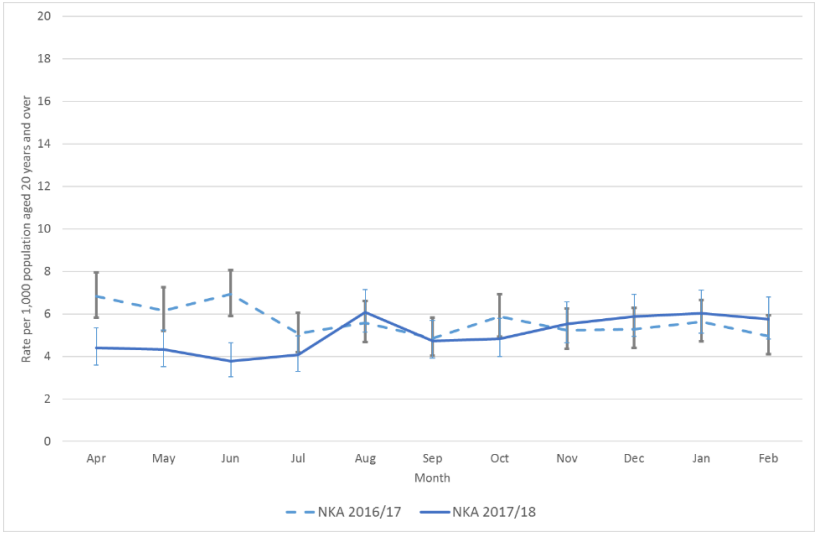
7.1. APPENDIX 4.2 – Mental Health supporting analyses (Adults)

GP activity – Mental Health – All

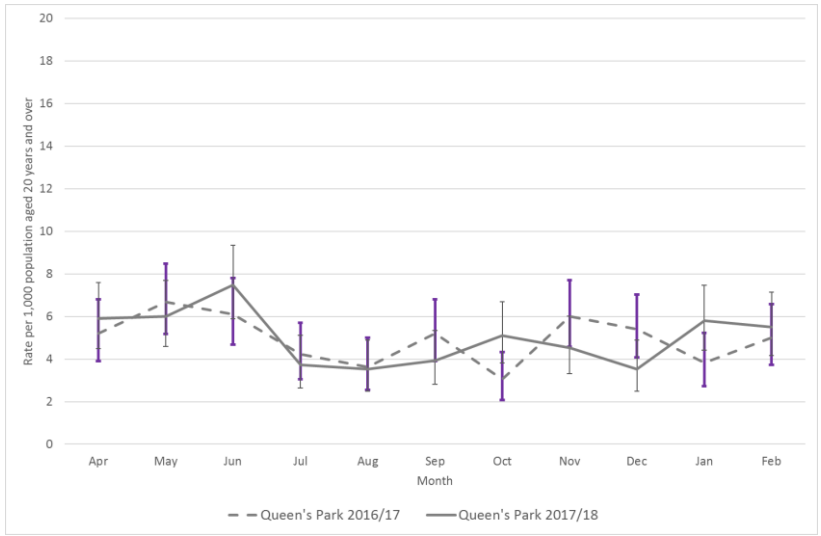
Notting Dale



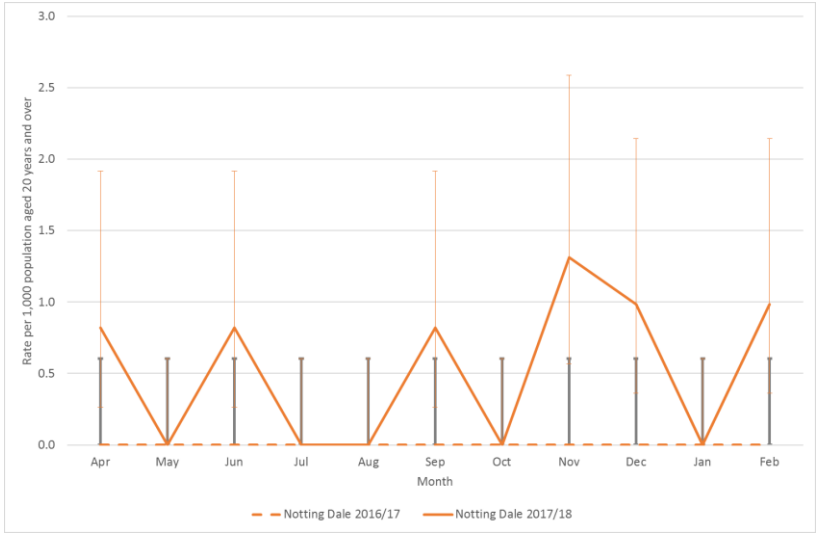
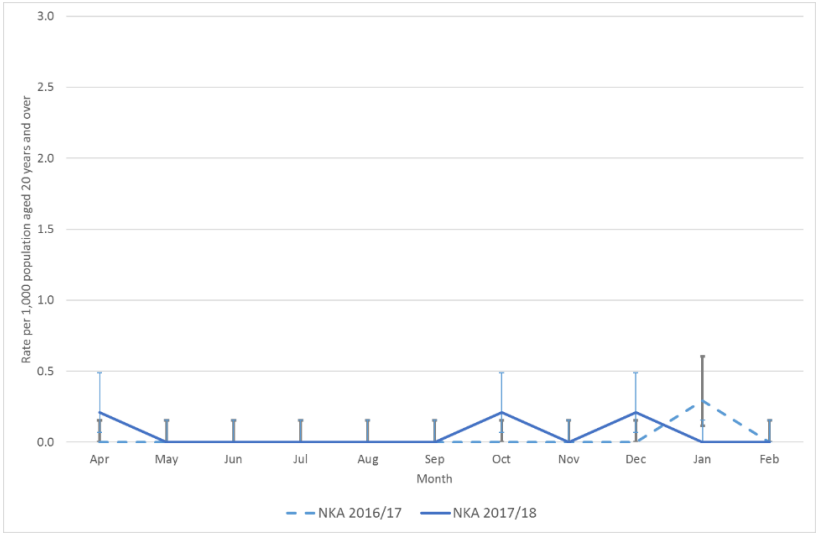
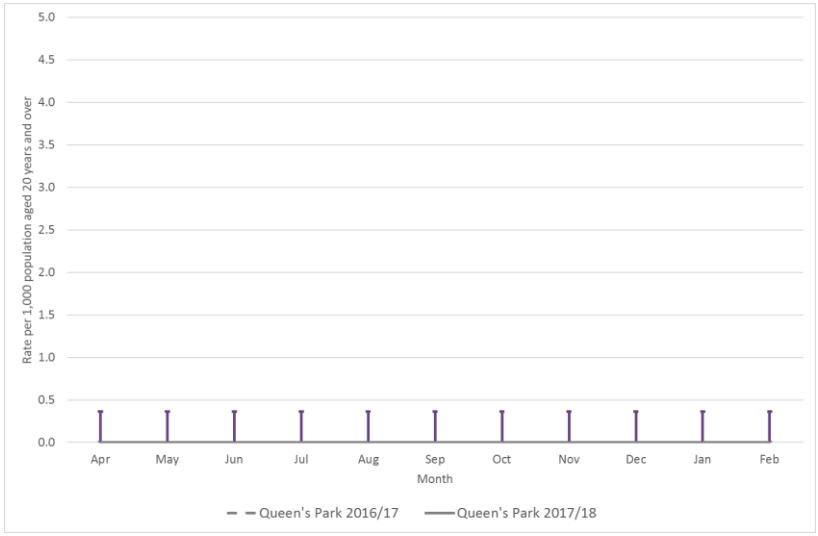
North Kensington Area (Excl. Notting Dale)



Queen's park - Comparator

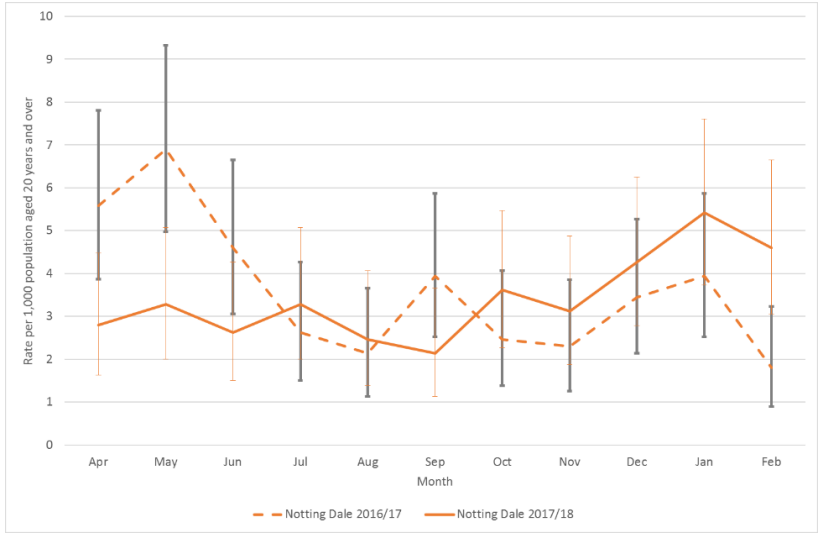


GP activity – PTSD

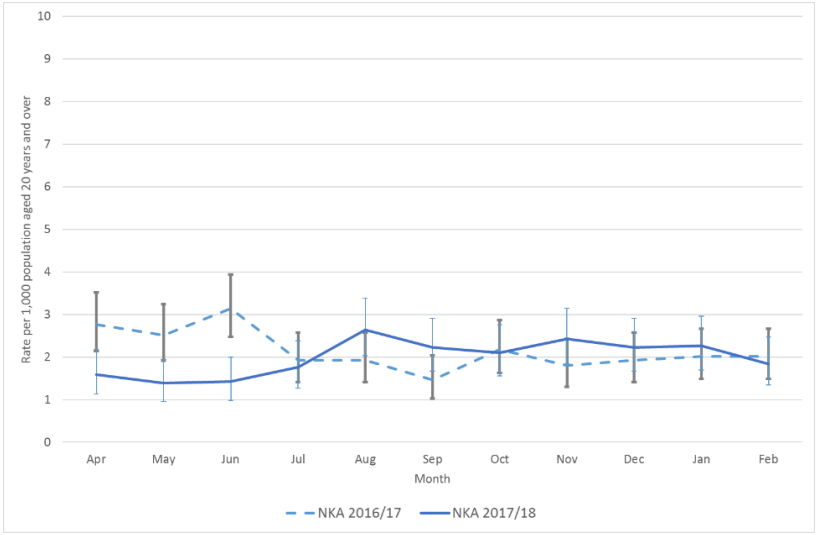
Notting Dale	North Kensington Area (Excl. Notting Dale)
	
Queen's park - Comparator	
	

GP activity – Depression

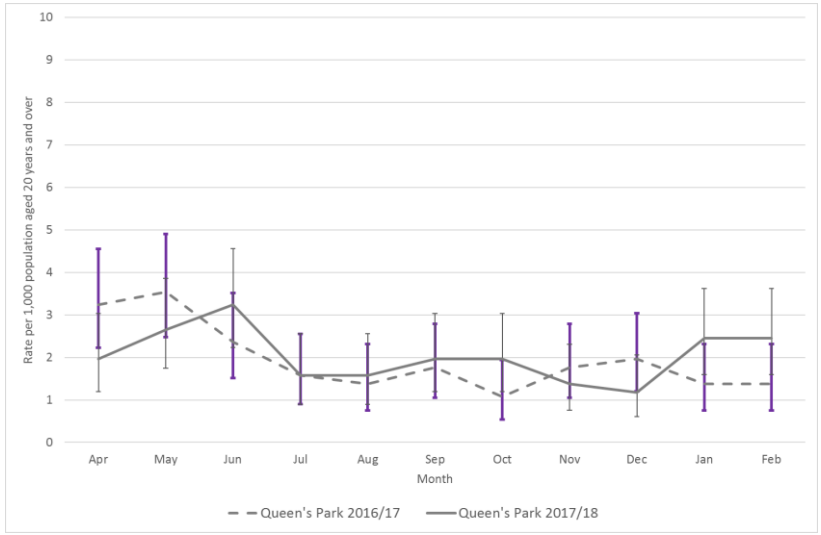
Notting Dale



North Kensington Area (Excl. Notting Dale)

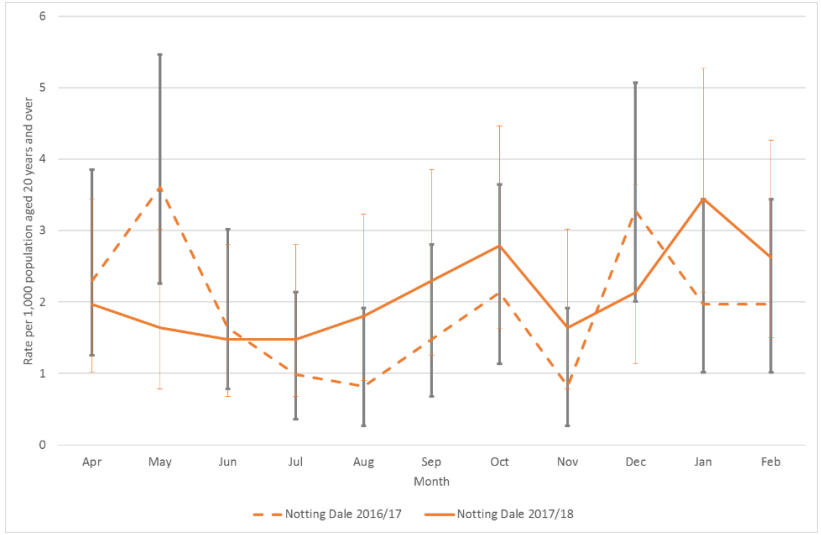


Queen's park - Comparator

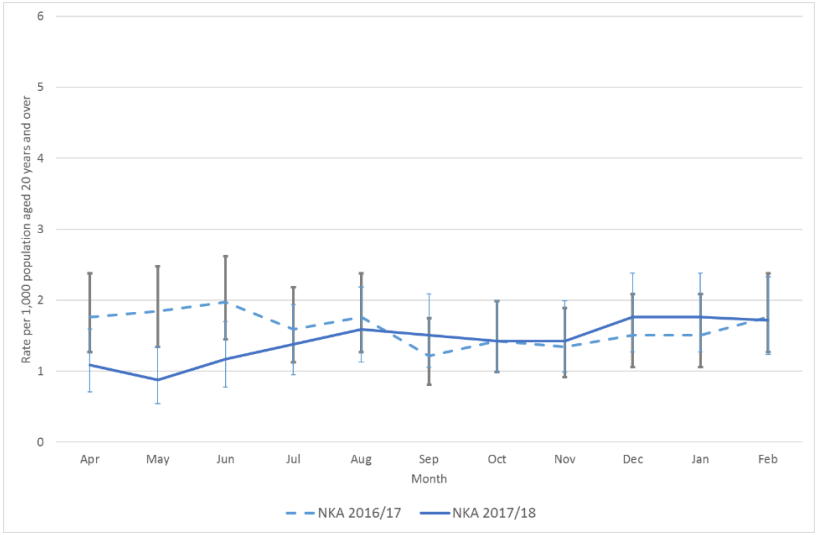


GP activity – Anxiety

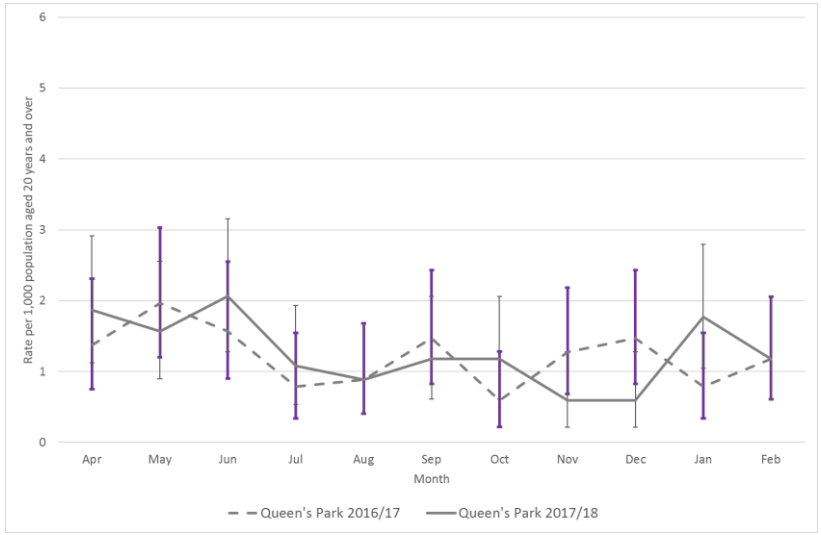
Notting Dale



North Kensington Area (Excl. Notting Dale)



Queen's park - Comparator

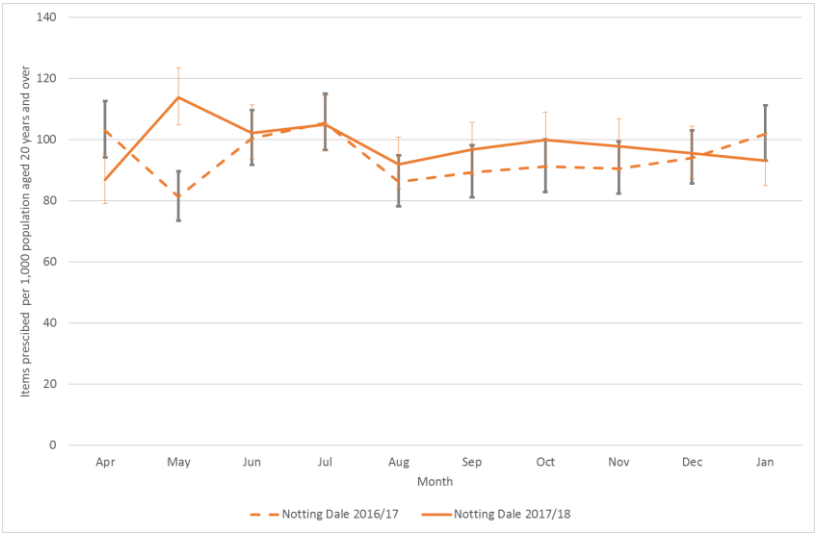


GP activity – Intentional self-harm/ suicide/ poisoning

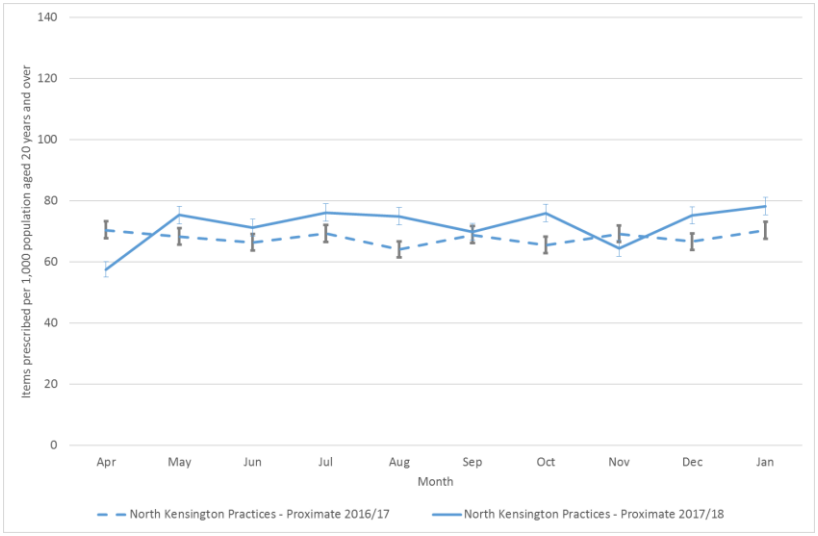
Notting Dale	North Kensington Area (Excl. Notting Dale)
Less than 5 patients per month	Less than 5 patients per month
Queen's park - Comparator	
Less than 5 patients per month	

GP prescribing items – Antidepressants

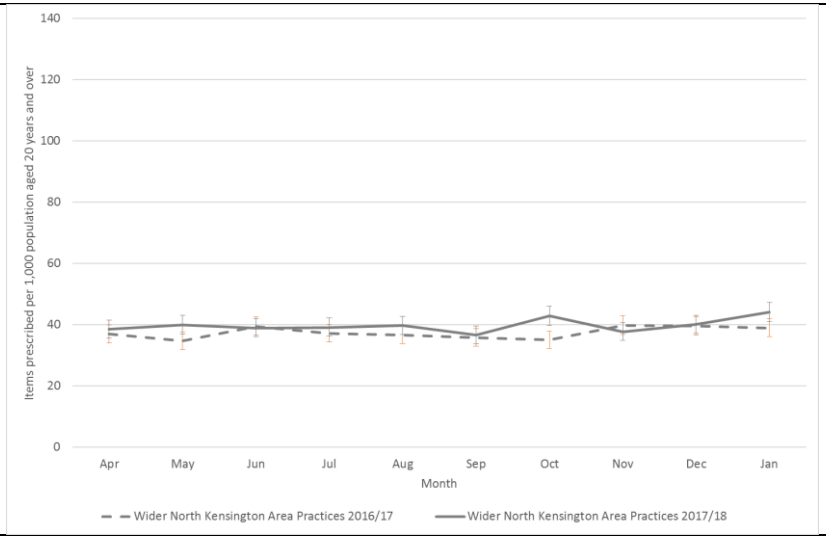
Notting Dale – Practices located in Notting Dale ward



North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward

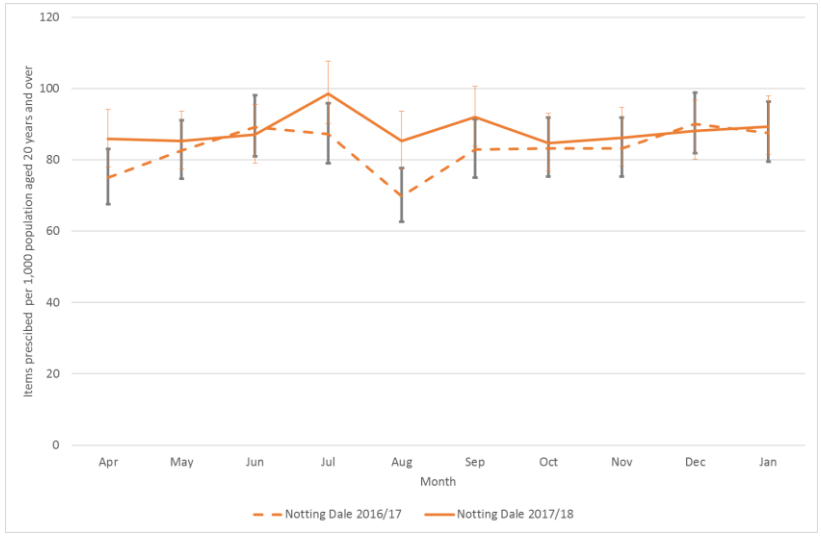


Wider North Kensington Area – Practices located furthest away from Grenfell

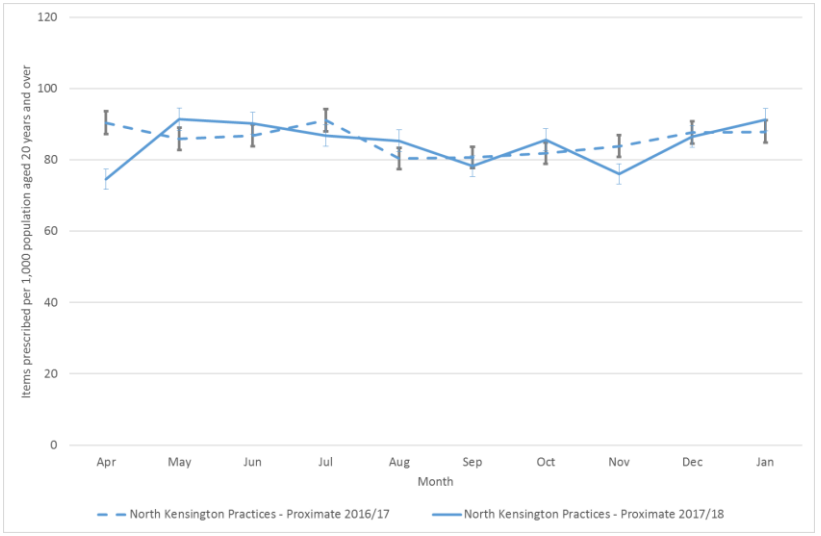


GP prescribing items – Medications for sleep disorders (BNF chapter - Hypnotics)

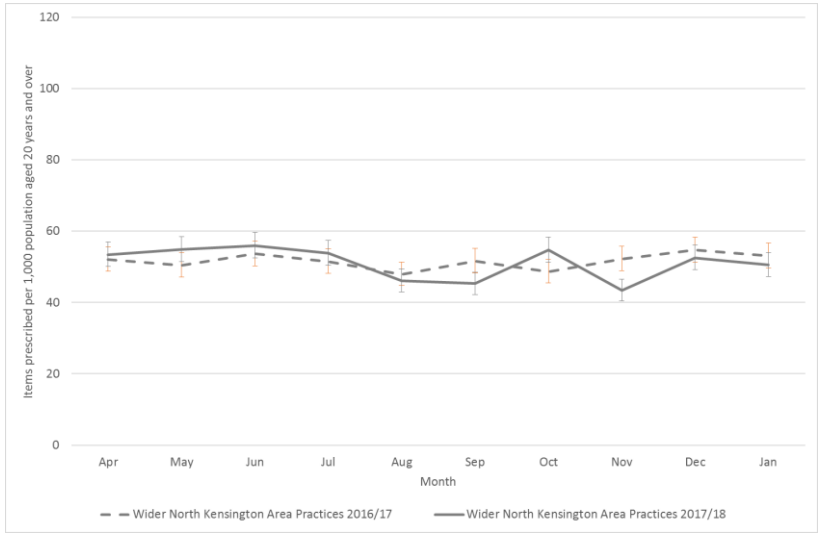
Notting Dale – Practices located in Notting Dale ward



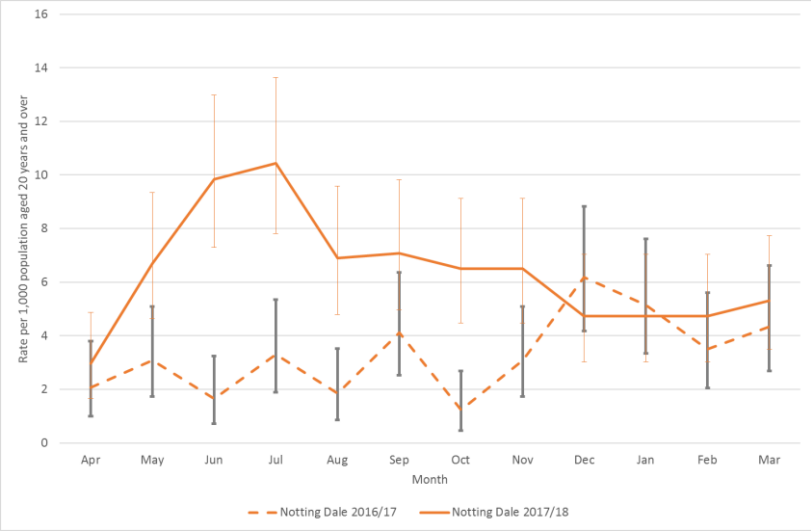
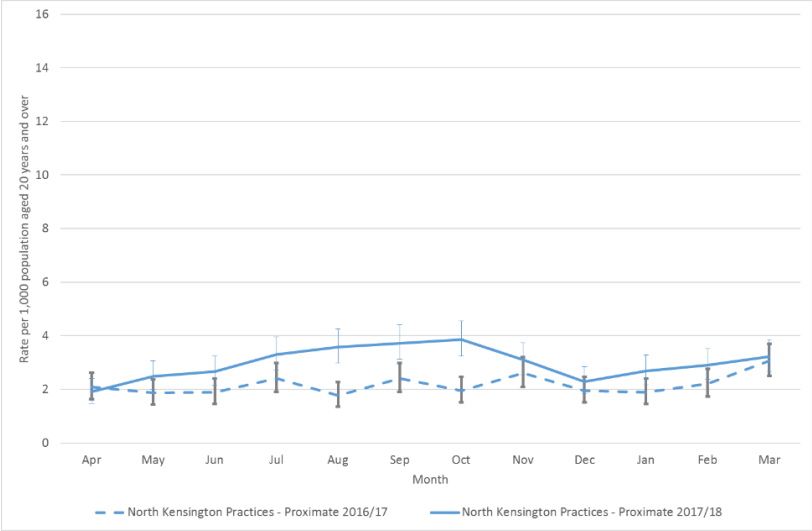
North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward

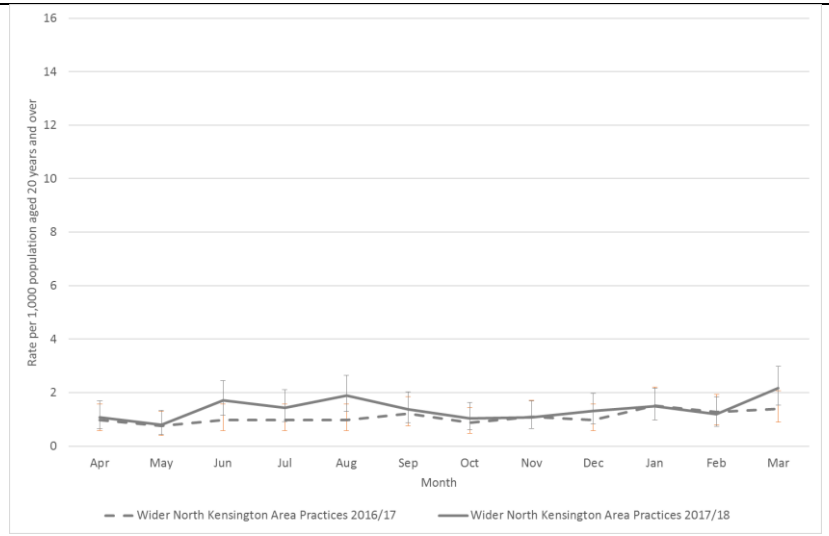


Wider North Kensington Area – Practices located furthest away from Grenfell



GP Referrals to Mental Health services – All services

Notting Dale – Practices located in Notting Dale ward	North Kensington Area – Proximate practices – Practices located close to Grenfell but not located in Notting dale ward
	
Wider North Kensington Area – Practices located furthest away from Grenfell	



Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Psychiatric Conditions)

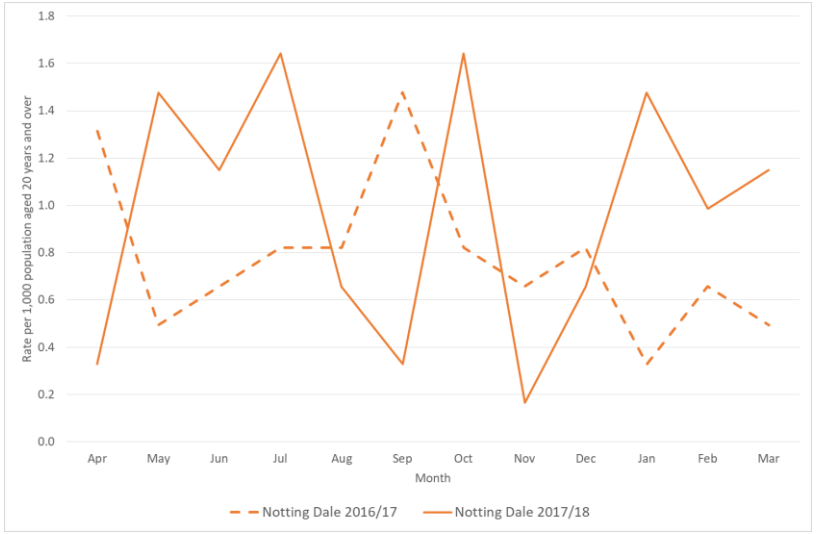
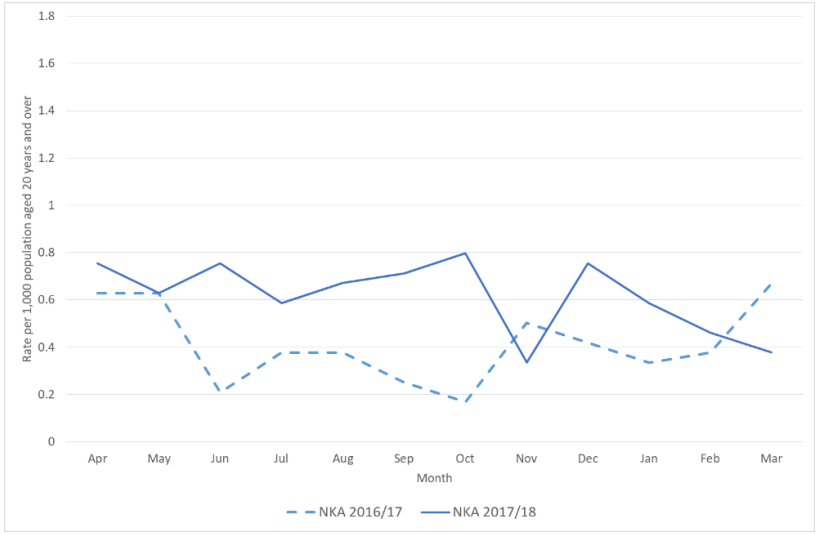
Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Urgent Care Centre/ Walk in Centre attendances – Primary diagnosis (Poisonings)

Notting Dale	Wider North Kensington Area
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Psychiatric Conditions)

Notting Dale	Wider North Kensington Area

	
Queen's Park	
Fewer than 5 per month	

A&E attendances – Primary diagnosis (Poisonings)

Notting Dale	**Wider North Kensington Area**
Fewer than 5 per month	
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Mental or Behavioural)

Notting Dale	**Wider North Kensington Area**
Fewer than 5 per month	Fewer than 5 per month
Queen's Park	
Fewer than 5 per month	

Non-elective admissions – Primary diagnosis (Intentional harm)

Notting Dale	**Wider North Kensington Area**
No activity	No activity
Queen's Park	
No activity	

Outpatient First Attendances –Mental/behavioural

Notting Dale	**Wider North Kensington Area**
No clinics	No clinics

Queen's Park	
No clinics	

Outpatient First Attendances —Intentional self-harm

Notting Dale	**Wider North Kensington Area**
No activity	No activity
Queen's Park	
No activity	

Outpatient Follow-up Attendances –Mental/behavioural

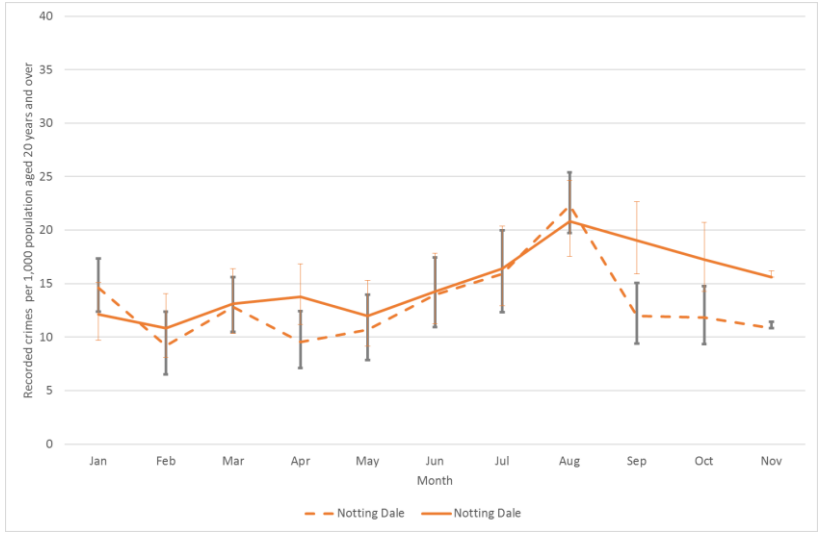
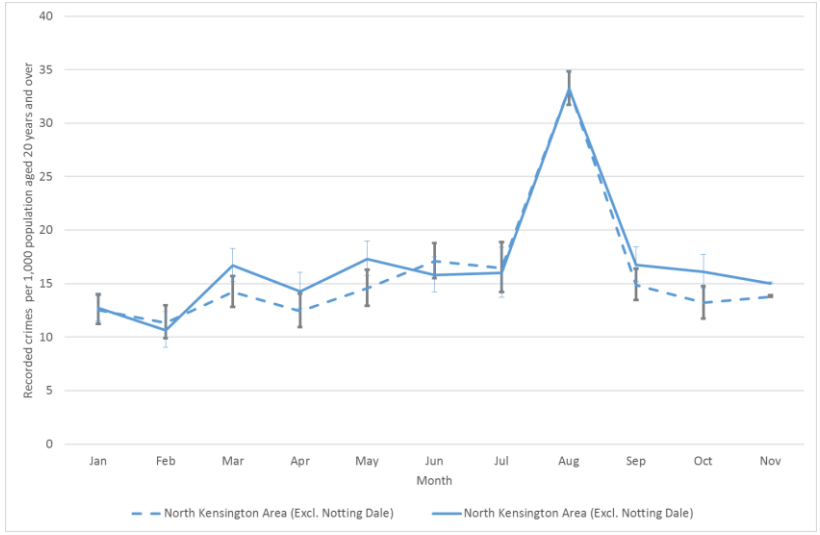
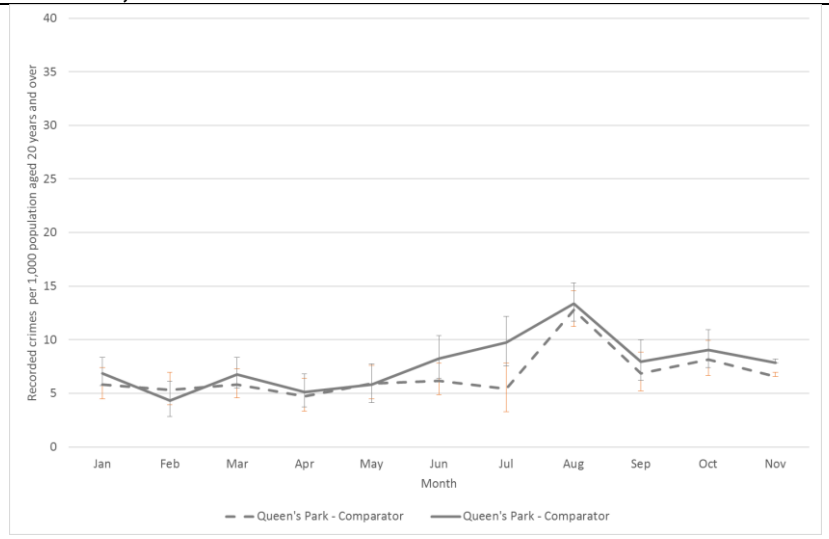
Notting Dale	**Wider North Kensington Area**
No clinics	No clinics
Queen's Park	
No clinics	

Outpatient Follow-up Attendances —Intentional self-harm

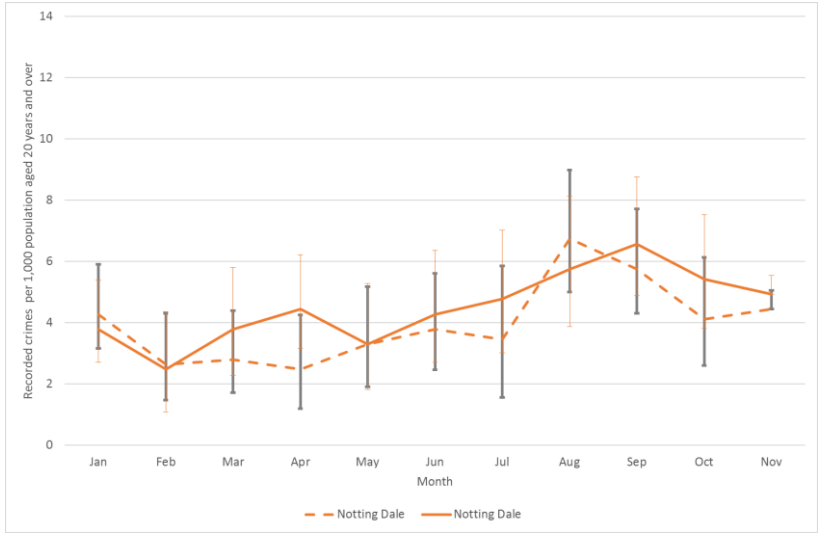
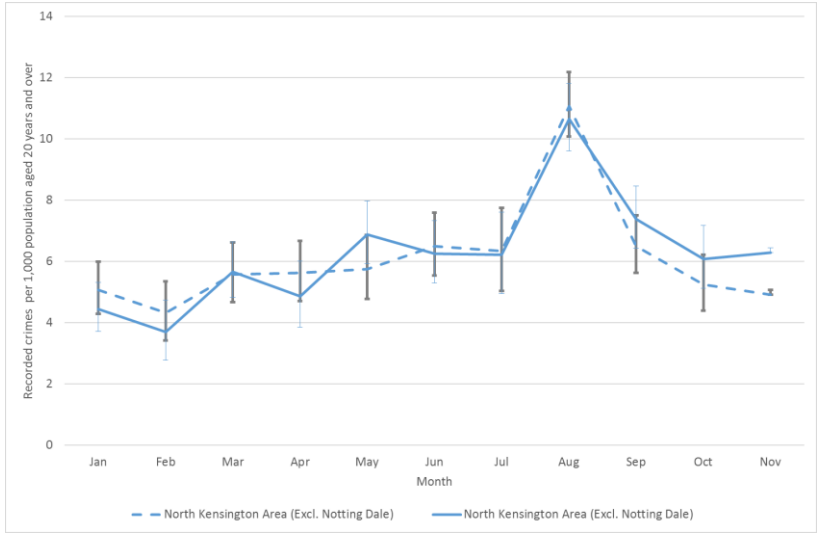
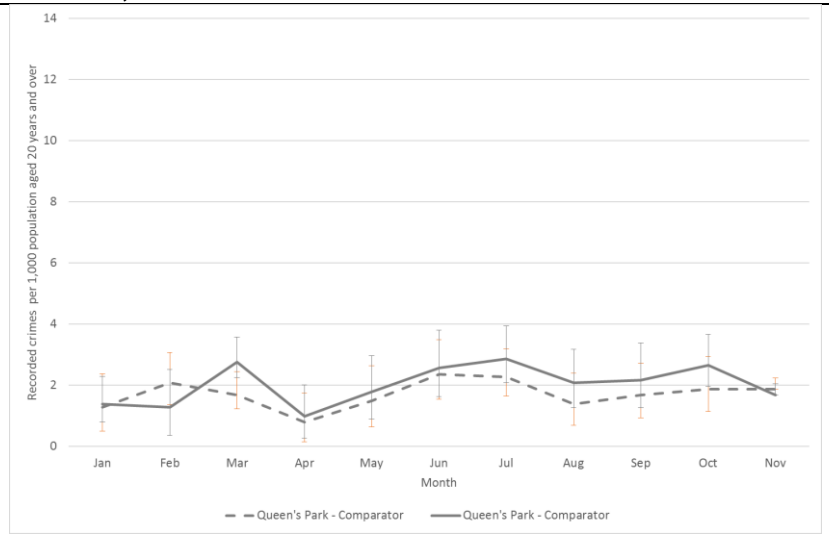
Notting Dale	**Wider North Kensington Area**
No activity	No activity
Queen's Park	
No activity	

7.2. APPENDIX 4.3 Societal Health (Adults)

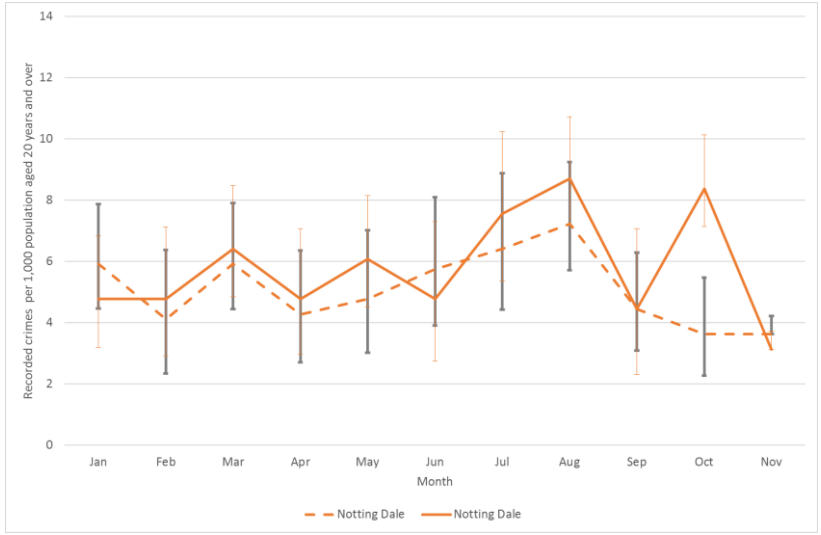
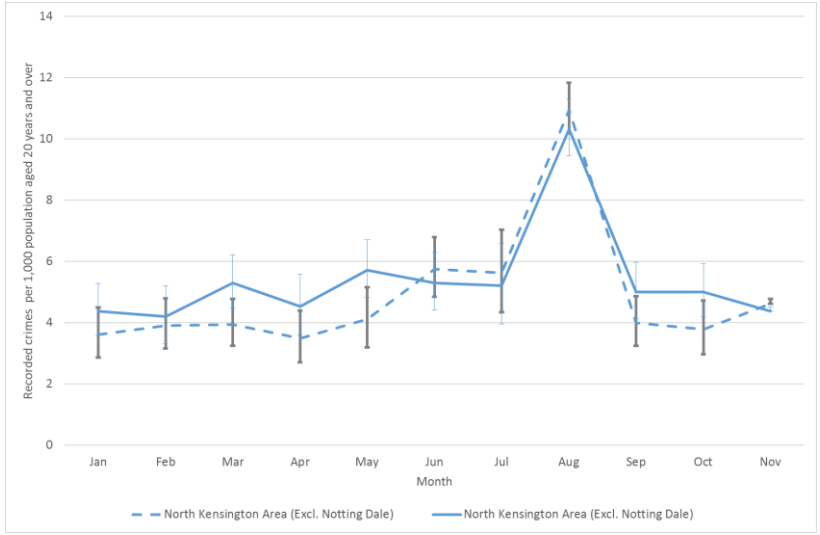
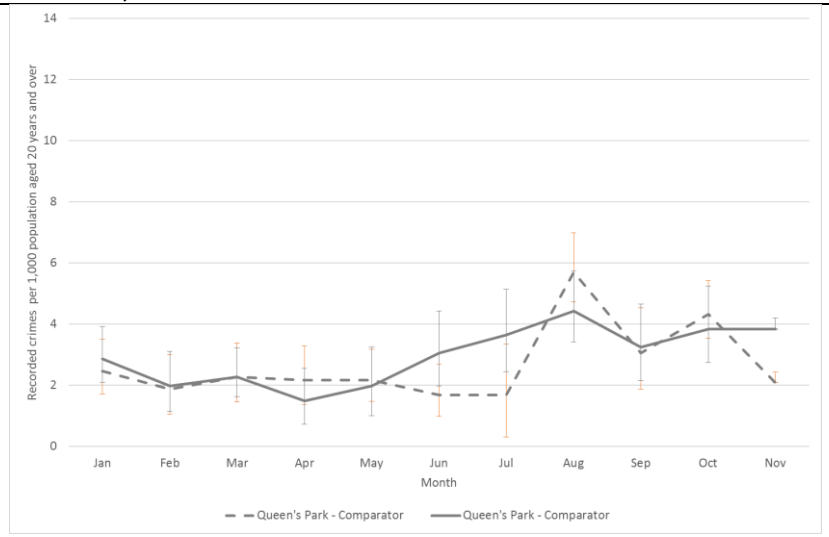
All crimes

Notting Dale	North Kensington Area (Excl. Notting Dale)
	
Queen's Park, Westminster	
	

Theft and handling

Notting Dale	North Kensington Area (Excl. Notting Dale)
	
Queen's Park, Westminster	
	

Violence against the person

Notting Dale	North Kensington Area (Excl. Notting Dale)
	
Queen's Park, Westminster	
	

Burglary

Notting Dale	North Kensington Area (Excl. Notting Dale)
Fewer than 5 recorded incidents per month	
Queen's Park, Westminster	

Criminal damage

Notting Dale	North Kensington Area (Excl. Notting Dale)
Fewer than 5 recorded incidents per month	
Queen's Park, Westminster	

Drugs

Notting Dale	North Kensington Area (Excl. Notting Dale)
Fewer than 5 recorded incidents per month	
Queen's Park, Westminster	

Fraud and forgery

Notting Dale	North Kensington Area (Excl. Notting Dale)
Fewer than 5 recorded incidents per month	
Queen's Park, Westminster	

Robbery

Notting Dale	North Kensington Area (Excl. Notting Dale)
Fewer than 5 recorded incidents per month	
Queen's Park, Westminster	

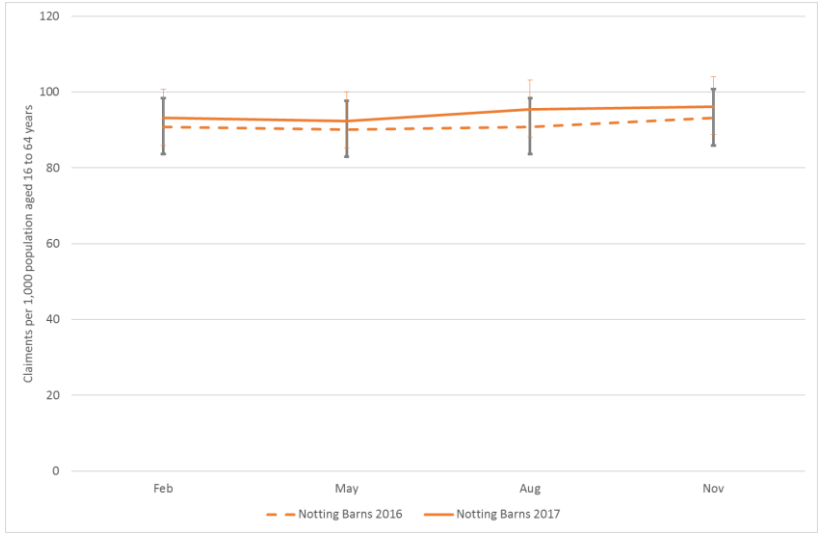
Sexual offences

Notting Dale	North Kensington Area (Excl. Notting Dale)
Fewer than 5 recorded incidents per month	
Queen's Park, Westminster	

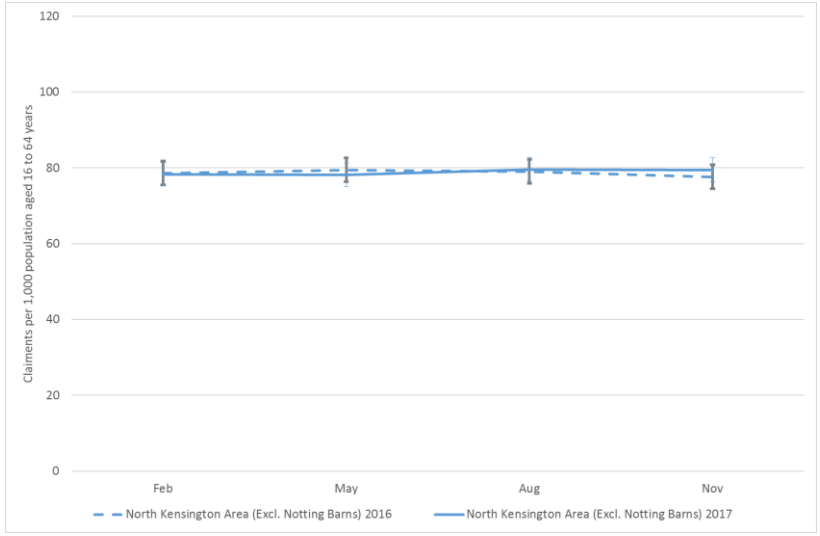
ADULTS 20 YEARS AND OVER

Employment Support Allowance Claimants – All reasons

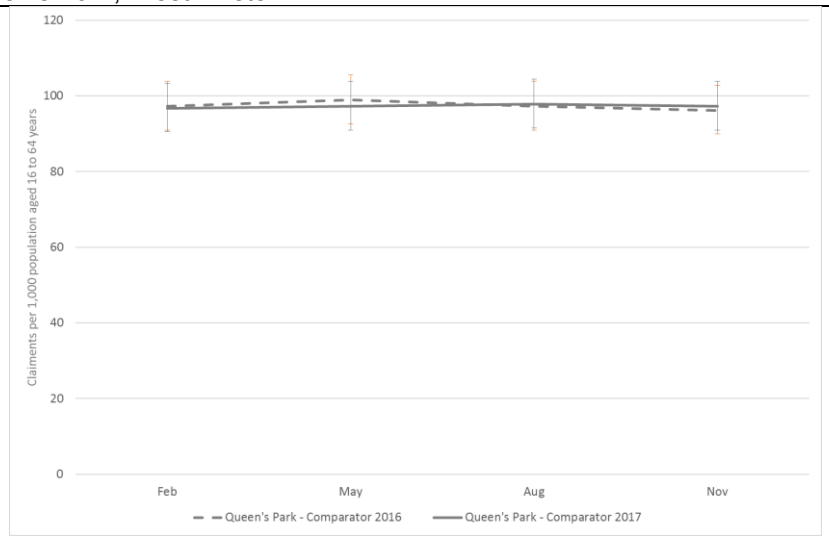
Notting Barns



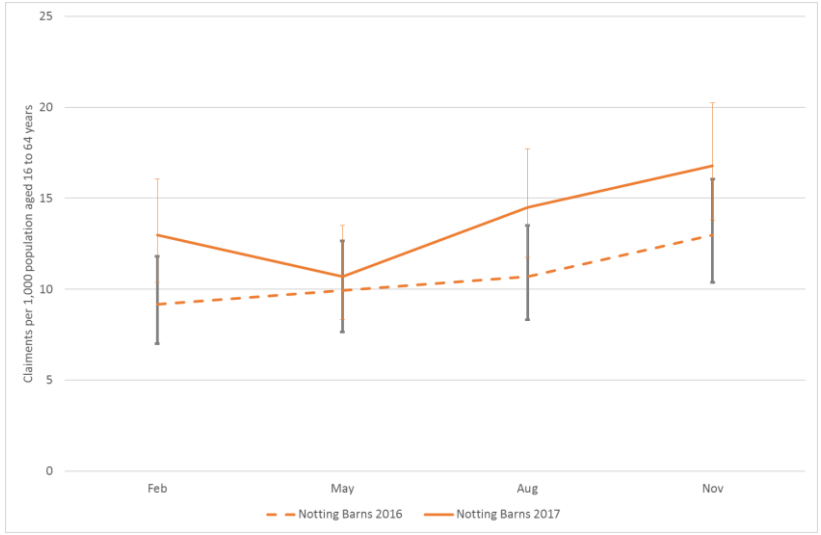
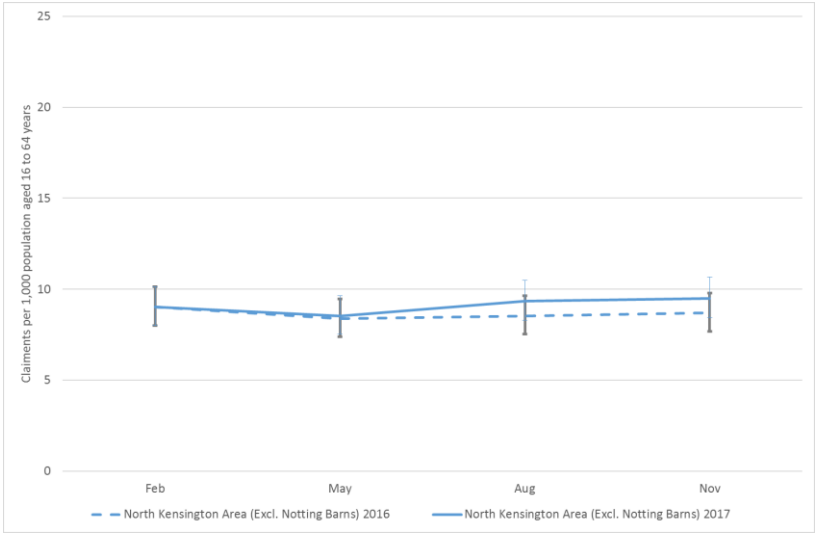
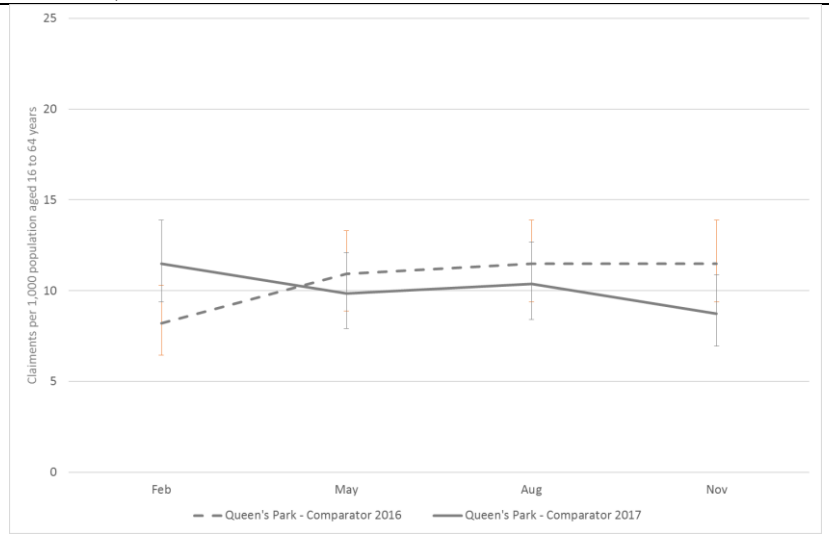
North Kensington Area (Excl. Notting Barns)



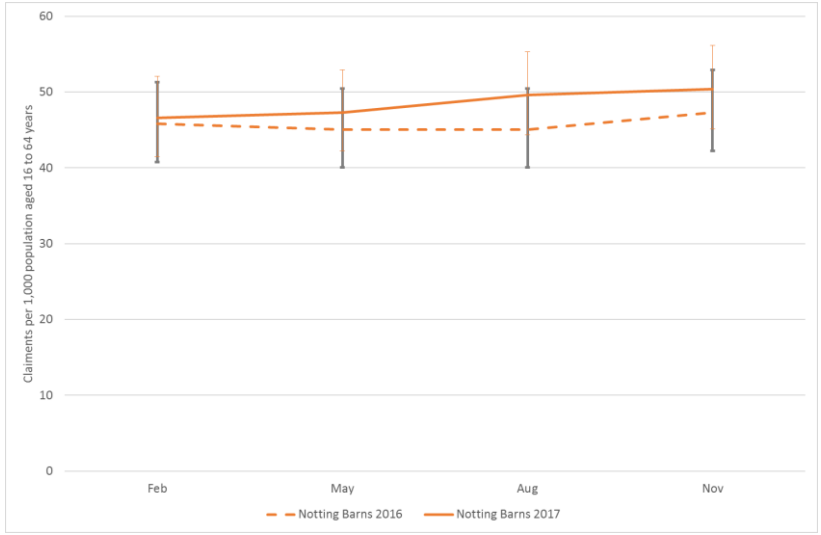
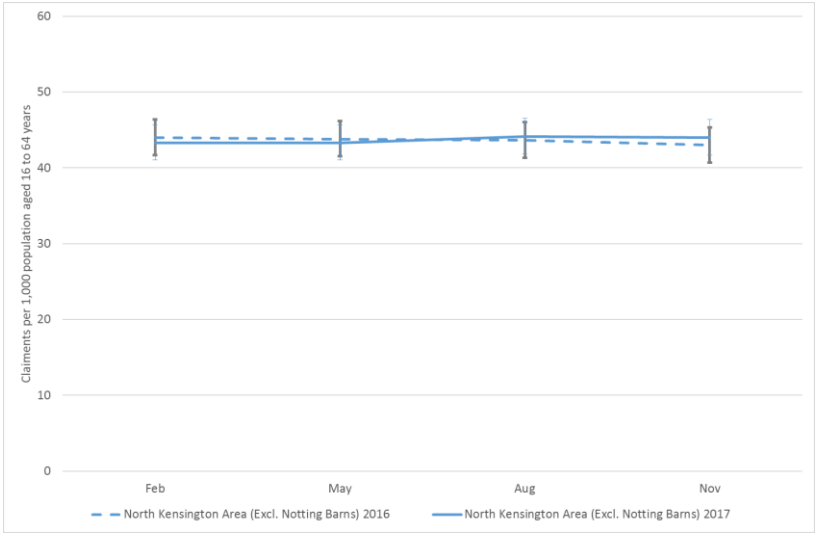
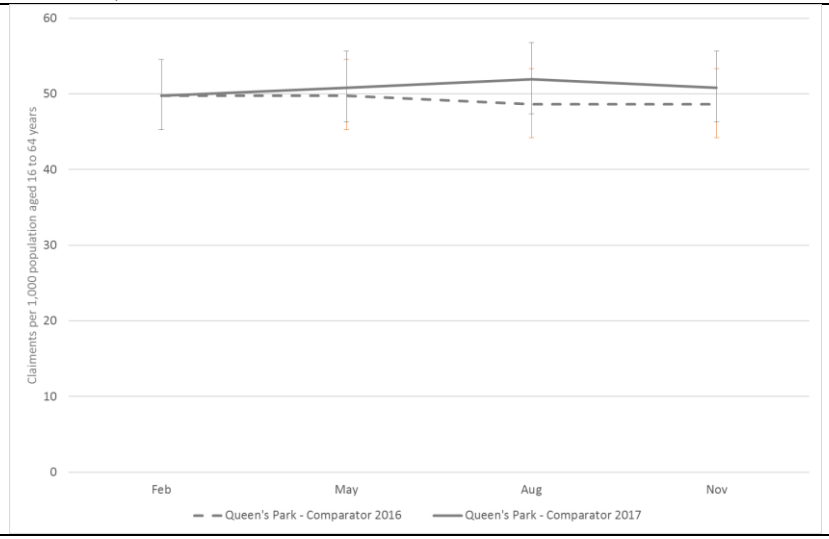
Queen's Park, Westminster



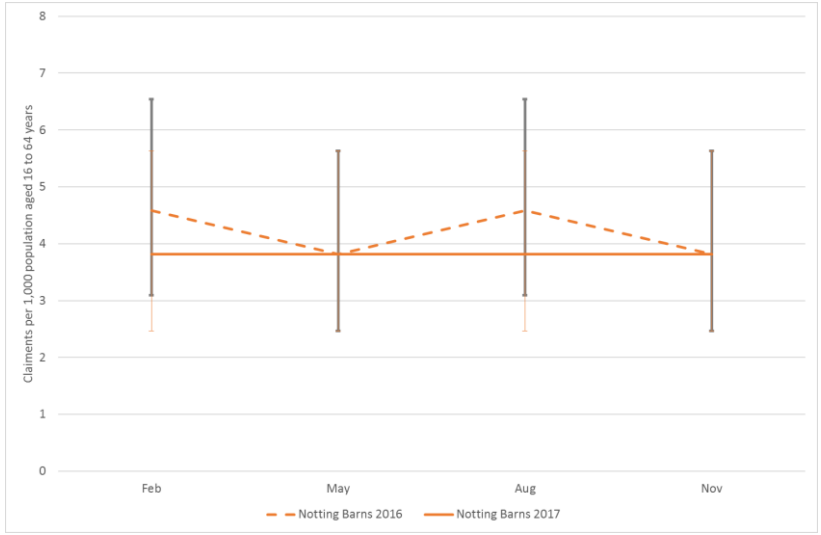
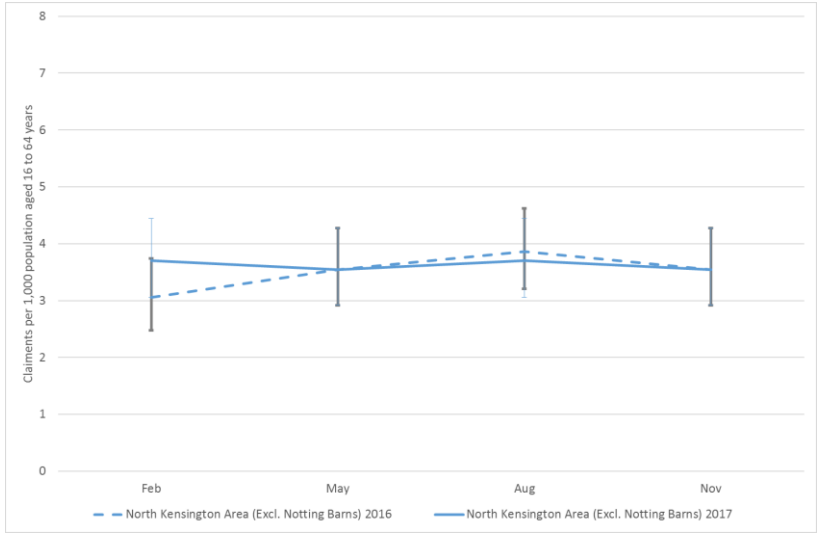
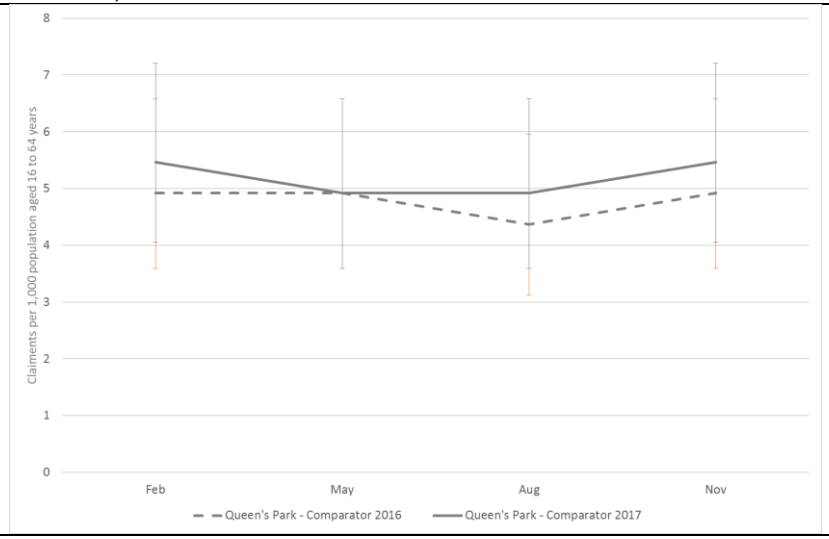
Employment Support Allowance Claimants – Up to 6 months

Notting Barns	North Kensington Area (Excl. Notting Barns)
	
Queen's Park, Westminster	
	

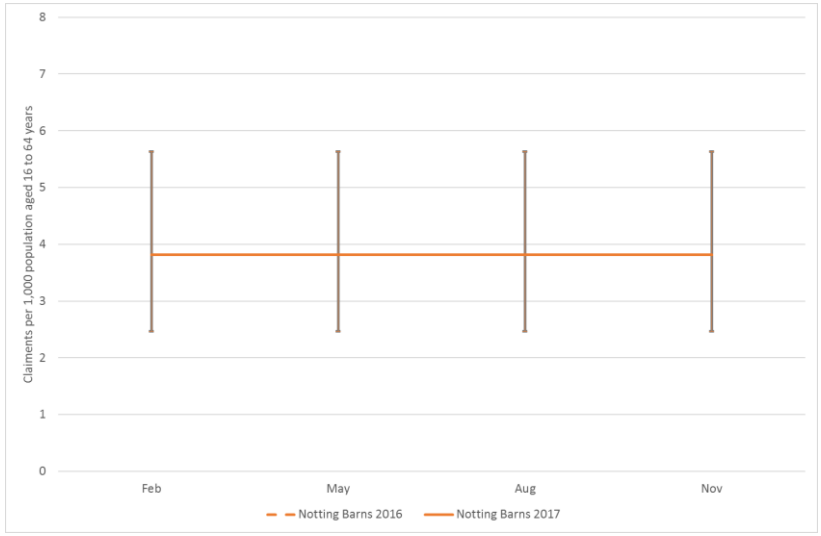
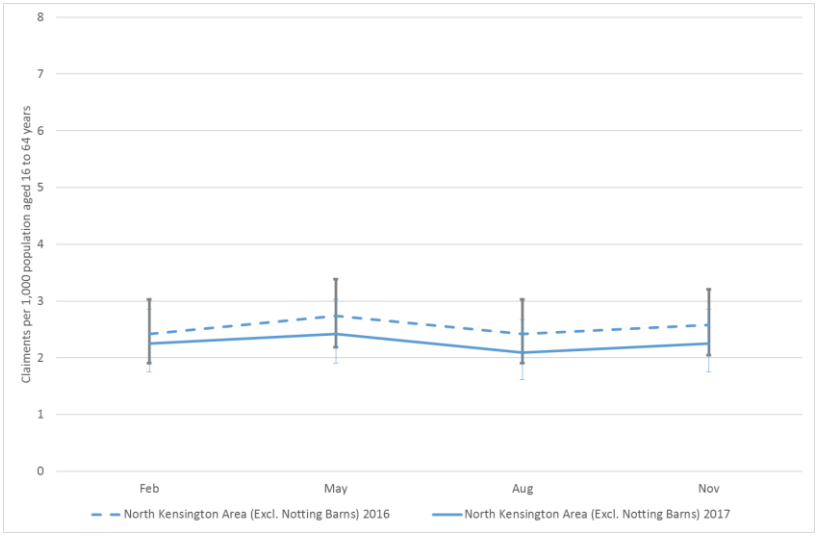
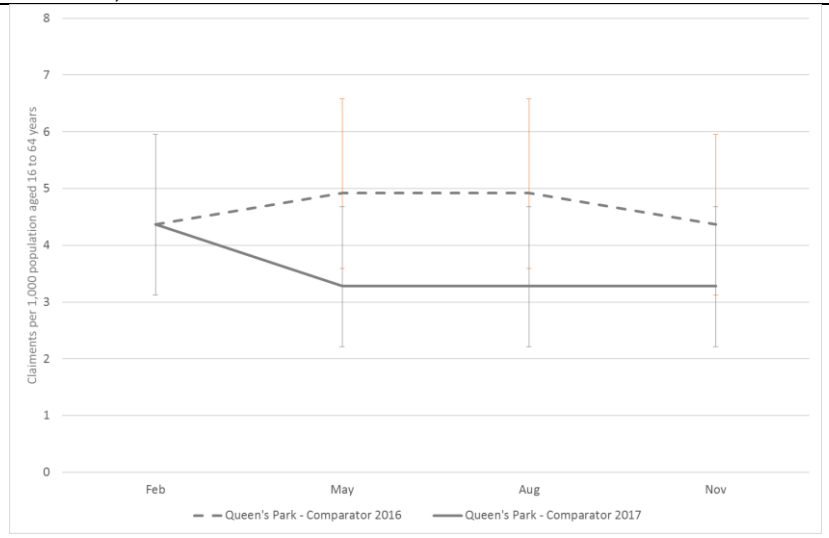
Employment Support Allowance Claimants – disease - mental

Notting Barns	North Kensington Area (Excl. Notting Barns)
	
Queen's Park, Westminster	
	

Employment Support Allowance Claimants – disease - respiratory or circulatory

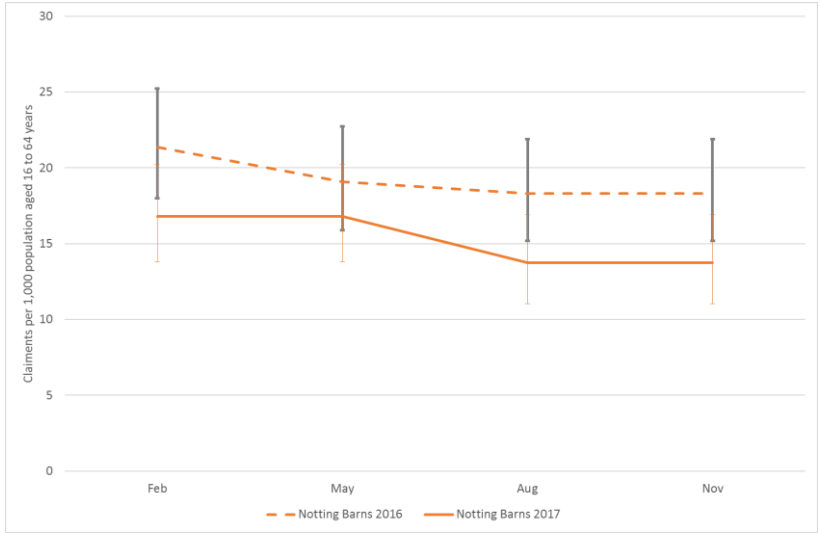
Notting Barns	North Kensington Area (Excl. Notting Barns)
	
Queen's Park, Westminster	
	

Employment Support Allowance Claimants – disease - injury, poisoning

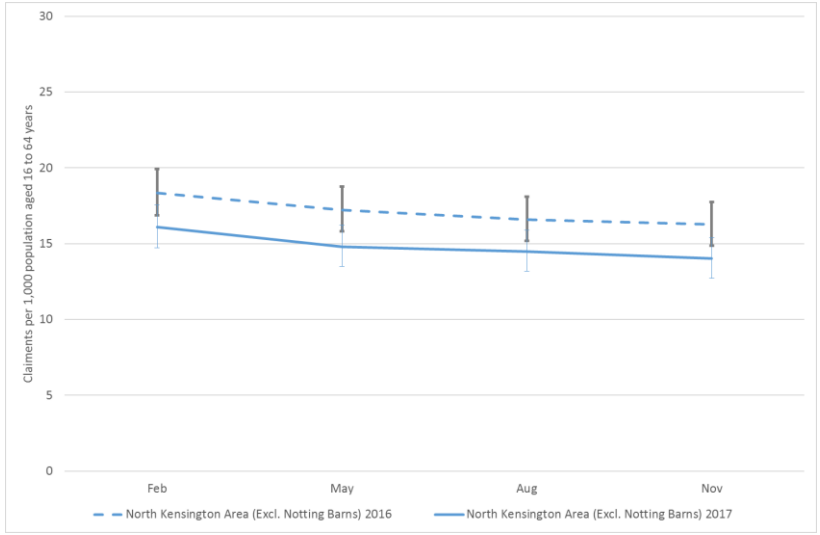
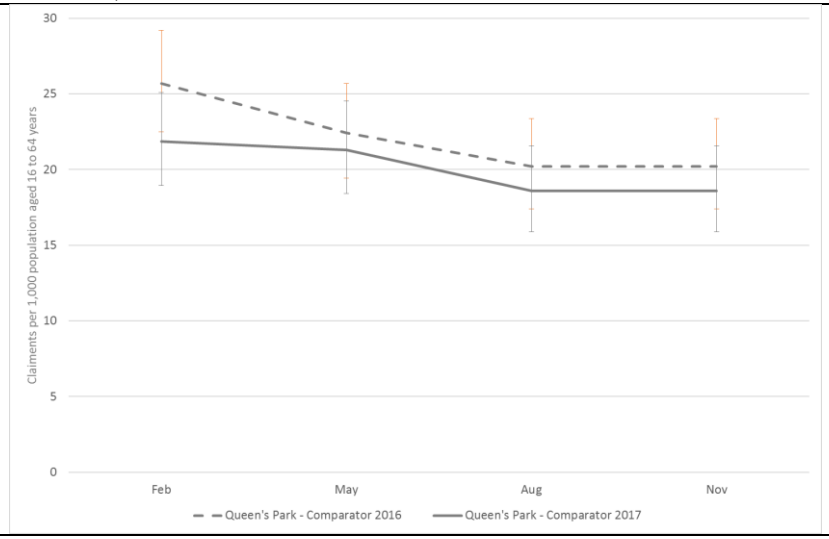
Notting Barns	North Kensington Area (Excl. Notting Barns)
	
Queen's Park, Westminster	
	

Unemployment – Job Seekers Allowance

Notting Barns



North Kensington Area (Excl. Notting Barns)



Queen's Park, Westminster