Grenfell JSNA Refresh

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Grenfell JSNA 2024 | Joint Strategic Needs Assessment

https://www.jsna.info/document/grenfell-jsna-2024

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This Report (Refresh)

The Joint Strategic Needs Assessment (JSNA) was refreshed during the final phases of the Council's five-year Grenfell Recovery Strategy. The initial JSNA Report Journey to Recovery was published in 2018, the year following the tragedy. As part of our commitment to continue monitoring the impact of the tragedy on our communities. The refresh is a continuation of the 2018 Journey to Recovery, with a review of the pre-existing recommendations, Grenfell services and the overall impact on the health and wellbeing of those who continue to be affected by the Grenfell tragedy. In doing so, it has drawn on a range of evidence and insights, to help those involved with recovery to shape their support, reflecting on:

- The characteristics of the communities prior to and following the tragedy.
- Comparative analysis of data on Grenfell and the surrounding population up until present day to understand both the nature and scale of the impact.
- The voice of people in the community on what matters most to those who have been affected and what is important in recovery to them.

Summary

The purpose of the JSNA Refresh is to build a better understanding of the ongoing impact of the Grenfell tragedy on survivors and bereaved and local residents. To support the planning and delivery of the next phase of support collectively with the community, we aim to ensure that the right offer is in place for those most affected by the tragedy, now and in the future. This document summarises some of the evidence gathered since 2018. It sets out an initial view of what this evidence means for the longer-term needs of the community, focusing particularly on the challenges ahead in the next phase of recovery (2024-28).

As a result of the quantitative and qualitative evidence which the Council, and the NHS and other voluntary sector partners have gathered through their work with communities since 14 June 2017, we have a better understanding of our communities and the position of statutory services. Where we have learnt lessons, it is because of the willingness of survivors, those bereaved, residents, voluntary sector, faith groups and grassroot organisations to engage with and challenge public sector bodies and share their perspectives, even against the backdrop of low levels of trust. We are grateful to everyone who has shared their views. This document is more representative of our communities' needs because of their support and challenge.

The document presents the picture of the health and wellbeing needs of those most affected, now and in the longer-term. The initial areas of need and key themes are set out in the table 1 below:

Table 01: The initial areas of need and key themes

The needs of survivors and those bereaved	• The specific **long-term impacts of public tragedy**, including the longer-term justice process and decisions about the Tower. • The importance of considering the personalised **needs of different groups** within the survivor and bereaved cohort. • The importance of having the appropriate ongoing **mental and physical health support** in place to meet identified and emerging needs. • The need to focus on enhanced support for **children and young people**, recognising that educational and broader opportunities for children are a key concern of survivors and bereaved. • The importance of **choice, flexibility, and control for families** in deciding what support to access, when and how, including the need for a menu of different options.

	• The need to continue to focus on **peer support**, creating opportunities for people to connect and come together to support one another. • The need to ensure **survivor and bereaved voices** are at the centre of future plans.
The needs of the immediate local community	• The need to focus support in a more targeted way on the **immediate local community** living near the Tower. • The need to plan for the impact of **decisions about the future of the Tower** on the immediate local community. • The need for access to appropriate **high-quality mental and physical health services** that considers the specific impact of the Grenfell tragedy and the complex and cumulative interplay of inequalities that pre-date the tragedy. • The need for an increased focus on **preventive health interventions** and **proactively building health and wellbeing.** • Rather than a narrow focus on 'recovery' with a clear end point, the importance of finding long-term ways of working with the community to support them to **live with** the longer-term impacts of Grenfell and other events. • The need to focus specifically on **the needs of children and young people**. • The need to support **community-led recovery** wherever possible in a context of low levels of trust in public authorities. • The need to ensure residents can access **support in trusted, community-based settings** including through local organisations. • The need to create more space for **peer support approaches**, building on work to date to support residents to come together. • The need to focus on **cultural competency and community knowledge and expertise**, ensuring that services are designed to meet the needs of the diverse communities living in the area.

A draft report was socialised six months ahead of the JSNA Refresh for key stakeholders to build a more comprehensive picture of community needs. The evidence presented and the initial conclusions drawn were discussed, debated, and challenged by partners and the community.

Residents, partners, and other stakeholders were invited to:

- Comment on the approach to updating the JSNA.
- Review and comment on the sources of evidence listed below, where possible helping to identify potential other evidence we might consult.
- Review and comment on the initial areas of need identified for survivors and bereaved and the local community, suggesting changes or additional themes.
- Suggest further ways we might work with the community to build a more comprehensive picture of health and wellbeing needs in the next phase.

Just as the health and wellbeing needs of those affected have changed since 2018, so too will they continue to evolve in the future. The impact of the tragedy will continue to be felt long into the future, especially by those most affected. While this needs assessment has a particular focus on the challenges of the next phase, it is critical to acknowledge that it is not possible to put a timescale on people's recovery. Plans should continue to monitor the impact of the tragedy, share data and information regularly with the community, work with the community to adapt the support to meet the emerging needs, and routinely review the impact of the services and support that is in place.

Although this updated JSNA focuses on the specific on-going impact of the Grenfell tragedy, it is important to note that this impact is experienced against the backdrop of a much wider landscape of pre-existing inequality and its impact on the health and wellbeing needs in the local area.

Targeted Grenfell provision can only ever address some of the community's health and wellbeing needs. It is vital that the JSNA sits within the Council's, the NHS's and Voluntary sector's broader health and wellbeing plans and strategies, including those adopted by the Integrated Care Board (ICB), and the Bi Borough Health and Wellbeing Board (HWB), and the Vibrant and Healthy Communities (VCS) and that we consider the interplay between the impact of the tragedy and wider health and wellbeing inequalities. The direction of travel is highlighted in the Bi Borough Health & Wellbeing Strategy.[1]

Figure 01 Bi Borough Health & Wellbeing Strategy – Wider Determinants of Health

Source: Kensington & Chelsea and Westminster Health & Wellbeing Strategy 2023-2033

This document is structured as follows:

- Section 1 sets out some background on the original 2018 JSNA and the progress that has been made since then.
- Section 2 outlines the stages and recovery efforts to date.
- Section 3 summarises some of the anticipated needs of survivors and bereaved, now and in the next phase, and initial considerations for effective approaches to supporting recovery.
- Section 4 summarises some of the anticipated needs of the immediate local community, now and in the next phase, and potential approaches for supporting recovery for this group.
- Section 5 sets out some of the key milestones, challenges, and next steps.

[1] Kensington & Chelsea and Westminster Health & Wellbeing Strategy 2023-2033

The Council and the NHS have a statutory duty to routinely monitor the health and wellbeing of the population and a JSNA is a frequently used tool to develop a joint understanding of the needs of a particular community or area. This specific JSNA is justified by the scale and the impact of the Grenfell tragedy and the long-term commitments that public bodies, including the Council, the NHS, and the Government, have made collectively to survivors (as a protected class of person), bereaved family members and to the wider local community.

It's important to note that the Grenfell tragedy itself and the engagement with the community since raises fundamental questions about both how we design and deliver services. The process has enabled the Council and its partners to highlight the importance for wider systemic change and pivot more towards a truly community-led recovery approach. In addition to meeting the specific needs arising from the tragedy, all partners should make a commitment to working with the community to continue to learn from what happened to make sure nothing like it ever happens again.

Section 1

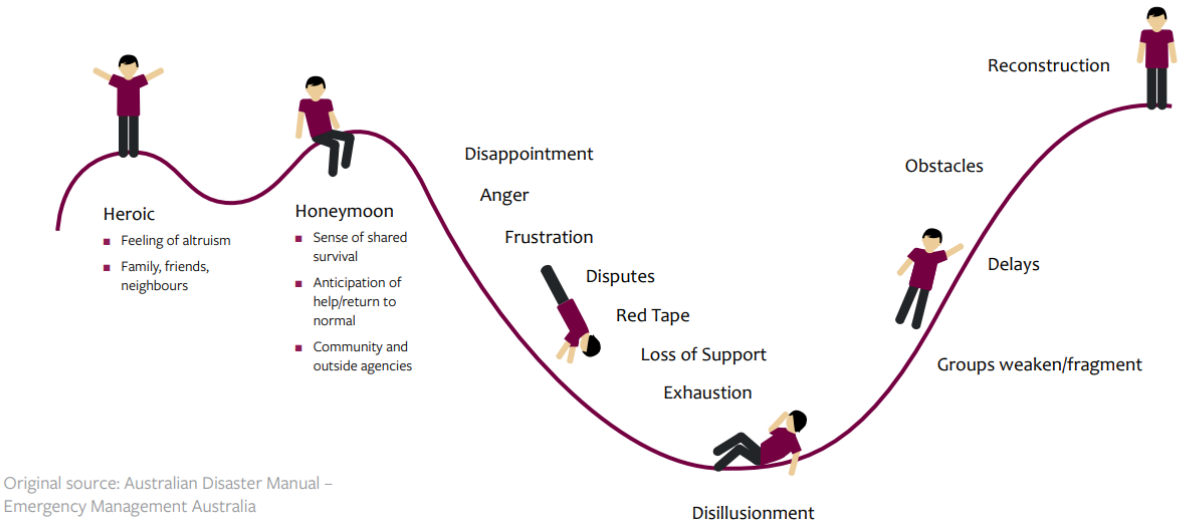
Introduction and Background

The events of 14 June 2017 at Grenfell Tower were a disaster on an international scale. 72 people lost their lives, including 18 children. It was the largest loss of life to fire in the United Kingdom since the Piper Alpha disaster of 1988[2] and the worst fire in domestic premises since the Second World War. 371 residents from the Tower and the Walk lost their homes in the fire and hundreds of others were evacuated in the immediate aftermath.

In addition to the immediate and profound impact on those most affected (including trauma, complex grief, and displacement), the impact of Grenfell was felt much more widely across the local community, across London and across the country in a way that reflected the scale and complexity of the tragedy. It raised fundamental issues about the state of social housing[3] in the United Kingdom, inequality, social injustice, and the capacity of people who have power to listen to those who don't.

The 2018 Journey of Recovery Joint Strategic Needs Assessment, published just over a year after the fire, showed how the tragedy's 'ripple' effects were felt across many aspects of people's lives (taking into account both primary and secondary impacts) and across a wide geographical area (across Notting Dale and in other parts of North Kensington). Although it recognised the deeply personal nature of people's individual recovery journeys, the JSNA acknowledged that such ripple effects were likely to be felt for some time (see the summary, published here). It acknowledged that disasters on the scale of Grenfell 'leave an indelible mark' and that while places experience recovery, they 'never return to the way they were before'. It drew on disaster recovery research and guidance, including a version of the 'recovery graph' (Figure 1 below) which showed that long-term recovery is not a short, straightforward, or linear process.

Figure 2. A version of the recovery graph featured in the New Zealand Red Cross's Leading through Disaster Recovery: A Companion through the Chaos.[4]



[2] https://www.pressandjournal.co.uk/tag/piper-alpha/
[3] Source: House of Commons - What is the current condition of social housing in England
[4] Figure 1: available at: Prepare Center.org

The original JSNA's main objectives were to give an initial picture of the impact of the tragedy as well as advise relevant public bodies on the foundation of effective recovery. The findings informed the long-term recovery strategy by providing evidence on the characterises of the community, analysis on existing socioeconomic and health data and an understanding of the immediate and longer-term needs of the local community.

National organisations and academic research remind us that public tragedies tend to complicate already difficult processes of recovery from trauma, grief, and mourning, especially for survivors and bereaved family members who are directly affected.[5]

The scale and complexity of the Grenfell tragedy and the range of political, cultural, systemic, and psychosocial issues that it raises gives the tragedy an intensely public character, with constant coverage in the media and interest from a wide range of people and organisations.

[5] See, for example, A. Eyre and P. Dix, Collective Conviction (Oxford: 2014) and M. Lattanzi-Licht, J. D. Gordon and K. Doka (eds.) Living with Grief: Coping with Public Tragedy (New York: 2003).

2018 Recommendations

The 2018 JSNA made a series of eight recommendations (see below) for public bodies to consider when thinking about long-term community-led recovery after Grenfell. However, the report also acknowledged the significant uncertainty about the nature and scale of the wider impact on the local population. This was partly a function of the relatively short period of time which had elapsed since the tragedy, the limited range of data available and the significant questions which remained unresolved. They include, but not limited to the future of the Tower and the memorial, the outcome of legal processes, such as the Grenfell Tower Inquiry, civil claims, and the criminal investigation, and the role of partners in ensuring openness and transparency when designing or commissioning relevant services).

1. A long-term commitment to recovery from all partners
Partners including Kensington and Chelsea Council, the NHS, and Central Government, as well as local schools housing associations, voluntary and community organisations and others at all levels need to commit to a long-term recovery.

2. A Commitment to addressing long-standing needs locally
There was significant need in North Kensington but also more widely prior to the tragedy. Those needs have not gone away; it is vital not to underserve those whose health, social and welfare needs are ongoing.

3. Permanently rehousing survivors
Rehousing survivors is critical to recovery including ensuring they are well supported in their new homes.

4. Ongoing monitoring of the physical health of those impacted on the night of the fire
There needs to be ongoing monitoring and support for physical health, particularly for survivors who were exposed on the night of the fire.

5. A diverse and well-resourced strategy to support mental health and wellbeing across the community
There will be significant need to support mental health services being delivered in ways which recognise diversity in the ways people want to be supported, which effectively reach all different parts of the population.

6. Establishing the future of Grenfell Tower and the site
The future of the Grenfell Tower and the site is critical to recovery.

7. Putting community at the heart of recovery
National and international guidance makes it clear that a successful, sustainable recovery must be community-led, with public bodies working in partnership with communities, investing in local services and community assets which allow communities to support themselves.

8. Continuing to understand emerging needs and adapt the strategy with high quality data
There is a need for high quality data to understand the ongoing scale and nature of the impact and recovery and to ensure we understand how effectively people's needs are being met. This needs to be used to adapt the recovery strategy as new insight is gained as to the ongoing impact and what support is making a difference.

Section 2

The Grenfell Recovery 2019-24

Grenfell Recovery Strategy/Programme 2019-24

The Grenfell Recovery Strategy was agreed in January 2019 and sets out the Council and NHS plans to support a community-led recovery for survivors, bereaved and the local community. Any efforts contributing to the recovery are incomplete and unjustified without the relentless work of the voluntary sector partners, community organisations, faith groups and other mutual-aid efforts which emerged in response to the need on the ground and continue to support the children and families to date.

Council's response:

As part of the recovery, the Council committed £50m over five years to deliver a range of services and initiatives to ensure that residents have the care, support, tools, and opportunities they need to help their recovery (a breakdown of council funding is available here). This includes dedicated interventions for survivors and bereaved and support to the wider community, including targeted emotional health and wellbeing services and initiatives to build on community capacity.

Grenfell Partnerships team was instated by the Council in 2018 to oversee the delivery of the Grenfell Recovery Programme and continues with ongoing support and engagement in those impacted wards and communities.

Below in Figure 3 is a summary of the Grenfell Recovery Programme:

Figure 3: Summary of Grenfell Recovery Programme taken from the Annual Grenfell Impact Report (April 2023)[6]

[6] Source: RBKC webpage - Grenfell Impact Report (April 2023)

NHS response:

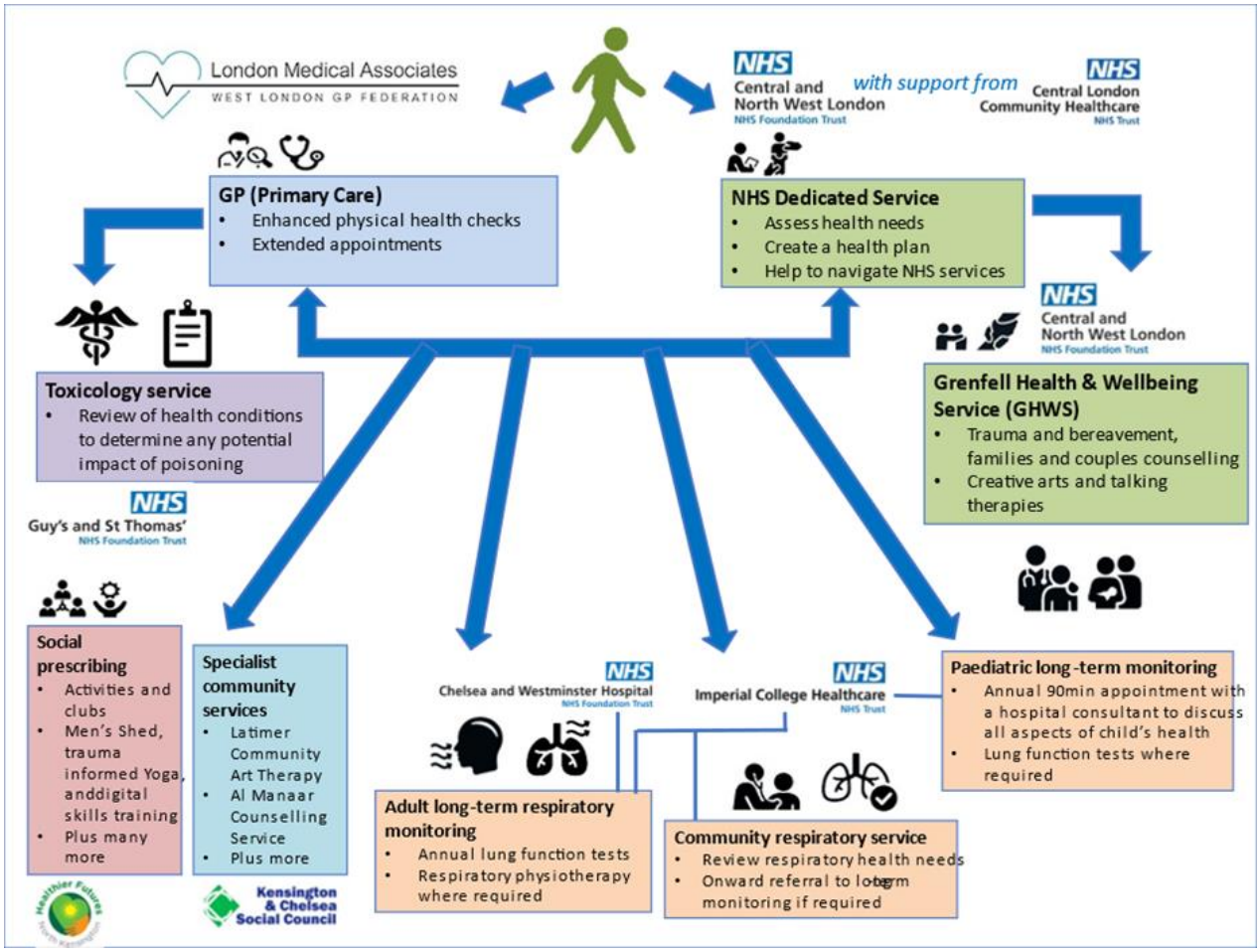
In response to the Regulation 28 Report[7], the NHS Chief Executive announced in October 2018 that NHS England would be investing £50m to fund long-term health screening and health support for those affected by the Grenfell Tower fire over the course of five years: 1st April 2019 to 31st March 2024.

This funding was earmarked to provide long-term support and treatment for people with physical and mental health issues following the tragedy, and was available for survivors from Grenfell Tower, bereaved families and friends and the local community. This investment funded the NHS North-West London ICB North Kensington Recovery Programme and is underpinned by both the requirements of the Regulation 28 report and the North Kensington Health and Wellbeing Strategy.

These strategies sit alongside the recovery efforts of a wide range of partners, including the Government, schools and local employers, local voluntary and community organisations and, most importantly, residents themselves. As set out in the report, this work has been designed and delivered in partnership with survivors and bereaved, residents and over 100 local community organisations who have worked with the Council to deliver services and initiatives.

Below is a summary of the NHS recovery programme comprising of the range of services (Figure 4).

Figure 4. NHS North-West London ICB North Kensington Recovery Health services.



Source: NHS (CNWL) North Kensington Recovery Team (2023)

[7] https://www.judiciary.uk/wp-content/uploads/2018/09/Grenfell-Tower-2018-0262.pdf

Public Health response:

Arrangements were also put in place to monitor the health of survivors and bereaved and the local community. In addition to the clinical monitoring overseen by the NHS and the environmental monitoring overseen by Department for Levelling Up, Housing and Communities (DLUHC), the Council committed to continually monitoring the health and wellbeing needs of the North Kensington population.

The Grenfell Public Health programme comprises of two main elements –

1) Population health monitoring (which monitors anonymised NHS patient data on health conditions, prescription medicines and use of NHS services)

2) An annual health and wellbeing survey (to ask residents about their health, wellbeing, and recovery). The five-year survey concluded at the beginning of 2024 and a full report will be made available on the Council's website. Through the North Kensington Health and Wellbeing survey, qualitative information was gathered about how people *feel* and what kinds of services are most helpful to support their health and wellbeing.

More broadly, there has been a strong focus on consultation and engagement, through the Grenfell Recovery programme and the NHS's development of a Health and Wellbeing Strategy for North Kensington.

Community response:

Local communities were and continue to be in the frontline of both the immediate emergency response and the impact of the tragedy. The human motivation to come together in times of crisis, the generosity of spirit and collective action to support one and all, and the ongoing advocacy for change and challenge are some extremely important drivers to recovery and resilience that we see today.

Many grassroot groups emerged on their own accord to assist the mutual-aid efforts. Many faith groups opened their doors to provide appropriate pastoral and emotional support. Many resident associations and community-led groups set up the practical support offers to help those in need. Many voluntary and community sector organisations shifted their day jobs to respond to the need on the ground and were keen to partner up with statutory bodies to support what was needed.

For instance, the Health Partners [8]approach forms one strand of an asset-based approach to health care that seeks to build on the strengths of the local community. The partnership was already made up of a number of more established local charitable organisations and residents associations and newer charities formed in the months after the fire. This community led participation has generated sharing of local knowledge, resources and to build genuine links/social capital and networks that sustain themselves.

[8] Working with Communities in Disaster: Review of the North Kensington Health Partners Programme - May 2022

Approaching the community (the refresh process)

Approaches have worked best where facilitators have listened and worked in partnership, both directly with residents and with local organisations who can help reach people that might not otherwise reach. Using engagement and codesign approaches with survivors and bereaved through the Dedicated Service and with the local community through the wider Grenfell Recovery programme, have enabled teams to build a better understanding of communities' needs, their concerns for the future and what kind of support works best for them. This has not prevented us from making mistakes, but there are valuable lessons from approaches, both those that have worked and those that haven't, which are important to reflect on and find a way to incorporate into plans for the next phase.

'We haven't sat and talked for a long time. It's inside us all the time but I've never actually sat down like this and talked about it, so I think it's really good. I felt really good that I'm actually doing this.'

'What you said about not promising anything to us, is important, I appreciate that. If something good comes from this research, great, but I appreciate you saying what your part is, that's how trust starts to form.'

Resident, SMSR Community Insight Research, Sept 2023

There has been considerable learning from this work with communities, but there remains a lot that collectively is still unknown at this stage. Many of the areas of significant uncertainty identified in the original JSNA remain almost seven years later. The Grenfell Tower Inquiry has not yet concluded, the criminal investigation is ongoing, and no decision has yet been made about the future of the Tower or the memorial. The Grenfell Tower Memorial Commission's interim report, Remembering Grenfell: our journey so far in May 2022, outlines the ideas gathered to date for what a future memorial could look like. In November 2023, Grenfell Tower Memorial Commission released a report which charted the future steps and considerations for the site up until late 2026; the earliest point for the memorial build to begin.

The commemorations to mark the fifth and sixth anniversaries and the preparations for the seventh are a powerful reminder both of how much time has passed since 2017 and of the many issues people feel are still unresolved[9].

Rebuilding trust

More broadly, particularly around recent anniversaries, the Council has heard concerns from bereaved, survivors and local people about being 'forgotten' and about public authorities 'moving on' from the tragedy. There is clearly anxiety about the depth and seriousness of the collective long-term commitment to recovery (one of the foundational recommendations of the 2018 JSNA) and more work is needed to assure local people of this.

One reason for this is the widespread lack of trust in the Council and other public bodies, which continues to create challenges for recovery. Grenfell Legacy conversations[10] (Aug-Dec 2022) about change at the Council demonstrated the scale of the challenge we face, with 62% of the over 400 respondents expressing they do not feel the Council has changed since Grenfell or has changed for the worse. The fact that the Council is both an agency responsible for supporting recovery and an organisation that people hold responsible remains a defining feature of the Grenfell context.

[9] See, for example, https://www.westminster-abbey.org/abbey-news/abbey-marks-anniversary-of-grenfell-tragedy and https://www.youtube.com/watch?v=Quypd4kwCoo

[10] Source: RBKC webpage - Analysis of Grenfell Legacy Conversation April 2023

There are also disconnects in communities' relationships with other public bodies and this continues to have major implications on the impact of the approaches the Council and health providers take in place. Despite low levels of trust, bereaved family members, survivors and residents continue to show a humbling willingness to work *with* the Council, the NHS, and other partners to improve services, even where they are not always sure of the benefits of doing so.

In the next phase, it must build on this to develop genuinely community-led approaches which focus on working in partnership with residents and local organisations.

"I think it was quite hard, I don't think anyone around here trusts the council as far as you can throw them literally, so when they're putting on services it's very hard to know it's not their fault why the fire happened. … You'd rather speak to your friends and your neighbours in the community than attend a service or something that the council did. They don't care, they still don't care.

Resident, SMSR Community Insight Research, Sept 2023

Unprecedented events

The ripple effects of the tragedy are not experienced in a vacuum but against an ever-changing backdrop of challenges, some longstanding, and others more recent. Since the tragedy, there have also been other events which have had a profound impact on the health and wellbeing of local people, most obviously the Covid-19 pandemic[11] and the Cost of Living Crisis. The Council and the NHS delivered targeted support to those affected by the tragedy throughout the pandemic, but it's clear the pandemic has further impacted people's health and wellbeing.

'It has made my life smaller. It separated me from my family especially my mother. It has made my life more boring. The constant focus on health by the government, media and society has squeezed out joy and laughter from people.'

Resident, North Kensington Health & Wellbeing Survey

In 2020, one in three respondents to the North Kensington Health and Wellbeing Survey reported they were more anxious and stressed compared to pre-pandemic and nearly half of respondents reported being made financially worse-off by the Covid-19 pandemic. Commonly reported personal impacts of the pandemic included feelings of isolation, health concerns and missing friends and family.

In 2022, 41% of survey respondents stated they were more worried about the rising cost-of-living, with those with no income, earning less than £30,000 per annum, those in part-time employment and those part of the refugee community more likely to report being somewhat to significantly worried about the rising cost-of-living. In addition, 65% of respondents reported they were struggling financially, with those living in social housing more likely to report experiencing this.

'It's limited what I can do with my family and my finances are worse off because the cost of living has gone up.'

Resident, North Kensington Health & Wellbeing Survey

[11] RBKC Covid-19 Health Impact Assessment (HIA)

Environment

Considerable uncertainty and anxiety remain amongst bereaved family members, survivors, and local residents about the longer-term mental and physical health impacts of the tragedy. The response to the coverage about the health of Grenfell firefighters demonstrates the depth of the concern in this area. Even where there isn't evidence of specific health risks or where monitoring has not identified areas of concern (as with the recent Government-led programme of environmental checks, for example), that doesn't mean that community concerns have fallen.

The environmental checks and soil tests carried out around Grenfell Tower showed no evidence of harmful contamination due to the fire, and the levels of all potentially harmful chemicals in the soil were found to be within the range of typical urban areas. Further investigations were undertaken at two sites where it was concluded that there was the presence of historic contamination, not linked to the fire. More about these separate investigations can be found here.

Ongoing work is needed to share information with communities in a routine and empathetic manner and to work with them to understand areas of concern, especially thinking ahead to the future and decisions about Grenfell Tower.

The most recent findings on the environmental monitoring following the Grenfell Tower tragedy were published by UK Health Security Agency on 18 April 2018, found here

Air Quality Monitoring

The air quality in the area surrounding Grenfell Tower has been assessed and monitored since the start of the fire on 14 June 2017, firstly by Public Health England (PHE), and then by UK Health Security Agency (UKHSA) when it took over Public Health England's (PHE) remit on 1 April 2021.

Initial risk assessments, using data from the Met Office, carried out in conjunction with partner agencies, including the Environmental Agency, London Fire Brigade, Royal Borough of Kensington and Chelsea Environmental Health Department, focused on the smoke plume from the fire which rose upwards rapidly and was carried in a northerly direction by the wind. This meant that potential impact on local air quality from the smoke was considered to be low.

Assessment of data from the London Air Quality Monitoring network was used to confirm the initial risk assessment that levels of particulate matter were low and remained so over the next ten days. A small elevation in particulate matter concentration was observed at two monitoring stations to the northwest on the morning on 14 June 2017, these peaks could have been due to the smoke plume, but the elevated levels occurred for less than an hour. [12]

For more information on Air Quality Monitoring, please refer to Appendix 1

[12] London Air Quality Network on Grenfell Tower Fire

Population Health Monitoring

Population Health Monitoring tracks the health and wellbeing of the population in Notting Dale over a long period of time using NHS data and comparing it to similar locations to identify changing needs. Data monitoring and interpretation is a joint endeavour between the Council and NHS colleagues. Its purpose is to identify any key trends or changes.

The NHS organisations are the data controllers, they retain control over how its own contributed data is accessed, transferred**,** and stored within the data warehouse. Public Health at the Council have been granted access to the specific data requested for the purpose of Population Health Monitoring and can use a fully anonymised version of the Whole Systems Integrated Care (WSIC) data in a separate secure data warehouse[13]. Public Health are processors of NHS data, they do not have ownership of this data and they are required to gain NHS permission in order to publish and or share the information they monitor.

The focus is on health conditions, medication that has been prescribed, and the use of services. 116 indicators have been monitored quarterly since 2019, with a further 18 indicators added in 2023, incorporating feedback from residents and clinicians. Monitoring includes children, as well as adults.

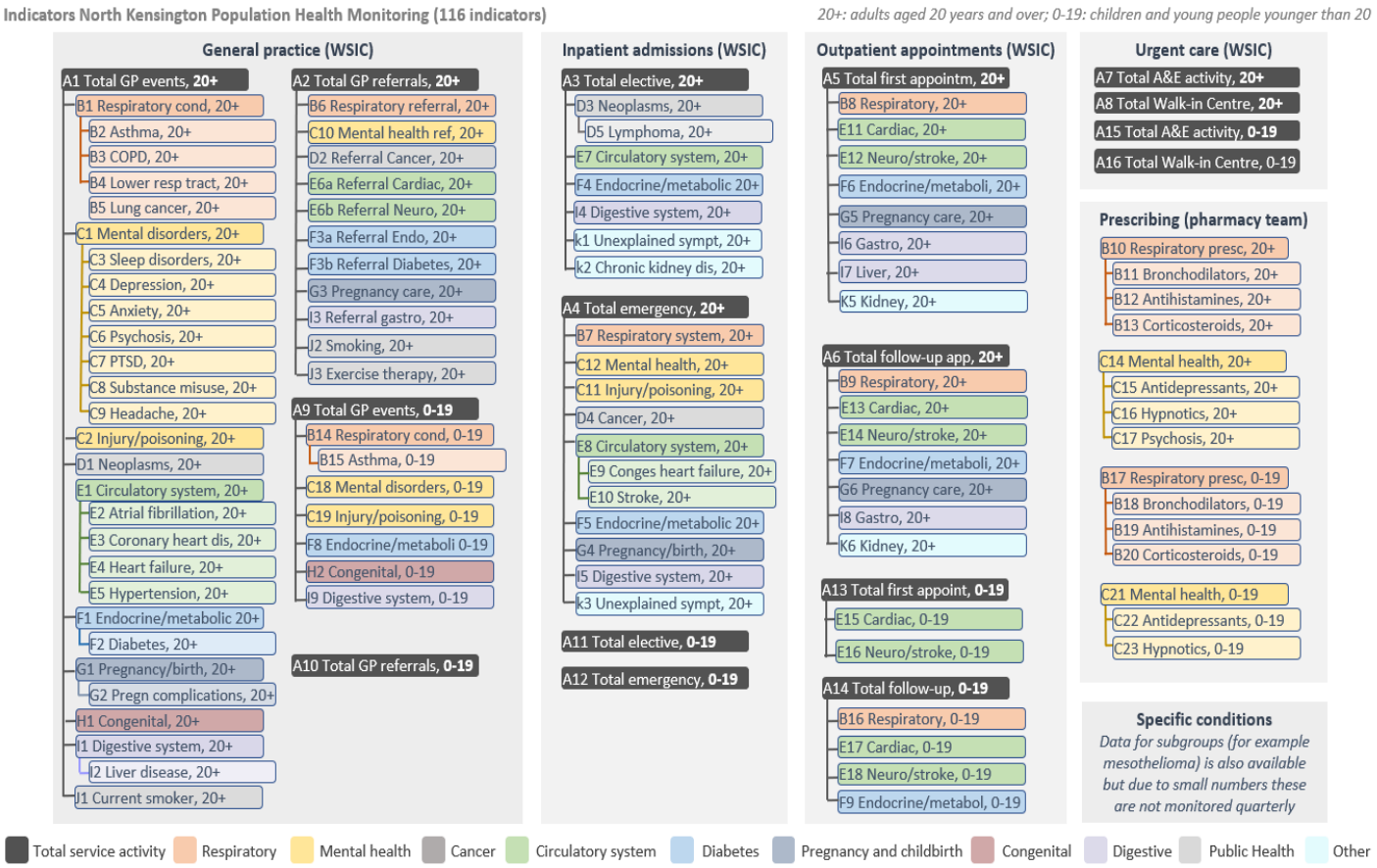
Public Health monitor overall health and wellbeing as well as conditions relevant to this type of tragedy:

- Illnesses of the lungs and airways. This includes conditions such as asthma, an inflammation of the breathing tubes that carry air in and out of the lungs that causes breathing difficulties that may happen randomly or after exposure to a trigger. Annually, Public Health also monitor rarer lung conditions such as asbestosis, a lung condition caused by breathing in dust from asbestos used in construction, and mesothelioma, a type of cancer affecting the lining of lungs linked to asbestos. Public Health also monitors the prescribing of medications such as bronchodilators, a type of medication that make breathing easier by relaxing the muscles in the lungs and widening the airways, and preventer inhalers which help suppress airways inflammation.
- Mental health and wellbeing. This includes for example, depression, anxiety, sleep disorders and post-traumatic stress disorder. Public Health also monitor the prescribing of medications such as antidepressants or sleeping tablets.
- Cancer. Diagnoses and treatment for cancer is monitored quarterly, and annually. Public Health also monitor specific types of cancer, in particular lung cancer, prostate cancer, bone cancer and blood cancer.
- Pregnancy, childbirth and infants. This includes pregnancy and labour complications, conditions affecting a baby's development and health during pregnancy and conditions present at birth.
- Other physical health conditions. Other physical health conditions monitored include conditions of the heart and blood vessels, diabetes, and conditions of the digestive system.

The data obtained is shared regularly in clinical reference meetings with NHS colleagues to contextualise the findings with clinical understanding of the services and arrive at meaningful conclusions and actions. Public Health specialist with help from NHS clinical leads interpret the data, to help understand any findings.

[13] Statement of Information Sharing SIS (nwlondonccg.nhs.uk)

Figure 5 RBKC Public Health Population Health Monitoring Indicators



Source: RB Kensington and Chelsea: Public Health Population Health Monitoring (2023)

For more information on Population Health Monitoring, please refer to Appendix 2

Community-led support

Community-led support refers to initiatives, programs, or activities that are driven and organised by community for the community. These efforts equally aim to address local needs, promote well-being, and enhance social connections within the community. Unlike external agencies intervention, community-led support has higher engagement rate to empower residents to identify their own challenges and collaboratively find solutions.

Grassroots organisations were quick to react to the Tragedy. They have been on the ground since the night of the tragedy, providing invaluable support to people affected. Voluntary and community sector organisations have established and retained trusting relationships within the community. There is a need to better understand and share the impact of community activity has taken place outside of funded services. These are an important contribution to the Grenfell recovery.

Members of the public, volunteers and grassroot organisations in North Kensington have been a staple in the community and their services remain a backbone and regularly accessed component of the recovery. Communities know and understand what works for them, and how best to address gaps and need.

Community-led support plays a vital role in fostering resilient and thriving communities which promote:

1. Empowerment and Ownership: residents' involvement in decision-making and implementation provides transparency with ownership and better management of expectations.
2. Tailored Solutions: communities understand their unique challenges and needs.
3. Social Cohesion and Trust; strengthening social capital via connection and collaboration leading to better outcomes.
4. Sustainability: community-led projects are often sustainable as residents and the community are committed to maintaining efforts on a long-term basis.
5. Addressing Inequities: interventions can reduce health disparities, bridging the gaps between marginalised groups.

Moving forward

Community-led initiatives have had a significant impact on the health and wellbeing of the North Kensington population. There is more work to do alongside the voluntary and community sector to better capture the impact of this work to inform future needs analysis. Services have different mechanisms for recording participation and in some cases, support residents that don't want their details taken, stored or shared. There is a potential need for a specific focus and review of community-based activities independent of council and NHS contribution that's speaks for the community from the lens of the community.

Section 3

The needs of Survivors and Bereaved

For many survivors and bereaved, Grenfell happened because of a failure to listen. Since the tragedy, many have spoken and asked for justice, and others have found powerful community voices through campaigning and other activism. However, some others still do not feel heard. In line with the emphasis on choice and control, it is particularly important that people are listened to (and heard) in the next phase of recovery.

Conversations with national and local organisations emphasise that open, ongoing engagement is crucial in building trust, especially in a context where levels of trust are extremely low. It is important to recognise that there will always be different perspectives and that there is always a danger of skewed listening, where many important voices may not be heard enough, or not heard clearly. This may put us at the risk of having community feedback, which is not fully representative of the whole, often 'quieter' voices. This means that public authorities must continue to talk to all parties, recognising that some people will step back, and others will step forward at different times. Furthermore, public authorities must ensure they are transparent about how people can influence decisions.

In the next phase of recovery, it is vital to ensure that public authorities find improved ways to listen to what survivors and bereaved are telling them, both individually and collectively, and use what they are hearing to shape the design and delivery of services.

At the same time as embedding a meaningful approach to engagement, public authorities must also recognise the demands that engagement can place on survivors and bereaved. There is a real danger of 'consultation and engagement fatigue' and public authorities need to ensure that they are not placing unnecessary burdens on families at what is already a difficult time and are not asking the communities to re-live their trauma over and over again.

We also need to be mindful of the distinction between community opinion and genuine co-production, when designing the relevant support. This is to be understood in light of the wider intersectional identities that many of our impacted communities present with.

People most directly affected by the tragedy are those who lost loved ones and those who survived the fire but lost their homes and their possessions. Since 2017, the Council and the NHS have worked closely with bereaved and survivor families, whether they live in or outside of the borough, providing tailored support through the Dedicated Service and a range of specialist health support.

Dedicated Services

Council's Dedicated Service

The Council's Dedicated Service[14] works with over 700 survivors, bereaved family members, and former residents of Grenfell Walk, broken down as follows:

76% of survivors accessing the service still live within RBKC and 24% now live outside of the borough, most in neighbouring boroughs. 8% also lost loved ones in the tragedy.

Of the bereaved family members accessing the service, 35% are residents in RBKC (some of whom are council tenants) and 65% live outside the borough, mostly in London but with some further afield. This does not include bereaved family members who live permanently outside the UK. 37% of bereaved family members lost more than one relative in the tragedy.

***Table 2**. Numbers of survivors and bereaved accessing the Council's Dedicated Service*

	Eligible (758)	Accessing (732)
Bereaved	42%	41%
Survivors	48%	49%
Grenfell Walk	10%	10%

Source: RB Kensington and Chelsea Council: Grenfell Partnerships (2023)

The survivor and bereaved cohort is very diverse, reflecting the diversity of those who lived at Grenfell and those who lost their lives in the tragedy:

- 55% individuals accessing the Dedicated Service are female.
- Survivors and bereaved choose to describe their ethnic background in different ways. 41% fall under the 'Other ethnic group' category, 25% are Black/Black British, 13% are Asian/Asian British, 11% are White/White British and 10% are of 'Mixed' ethnicity.
- 50% of survivors and bereaved accessing the Dedicated Service are Muslim and 20% are Christian.
- The most common languages spoken by survivors and bereaved other than English are Arabic, Farsi, Amharic, and Spanish.

NHS Dedicated Service

The NHS Dedicated Service[15] (DS) is designed to support and coordinate eligible clients to access a range of emotional and physical wellbeing health services.

The NHS Dedicated Service (DS) aims to provide:

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

The number of survivors and those bereaved is summarised in Table 3.

[14] Source: RBKC webpage Dedicated service for survivors and bereaved
[15] Source: NHS webpage NHS Grenfell Dedicated Service

Table 3 Service Activity - Number of Survivors and Bereaved accessing NHS Dedicated Service

	Cohort	Number in cohort	Accessing Dedicated Services December 2023	% Accessing
Survivors (including residents of Grenfell Walk)	Adults	329	111	33%
	Children and Young People	121	41	33%
	Total	450	152	33%
Bereaved	Adults	218	81	37%
	Children and Young People	100	39	39%
	Total	318	120	37%
Total	Adults	547	192	35%
	Children and Young People	221	80	36%
	Total	768	272	25%

Source: NHS (CNWL NHS Trust) Dedicated Service (2023)

All survivors and the bereaved are considered 'open' to the NHS DS. Initially where a case has been reviewed or a single interaction with a client had taken place these were counted as an 'open' case. Since April 2022 the service has reported cases as 'active' and 'inactive' to more accurately reflect the level of demand on the service. The number of active cases has been gradually reducing from 350 in April 2022– a total drop of 17% - but has been relatively steady since October 2022. Of the total number of active cases, 32% have been contacted in the last month and 76% in the last six months, amounting to 1,498 appointments.

At the end of December 2023 there were 152 survivors and 120 bereaved actively using the DS, a total of 37% of those eligible. In total 96% of eligible clients have been offered the service at some time with 70% accepting.

For more information on the demographics of the NHS Dedicated Service, Survivors and Bereaved, please refer to Appendix 3

Survivors and bereaved have told us that families themselves know what works best for them and that what works for one family doesn't necessarily work for another. They want more control over their recovery as there has been disconnect from the initial promise of co design of services.

Moving forward

As mentioned above, there is an enormous amount of community activity which continues to take place and has not been a significant feature in this JSNA. We must make efforts to understand and include the scope of the community-led response, and work with the community partners in collecting, sharing, and using relevant data and insight, and evaluating the impact to build a richer picture.

There is also a need to better recognise the diversity of experience within the survivor and bereaved cohort and to tailor support more effectively to recognise the needs of different groups. In particular, it is important to consider the different impacts of experiencing the trauma of escaping the Tower on the night of the fire, the fear of losing one's life, losing one's home and one's possessions and losing one's loved ones. All of these experiences have the potential to cause considerable distress, but the remedies and solutions may be different as time moves on. Support will therefore need to be available for all groups, but it may need to be more varied than before to ensure specific needs identified can be met.

Physical Health

Primary Care

The Primary Care enhanced services began in 2019 as part of the NHS response to the Grenfell Tower tragedy. These services were designed to support patients whose existing conditions may have been exacerbated due to the impact of the fire and those who may have developed new health issues consequently, as well as provide assurance to the communities regarding their health. The Primary Care Enhanced Services consist of:

Enhanced Health Checks (EHC)	Community Enhanced Health Checks (CEHC)
GP practices are offering Enhanced Health Checks which give people an assessment of their current health and wellbeing, with a focus on lung function, breathing and emotional wellbeing. If anything requires further investigation, they can be referred on to an NHS specialist service. The EHCs are offered annually to survivors, bereaved and available to the community, are delivered in General Practice and in various community locations (CEHC).	Enhanced Health Checks are also available at local community venues for those people who do not want to attend a clinical setting. There is currently a provision of 30 weekly appointments at community and faith-based clinics. There has been an expansion of community centres to include St Michael's Church, Pepperpot Community Centre, and Al-Maanar Muslim Cultural Heritage Centre.

Grenfell related appointments

Patients can arrange a time with their local doctor to discuss any health concern they may have. These appointments, which were originally called 'extended appointments' are designed to:

- To acknowledge the additional complexities of North Kensington Community and that this requires additional appointments and resources.
- To provide additional clinical time/appointment, if needed to patients worried and affected about their health as a result of the Grenfell tragedy.

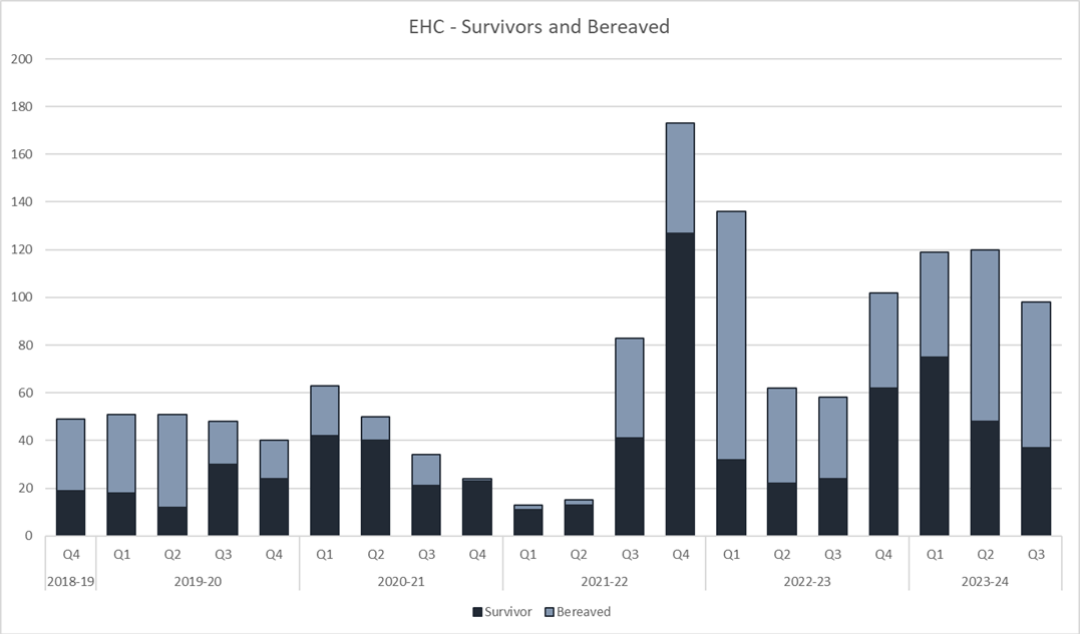
Since January 2019 there have been over 6,700 Enhanced Health Checks (EHC) completed across practices and the community.

The data shows the services starting in 2019 with activity increasing throughout the first year. A notable decline is observed starting from Q2 of 2020, which is related to the Covid-19 pandemic.

The effects of the Covid-19 pandemic are evident throughout 2020 and 2021, which shows a drop-in activity due to lockdowns and reduced GP capacity as a result of extraordinary working conditions during this period. There is a resurgence in activity at the end of 2021 and onwards.
When focusing on the survivor and bereaved cohort, there is a slightly different uptake pattern compared to the overall population. Initially, there was a less pronounced uptake at the beginning of the service launch, followed by a similar drop-in activity due to the pandemic The variation in uptake can be attributed to individual factors of those eligible to access the EHCs, improved awareness through proactive communication, and the perceived relevance of the offer by survivors and those bereaved.

Figure 6 summarises the number of Enhanced Health Checks for survivors and bereaved that have taken place between 2018 and 2024.

Figure 6 Enhanced Health Checks for Survivors and Bereaved (2018-24)



Source: NHS (CNWL NHS Trust) Dedicated Service (2023)

Table 4 shows the proportion of survivors and bereaved that have taken up their first enhanced health check:

- the highest rate of take up in adult survivors, with lower take up in children and young people in the survivor and bereaved categories.
- 310 (70%) of survivors have attended at least one EHC, and over 170 survivors have attended a second.
- 301 (61%) of bereaved have attended at least one EHC with over 190 attending a second.

In addition, over 3,500 patients from the community have attended at least one Health Check.

Table 4 NHS Primary Care figures

			1st EHC	%
Survivors (including residents of Grenfell Walk)	Adults	348	256	73
	Children & Young People	89	54	60
	Total	437	310	70
Bereaved	Adults	449	280	62
	Children & Young People	40	21	52
	Total	489	301	61
Total	Adults	797	536	67
	Children & Young People	129	75	58
	Total	926	611	65

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

These specialist services are provided because of concerns regarding the long-term health impacts following the fire. No trends in the physical health of this population group have been identified. Population health monitoring is discussed further in Section 4, pages 43 to 50.

Although these numbers are promising, there is still a proportion of this cohort that have not taken up the EHC offer. The community have commented on being unaware of the health service offer available, or not finding the offer appropriate to their needs. When promoting services, campaigns require a more targeted approach that adequately shares information, but also better considers the needs of the affected community. This will empower individuals to make informed decisions about their health care.

Moving forward

There is a need for clarification of the current health checks on offer which includes their purpose, availability, and benefits. Conversations in the community have been around the difference between the NHS and private care offer as those impacted by Grenfell request access to high quality services, regardless of health provider.

Specialist Services

In addition to Enhanced Health Checks, the NHS commissioned several specialist services to diagnose and treat any health conditions which arose from smoke, particulate and poison inhalation during the fire. Services commissioned were:

- Paediatric Long Term Monitoring Service (Imperial College Healthcare Trust [ICHT]) – see Children's and Young People (CYP) section (page 29).
- Adult Respiratory Long-Term Monitoring Service (ICHT & Chelsea & Westminster NHS Trusts) - includes an annual lung function test to identify any signs of respiratory disease and changes in breathing patterns and capacity. This service is designed for survivors who had prolonged smoke exposure. The service initially also reviewed people who were outside the Tower if a respiratory review was required.

People within the adult respiratory long-term monitoring service are recalled annually to keep any emerging or existing respiratory health conditions under review, and to ensure there are no long-term respiratory consequences as per the coroner's concerns. The service also offers onward referrals to sub-specialties including a physiotherapy breathlessness clinic, the lung cancer service, the interstitial lung disease service, the pulmonary rehabilitation service, or recommendations for input from other specialties.

- Guy's & St Thomas NHS Foundation Trust was commissioned from November 2019 to provide a toxicology service for survivors, though this is also accessible to the bereaved and Grenfell Walk residents who have concerns about poison inhalation if they were in proximity to the Tower. The service offers an appointment with a Consultant Toxicologist for a clinical toxicology review and the opportunity for people to discuss their individual needs or concerns.

For more information on NHS Specialist Services, please refer to Appendix 4

The hesitancy around uptake of NHS Specialist Services remains as the providers continue to regain and rebuild the trust from communities. Through their engagement, the Council has heard that the community wishes to be consulted in a manner that both allows for them to express themselves and be listened to. The NHS also wish to work with the communities in this manner to gather the views on the services and support needed in the future, which also involves better transparency on the data, services and spends.

"Of course, I would take it but I just, if I see that I am going to get help, I don't know how it will help me to be honest but if I thought it would help me then I would take it. But how would it help?"
Resident, SMSR Community Insight Research, Sept 2023

Emotional and Mental Health

Members of the community have told us from the early stages of the initial response that a diverse strategy is needed to support emotional health and wellbeing across the community to address non-physical needs such as feelings of trauma, anxiety, and distress.

The effects of a traumatic event like the Grenfell tragedy can be severe and disabling for many. The prolonged feelings of distress, even if not symptomatic, can trigger a myriad of reactions in people's day-to-day lives, affecting an individual's relationship with others, their capacity to work, or engage with any kind of support.

People who have a personal or family history of mental illness or substance use, who have had previous exposure to traumatic experiences, who face ongoing stress, or who lack support from friends and family may be more likely to develop more severe symptoms and need additional help.

The true extent to the impact of the emotional and mental health of children and young people is still ongoing. Those impacted by the tragedy, combined with covid and the cost-of-living crisis has only caused further strain and distress. Adequate intervention and support of their emotional state is paramount to support and guide them to navigate life inside and outside the home.

The aftermath of the tragedy has left some families in a state of disrepair, resulting in families breaking down. This can impact children's behaviour, self-worth**,** and educational potential[16].

Social and cultural norms, alongside a sense of feeling lesser in control, can impact one's ability to understand the effects of poor mental health, limiting them to seek appropriate support. Moreover, the support available

[16] Impact of Family Breakdown on Children's Wellbeing - Evidence Review

may not always fully resonate with one's cultural beliefs, and a more tailored, proactive but patient approach may be required for people to feel held and seen.

Grenfell Health and Wellbeing Service (GHWS)

GHWS was established by Central North-West London (CNWL) NHS Trust following the tragedy in 2017. The initial response was to identify those who had been affected by establishing a proactive screening approach and providing psychological therapy for those who needed it.

The GHWS was then formally commissioned with a remit to provide resilience building support and interventions to the North Kensington community and to individuals and families experiencing trauma and loss-related distress as a result of the tragedy. The proactive screening approach ended in 2019, and the GHWS continued shifting from a traditional therapeutic model of clinical support to one which is more holistic.

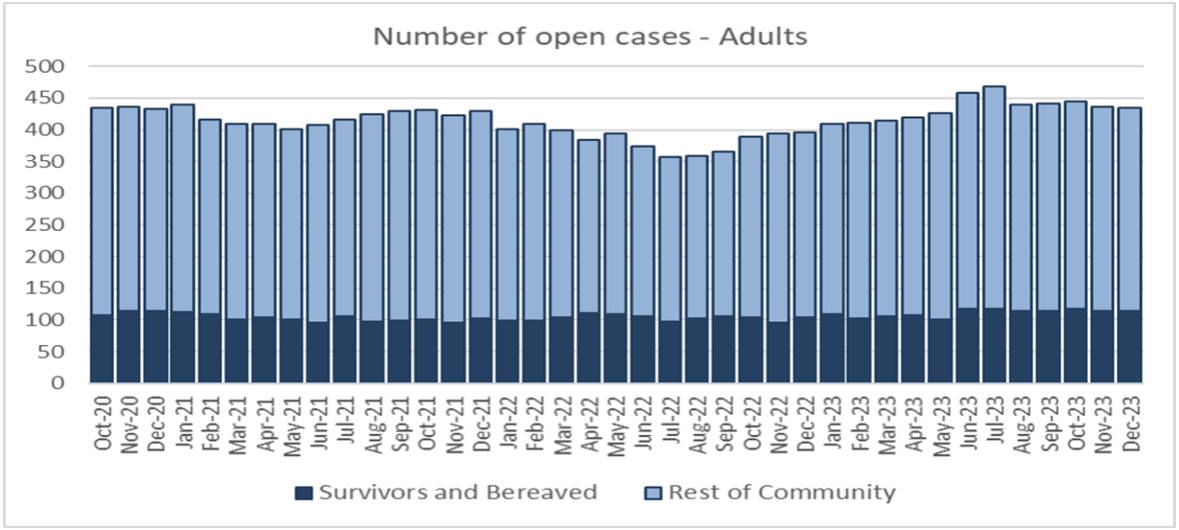
The adaptation of the service offer has been informed by regular engagement with North Kensington residents, community groups and other stakeholders. The GHWS conducted several focus groups in 2021 to get feedback on how the service should change and set up a dedicated community collaboration arm to improve partnerships with residents and community groups.

GHWS now provides mental health support, assessment, and a number of therapeutic services to all those presenting with trauma, distress, anxiety, depression and loss as a result of the fire. The support offered is tailored to the individual's circumstances and goals. The number of sessions a person can have is not capped, which often happens in other mental health services, so 'clients' can have as many sessions as needed. The GHWS model's integrated offer includes the expansion of the multidisciplinary approach to include occupational therapy, social work, and employment support.

Activity – referrals and open cases

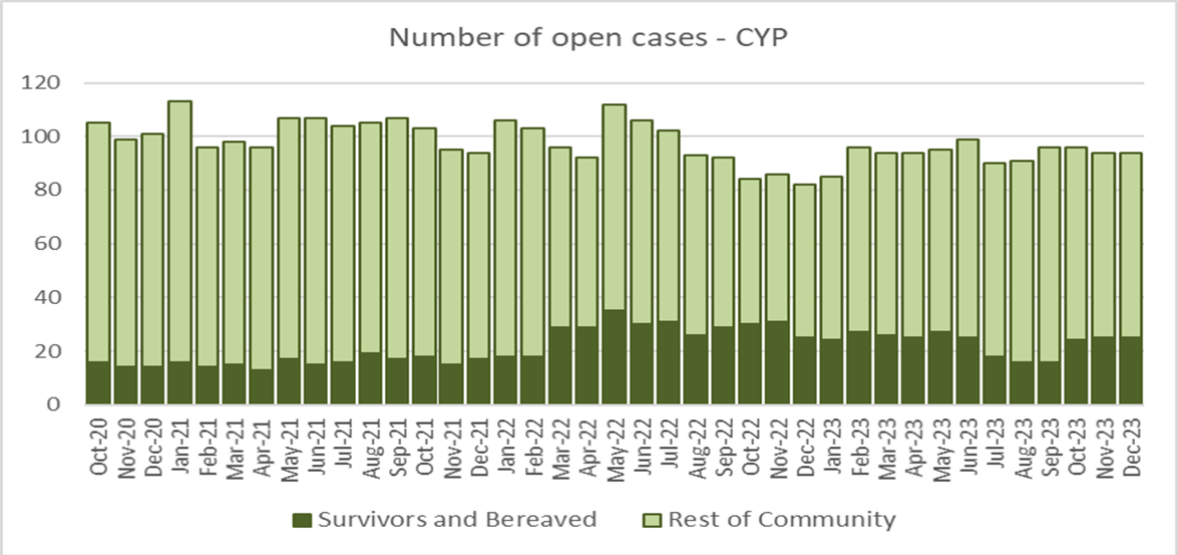
- GHWS activity numbers fluctuate based on the needs of the community as well as external factors, e.g., the Inquiry, Tower discussions, news articles etc. Since October 2020, the total number of open cases has fluctuated between 451 and 558, with no sustained trend in activity over this time.
- In December 2023 there were 529 open GHWS cases; of those 140 were survivors and bereaved. In June 2023 there was a large number of referrals into the services due to a transfer of care from private healthcare providers to GHWS.

Figure 7 Grenfell Health & Wellbeing Service: Number of open adult cases (Oct 2020-Dec 2023)



Source: NHS (CNWL) Grenfell Health & Wellbeing Service (2023)

Figure 8 Grenfell Health & Wellbeing Service: Number of open children and young people cases (Oct 20-Dec 23)



Source: NHS (CNWL) Grenfell Health & Wellbeing Service (2023)

- Overall, 96% of survivors and bereaved have been offered the GHWS with 71% accepting and 64% seen. The 4% that have not been offered have not been contactable by the service.
- The number of adult survivor and bereaved open cases has fluctuated between 98 and 117, with the numbers increasing to 117 in June 2023
- Children and Young People (CYP) survivor and bereaved numbers have fluctuated between 13 and 35. There was an increase in the reported numbers in March 22 as the numbers of Children and Young People open to a Dedicated Service CYP Therapist began to be reported.

Adult referrals since May 2022- by source and service

The following section provides an additional layer of detail to show the mental health needs of the people using the GHWS:

- The main sources of adult referrals are primary care and self-referral. Other (unspecified) services also referred a smaller number of people into the service.
- For Children and Young People, referral patterns are different, with more coming from internal CNWL teams and other agencies.
- Cognitive Behavioural Therapy and Trauma Informed psychological therapies are the most utilised aspects of the service, treating a range of conditions – most commonly PTSD, depressive episodes and anxiety.
- The presenting conditions of people using the GHWS has not changed markedly over the period 2020-23, although the proportion of people with a diagnosis of depression (mild, moderate, severe, recurring or unspecified) has decreased, with a corresponding increase in the proportion of people with PTSD and anxiety related issues.
- As of September 2023, 34% of adult clients have been contacted by the service in the last week, and 65% within the last month.
- The average number of appointments per client is 35, showing the longer-term nature of the support required. However, 32% of the caseload had 0-5 appointments, which is more aligned to traditional Improving Access to Psychological Therapy (IAPT) models.

For more information on NHS Grenfell Health & Wellbeing Service (GHWS), please refer to Appendix 5

'My friend died. How can I ask for help? I'm here, he isn't'.

Resident, SMSR Community Insight Research, Sept 2023

Although the GHWS has received positive feedback from clients that received mental health support, the community continues to state that their needs have increased, not gone down since the tragedy. In several cases, residents that were offered support in the immediate aftermath of the tragedy were not ready to speak or open to talking therapies. Residents have reported that support felt abundant then, but years down the line, residents have to seek it out themselves.

Community based Mental Health Services

From the experience of the Grenfell Recovery Programme, and the sentiment from the communities, it acknowledges that community-based support delivered in partnership with local organisations is vital for ensuring that services reach local people and make a difference to them. Local organisations provide support in settings where many feel more safe, familiar, and comfortable. This helps individuals in addressing the trauma and stress of past events and more organic sense of community and social connectedness is formed, contributing to long-term resilience and recovery.

Culturally competent services are a key in meeting residents' diverse needs. Recognising that services should empower to provide equal and meaningful care to all; therefore language, faith and culture should be acknowledged in these approaches. Empowering people to have a meaningful voice in shaping their local services will mean services are more likely to have buy-in and engagement from the people whose wellbeing they are looking to support.[17]

At the NHS Race and Health Observatory (RHO) conference in July 2022, Prof Stephani Hatch of Sociology and Epidemiology at King's College London stated that people from racial and ethnic minority groups are less likely to receive what they consider to be appropriate help for both severe and more commonly experienced mental health problems. Community based intervention is a great way to start conversations, they would lead onto additional or further support in clinical settings.

Responses to the North Kensington Health and Wellbeing survey indicates that women and residents from non-white ethnic groups are more likely to report still being affected by the Grenfell tragedy. On the other hand, women are more likely to access emotional health and wellbeing services through the Grenfell Recovery programme and recent efforts have focused on finding ways to make sure men feel comfortable seeking support.

Residents have commented on the benefits of services which are culturally appropriate. Others have spoken about the significant trust and community networks that commissioned providers held with Somali and Arabic communities 'as a bridge' to the Council, providing a 'safe space'. As a result, this can support in building a resilient community[18].

[17] Fatima Elguenuni Grenfell Health and Wellbeing Service Cultural competency framework.
[18] Source: Mind Report 2013 Building resilient communities

Al Manaar – Testimonial from a resident who finished long-term therapy (2021/22)

"I was very grateful for the opportunity to access free counselling at al Manaar. Here I found a place to talk about my own trauma and struggles following the Grenfell fire. I had tried to look after others, the whole community, and carried a huge burden on my shoulders. With my counsellor's help, I was able to re-focus on myself and address the trauma I had lived with since the fire and from other incidents in my life. It was not easy to look at my trauma, pain and shame, but my counsellor was a constant ally who related to me positively and compassionately.

It was important that my counsellor was somebody who understood North Kensington and the level of trauma suffered by local people. My counsellor and the staff at the mosque always made me feel welcome and valued and I would recommend the service to anybody".

This is particularly important given different perceptions of mental health and concerns about the potential stigma that can be attached to accessing mental health services. There is an ongoing need for more awareness and information about mental illness and mental health, the option for people to connect to services in ways that are non-stigmatizing.

This testimony from a patient accessing the Arabic language counselling service at Al Manaar Muslim Cultural Heritage Centre demonstrates the value that community-based support in a person's native language can provide.

While recognising the importance of trusted local organisations in reaching people, it is important that we continue to focus on the needs of those residents who have been most affected and carefully consider which organisations are best placed to meet these needs. Moving forward, it will therefore be important to focus on ensuring a sufficiently broad range of culturally appropriate support and to ensure that it is targeted at those most affected.

Moving forward

It is important that approaches to mental health are do not stigmatise and are tailored to meet that the diverse needs of the community.[19] The Council and health providers need to ensure that people who need support do not feel excluded or left out and consideration around the language used to describe services and support, mindful of the dangers of creating boundaries and the stigma that can be attached to 'mental health'. More broadly, it is vital that services are culturally appropriate and that alongside specialist clinical services there are community-based services in settings where people can connect and feel safe and comfortable.

Children and Young People

Children and young people also experience grief and trauma, though not always in the same ways as adults. Within the current survivor and bereaved cohort supported by the Council's Dedicated Service, there are 274 children and young people, 89 of whom have been born since the tragedy. The age profile of these children and young people is as follows:

Guidance from local and national organisations suggests that:

[19] https://thekandcfoundation.com/insights/understanding-inequalities-borough-extremes.

Children may find it particularly difficult to comprehend for themselves and explain to others how they are feeling following trauma. This increases the possibility that parents, carers, family members, friends and teachers may often not pick up on the difficulties being faced. Effects of post-traumatic stress also differ and manifest at varying ages in children.

It is also important to recognise that for young children trauma and grief reactions may often be displayed for shorter periods than with adults. Tears turn to laughter within just a few moments, but then just as quickly back to tears. A child's culture, belief systems and life experiences will also shape their attitude to trauma, death, or loss.

As a child develops, all these concepts will take on new meaning, and they may process the trauma further in line with these new realisations and understanding. This means that recovery time may be extended over several years and the trauma may need to be revisited at different times.[20]

Table 5. Age profile of bereaved and survivor children accessing the Council's Dedicated Service as of 27/02/24.

Under 5	61
5-10	77
11-15	59
16-17	21
16-24	77

Source: RB Kensington and Chelsea Council: Grenfell Partnerships (2023)

It is important to recognise the specific impacts of trauma on those children and young people most directly affected by the fire and to acknowledge that the impact of the tragedy on children and young people will continue to manifest in different ways. As noted above, the Council and health providers must also recognise that the ongoing impact of the tragedy can place pressure on family relationships and dynamics, which can have a direct impact on children and young people's relationships with their parents and their peers. There is no one-size-fits-all approach for children and young people; instead, it is important to recognise that specific additional support is necessary which can be tailored to meet individual needs.

In general, the long-term and sometimes delayed impacts of trauma on children are not always recognised by those responsible for their care and learning. Engaging with schools and education settings to gauge the level of impact on the young people in a community and involving these key stakeholders in development of plans and activities ensures that children and young people are cared for after a disaster. It is important to note that it may take time, sometimes several years to stabilise, and that additional work with them may be necessary when they experience significant life changes, for example in adolescence.

Services for CYP affected by Grenfell provided and commissioned by the NHS are:

- Paediatric Long Term Monitoring Service
- Grenfell Health and Wellbeing Service
- The NHS Dedicated Service
- Primary Care Enhanced Services
- Some community-based self-care services

Children and young people are supported to opt in and out of services, to meet their needs. The aim is to provide a flexible client-centred approach. In the immediate aftermath of the Grenfell fire, there was high uptake for long-term monitoring service and enhanced health checks, in the last few years there has been a drop in follow up yearly checks and an increase in deferring annual checks. The gap between yearly visits, presents a challenge to measure emerging trends and needs, as the numbers keep decreasing on a yearly basis for repeat checks.

Paediatric Long-Term Monitoring Service

The Paediatric Long-Term Monitoring Service provides a holistic integrated health and wellbeing annual review for all survivors, bereaved, and Grenfell Walk children and young people.

[20] https://assisttraumacare.org.uk/our-service/children-are-affected-too/.

The Paediatric long-term monitoring is a service for children and young people who are survivors or bereaved of the Grenfell disaster, or children of survivors. This is an annual 90-minute appointment with a paediatric consultant, who takes a comprehensive clinical history, completes a physical examination, and reviews wider health issues such as emotional wellbeing, how they are getting on at school, sleeping patterns, diet, and immunisation status. For those who wish it, detailed lung function is also undertaken.

Activity (as of January 2024)

- Since the launch of the service in September 2019, 138 individual patients have been referred to the Imperial College Healthcare Trust (ICHT) Paediatric Long-Term Monitoring Service (84 survivors, 54 bereaved)
- Out of the 138 children that have been referred into the ICHT Long Term Monitoring Service 107 individual children have been seen.

Of the those:

- 73 are survivor children and young people (67% all CYP survivors).
- 34 are bereaved children and young people. (53% of all CYP bereaved)

Of the 44 children that were in the Tower

- 43 (98%) have been offered this service with 41 (93%) accepting and being referred.
- 35 of 41 have been seen, 5 deferring for a year and one booked in.

Feedback from the community engagement suggests that children and young people's offer has generally been well received. With Grenfell specific provision it's important to consider the use of the word 'Grenfell' in the title of services as it can sometimes be perceived as a trigger.

Impact on families (intergeneration)

In the future work with children and young people, it's important to factor in the effects of intergenerational trauma[21], including those born into bereaved and survivor families. There are several layers of complexity and nuance for this groups. Some children take on caring responsibilities and extra burdens.

In the cases of conditions such as PTSD, Depression and Anxiety, compared with the general population, children and young people can experience delayed onset symptoms that only manifest later in life. Intervention and support available within educational institutions and the community are invaluable. The Council and health providers need to ensure training and support is available to enable staff to spot signs and ensure they are signposted to required services.

Adultification is a problem that some children may face, especially for those from ethnic background, have additional roles within the home or support their adult care givers. Davis and Marsh[22] (2020) defines adultification as 'notions of innocence and vulnerability are not afforded to certain children. This is determined by people and institutions who hold power over them. When adultification occurs outside of the home it is always founded within discrimination and bias. There are various definitions of adultification, all relate to a child's personal characteristics, socio-economic influences and/or lived experiences. Regardless of the context in which adultification take place, the impact results in children's rights being either diminished or not upheld.'

[21] Source: BACP 2021 Intergenerational Trauma (thresholds)
[22] Davis, J. and Marsh, N (2022). 'The myth of the universal child', in Holmes, D. (ed.) Safeguarding Young People: Risk, Rights, Relationships and Resilience. London: Jessica Kingsley Publishers.

‘My grandmother would never seek help; she doesn’t understand it, and she relies on us (younger family) to explain everything’.

Resident, SMSR Community Insight Research, Sept 2023

Support to children and young people may be provided through schools and other educational organisations. However, this support will not extend to the “hidden children". The term hidden children refer to those who are not attending school and are not known to educational and social services. These children might be missing from school for various reasons, and their absence can lead to significant educational, social, and emotional consequences. Children affected by the Grenfell tragedy may not be enrolled in or attend school missing vital provision and support available.

Moving forward

Many grassroots community organisations, such as the Latimer Community Art Therapy (LCAT), emerged as an immediate response to the tragedy, being one of the first therapeutic spaces to open in the area, particularly to support children and young people through wider expressive means. The value of such initiatives and the impact it continues to have on lives of children and families should be emphasised as key to recovery for many.

The Council and Health partners should continue to encourage and support such community-led initiatives which provide a safe therapeutic space alongside wider educational, creative and physical pursuits.

The Council should concurrently build on the existing support available in education, training and employment and broader opportunities for children and young people of all ages, recognising the complex impact of grief and trauma and the desire of families to ensure that their children are given the best possible opportunities.

Housing

371 residents lost their homes in the Grenfell tragedy and, as signalled in the 2018 JSNA, the main focus of the support in the emergency response phase was the permanent rehousing of survivors from Grenfell Tower and Grenfell Walk. Of the 201 households from the Tower and the Walk, 199 are now in permanent homes with two in high quality temporary accommodation.

However, the initial rehousing effort was just the beginning; as recognised in the 2018 JSNA, the longer-term challenge was to support families to settle into their new homes. Collectively we have clearly heard that in a traumatic and highly pressurised environment, it was sometimes difficult to make important decisions about their housing future in the initial months after the fire. While many households are happy in their new homes, some households have subsequently found that they feel unable to settle, and do not feel they can rebuild their lives in their current homes. For these families, their homes now feel like a barrier to recovery.

In a November 2023 survey of households from Grenfell Tower and Grenfell Walk, 62% of the 39 respondents reported having settled well in their home and 68% rated the quality of their home positively. However, about 26% of respondents told us they still do not feel settled.

By the end of February 2024, 25 of the 199 households had already moved, 41 had a live transfer request and 11 had made an enquiry.

> 'I am not living where I'm used to and like living, as I am used to North Kensington. The property is also not like for like from my old property'.
>
> OR
>
> 'There are ongoing changes which need to happen in the property… once these happen, we will feel settled'.
>
> ***Comments from respondents to the 2022 Grenfell Housing Services Annual Survey***

Many feel they have lost the community spirit they had when living in Grenfell Tower and some feel isolated where they now are. Another survivor's words capture the feeling of being out of place:

'Funny how one of the labels the government/council gave us when we lost our homes was "displaced". – because even though I am settled where I am now, a part of me still feels displaced.'[23]

More broadly, alongside specific cases where households are struggling to settle, housing concerns remain a key focus for survivors and their families. 42% of all actions in Council Dedicated Service support plans are linked to housing. Given their experience at Grenfell, housing issues (especially where there are safety concerns) can provoke high levels of anxiety among survivor households. Housing issues are often overrepresented in cases where survivors and bereaved feel they are making limited or no progress.

Decent and safe housing is also one of the enablers to a healthier quality of life.

Many bereaved family members did not live in the Tower and were not Council tenants and so have not had the same kind of housing support as survivors who lost their homes. However, they also struggle with housing issues. DS support plan data from March 2023 shows that over a quarter (28%) of bereaved families have requested support with housing in the last six months.

Safe high-quality housing is foundational for people's wellbeing more broadly, but it is especially important in the Grenfell context. Homes should be a haven for families, but issues with a property or wider anxieties about housing generated by Grenfell can often undermine the safety and security that they should feel. It is therefore vital to support survivors to settle in their homes and ensure responsive housing management services and broader support with changing housing needs.

Beyond housing, broader practical support to navigate complex systems is often important for families impacted by public tragedy, as highlighted by the Casey Review of the needs of families bereaved by homicide. In the 2022 Dedicated Service survey, 69% of the 130 respondents identified their Dedicated Service Worker as

[23] Quoted in Feruza Afewerki, *Gold & Ashes* (2022)

important or very important to them when thinking about the future. Practical support often allows families to focus on what matters most to them and there is a need to consider how to adapt the support to ensure this is the case moving forward.

Moving forward

> Quality, affordable, safe, and stable housing is essential for both physical and mental health. Such housing reduces exposure to environmental hazards, prevents injuries from structural defects, and provides a stable environment for managing long-term health conditions. In terms of emotional and mental health, it reduces financial stress and insecurity, fostering a sense of stability and security which is vital for emotional wellbeing. Those affected by the tragedy should be provided with suitable homes and housing support to maximise health and wellbeing, and improvements to housing conditions need to be delivered sensitively and with community support.

As part of the Council plan for 2023-2027, the Council has also made a commitment to safer[24] and fairer[25] housing across the borough.

Wider Needs

Choice, flexibility, and agency are important when it comes to families deciding on what support to select. One feature of complicated trauma and grief is that survivors and bereaved may feel a lack of control. Without control, people can feel powerless or stuck, which makes it difficult for them to move forward.

Therefore, a genuine process of co-production with communities, to design, continue or commission relevant support and services is vital. This can provide people with a menu of different support options which they can access at different times to cater to their specific requirements at any given time.

Needs for bereaved families

Throughout the emergency response phase following the tragedy, much of the support was focused on survivors who lived in Grenfell Tower and Grenfell Walk to whom the Council had an immediate housing duty. One consequence of this was that many bereaved family members, especially immediately bereaved family members who lost close family members and often did not live in the borough, felt 'left behind' or 'forgotten about'. Many did not feel able to come forward while they were still waiting for news of loved ones, struggling in the early stages of grief, or trying to support their families.

As noted in the 2011 Casey Review, families who lose loved ones in traumatic circumstances have a range of specific needs.[26] From the review's survey of over 400 families bereaved by homicide, the vast majority (80%) reporting having suffered trauma-related symptoms and three quarters suffered depression. Families also reported other pressures, including relationship problems, additional caring responsibilities, difficulties managing their finances (especially with additional costs), alcohol and drug addiction and challenges related to employment and housing. As Casey noted, many of the challenges faced by bereaved families intensified over time.

[24] A Safer Kensington and Chelsea | Royal Borough of Kensington and Chelsea (rbkc.gov.uk)
[25] A Fairer Kensington and Chelsea | Royal Borough of Kensington and Chelsea (rbkc.gov.uk)
[26] https://www.justice.gov.uk/downloads/news/press-releases/victims-com/review-needs-of-families-bereaved-by-homicide.pdf.

It is perhaps not surprising that these feelings continue – their intensity may increase once the initial numbness and denial passes; grief can be stirred up again prompted by a birthday, an anniversary, or other significant event. The protracted legal process provides many triggers…[27]

In this context, it is important that immediately bereaved family members receive specific support for the longer-term impact of grief and bereavement, recognising the social and cultural norms and some of the specific challenges that are characteristic of bereavement through public tragedy outlined above.

Peer support and other opportunities

Alongside mental and physical health support and practical support for families, research from other disaster recovery contexts suggests that peer support approaches can be valuable ways for people to come together to support one another. Dr Anne Eyre notes, these approaches build on a recognition of the complex psychosocial dimensions of trauma and bereavement through major disaster and the importance of the 'reconstruction of social ties and the need to connect with others as a way of processing grief, including after mass traumatic loss.' Peer support can be some of the most longstanding and self-sustaining support. For example:

In the aftermath of the Aberfan disaster (1966) in Wales in which 144 people, including 116 children, were tragically killed, a group of young mothers from the village came together to form a support group. Connected by their mutual experience and understanding of collective loss they met up a few months after the disaster to provide friendship and mutual support and continued to do so; their weekly tea-and-chat gatherings continuing to this day. [28]

Peer support approaches can take many different forms, from more formal facilitated talking groups to groups focused on campaigning to activity-based groups which connect people in more informal ways. Many national charities and organisations, such as Support After Murder and Manslaughter (SAMM), began as peer support groups and have evolved to offer a wide range of different kinds of peer support.[29]

Moving forward

The council and health providers can do more to create or fund opportunities for people to come together and to connect people with other local and national organisations. This needs to be done with a continued focus on those who might be lonely or isolated, or have mobility needs and disabilities. Recognising that some people will want to connect with others within the community, whereas others might benefit from seeking new communities, including ones brought together by local and national organisations. The Council and its partners should also seek learning from best practice, and work with communities to explore the full range of forms that peer support can take, from more structured facilitated talking groups to less formal, activity-based groups.

Public authorities aren't always the most suitable agencies to run peer support groups, but that they can provide help and assistance to groups who already exist or are trying to get started. Small organisations often prove better at bringing people together than the Council or NHS and it may be worth considering letting go of some work and handing it over to community partners in the future. As part of this, it is important to be conscious that new groups may emerge at any time. The key is having flexibility, choice and control and creating space for families to come forward whenever they are ready, ensuring there are as few barriers as possible in between them and coming together to support one another.

[27] See The Casey Review (p. 10).
[28] See Dr Anne Eyre (2019). 'The value of peer support groups following disaster: From Aberfan to Manchester', *Bereavement Care*, 38:2-3, 115-121.
[29] See, for example: https://samm.org.uk/support-information/.

Memorialisation can be a powerful way for people to come together and support each other. The anniversary of the tragedy and the silent walk have been significant for both survivors and bereaved and the wider community in the years following the tragedy. Alongside big public events and forms of memorialisation or commemoration, it is important that there are opportunities for people to come together in smaller ways that feel more comfortable for them. Specific consideration should therefore be given to facilitating peer support around anniversaries and at other times when people may want to come together.

Many forms of peer support, both formal and informal, already exist within the bereaved and survivor community, some which have had support or funding from public authorities but many of which have not. Consideration should be given to how to create more space for peer-to-peer work where that is something people would want and value, while recognising that for some people separation from Grenfell may be an important part of moving forward.

The Need for Community

The prevalence of social isolation amongst those rehoused after the fire, particularly within more vulnerable groups such as the elderly and single parents. The closure of spaces such as The Curve which served as beacon in the community is truly felt and missed. This is also a need to create space for those who live further afield (and even abroad) to feel connected with others who have been impacted.

There are several community-led groups that have been set up within the community to response to their immediate needs as well as campaign and activist groups which have had positive impacts. Tension caused by some differing objectives and interests have been voiced and there is a need to help repair and unify their effects. Public authorities have often contributed to or exacerbated these tensions and there is a need to work together to help repair this damage.

The need to rebuild trust with people and services whilst acknowledging when it is more appropriate to hand over to community partners has been highlighted. The Council and health providers have both been told of concerns and frustrations with staff turnover within services provided outside the community. Community-led organisations based in the heart of the community tend to have a level of trust and continuity in grassroots and frontline services being involved since the night of the tragedy. It's frustrating having to explain yourself on several occasions to staff due to inadequate handover or knowledge of the population. Public services should learn from the expertise of our community, as they provide long standing relationships.

The recent King's Fund project on 'Learning the lessons from Grenfell' demonstrates the need for a different approach to engagement in this context, which focuses on making it everyone's business to connect to the communities they serve.[30]

[30] Learning the lessons from Grenfell | The King's Fund (kingsfund.org.uk).

The need for choice, control, and independence for families

Through the work with survivors and bereaved through the Council's Dedicated Service, the community has clearly stated that people want more control over their recovery. They have told us that families themselves know what works best for them and that what works for one family doesn't necessarily work for another.

Following the wide-ranging review of the Dedicated Service in 2021, for example, changes were introduced to Individual Service budgets and introduced new Personal Budgets for Services to allow families to exercise greater choice and control over the support they receive. A new process was also introduced to enable survivors and bereaved to access their funds without going through their Dedicated Service Worker, making the process quicker and less bureaucratic. Through the 2022 survey, 83% of the 130 respondents reported that the changes to the service have given them 'more choice and control over the support they receive' and 77% felt that the support was 'better targeted to meet their individual needs'.

In the first year after they were introduced, almost all individuals have used their Personal Budgets and have accessed a wide range of services and activities, including self-care, health and fitness, and respite breaks. The 2022 DS review found that 85% feel the online solution 'gives them more flexibility and control over how they make a request' and 82% feel that it is a better process. In 2023, funding for individual services and personal commissioning budgets was increased and currently over 60% of the allocated Dedicated Service budget is controlled directly by families. When asked about what support was most important to them, moving forward, 78% of respondents identified personal budgets and individual services.

Personal budgets are one way to help ensure families have control over their recovery, but there are other mechanisms for creating choice and flexibility. Conversations with local and national organisations who work in this area emphasised that it is important to ensure a broad, flexible, menu of support for people to choose from as and when they need it. This is particularly important given the constantly changing external landscape and the range of public and private challenges that people are likely to face in the coming years.

For some, it may be enough just to know that the support is there. Families will choose to engage with different aspects of the support available at different times; what is important is that people are aware of what is available and how to access it. The Council, the NHS and other organisations need to continually offer support, and fund the support through the Voluntary, Community and Faith sector, while recognising that not everyone will take it up. Taking a flexible approach and ensuring people can access different services in different ways and at different times ensures there are ways for people to engage with support without coming via the Council. For some survivors and bereaved having a dialogue with the Council and getting things done can help people feel that they are moving forward; others may prefer to choose not to engage.

Work with bereaved and survivors to design the future support to bereaved and survivors will need to factor in feedback from families on these themes, learning from the delivery of the Dedicated Service to date and from national and international work in this area.

Long-term impacts of the public tragedy

- National organisations and academic research remind us that public tragedies tend to complicate already difficult processes of recovery from trauma, grief, and mourning, especially for survivors and bereaved family members who are directly affected.[31]
- The scale and complexity of the Grenfell tragedy and the range of political, cultural, and psychosocial issues that it raises gives the tragedy an intensely public character, with constant coverage in the media and interest from a wide range of people and organisations.
- For many survivors and bereaved, this focus is critical for the success of campaigns for longer-term change. However, families can sometimes feel that their trauma and loss become part of a public event, rather than a private sorrow, giving rise to a loss of control. For bereaved family members or survivors, the intensity of the public focus can lead them back repeatedly to the circumstances in which their loved ones died or force them to relive their trauma.[32]
- Where families' recovery and grief are bound up with broader national legal and political processes, survivors and bereaved may feel they have to put their trauma or grief 'on hold' while they focus on these processes. As one survivor has put it: ***'It's tough for our community because, especially in this tragedy there is no conclusion'.***[33] While there is uncertainty around these issues, it may be difficult for people to move forward and, in some cases, people may not want or feel able to while these major issues are unresolved.

[31] See, for example, A. Eyre and P. Dix, *Collective Conviction* (Oxford: 2014) and M. Lattanzi-Licht, J. D. Gordon and K. Doka (eds.) *Living with Grief: Coping with Public Tragedy* (New York: 2003).
[32] See, for example, the advice and guidance from Cruse Bereavement Support available here: Major disasters or terrorist attacks - Cruse Bereavement Support.
[33] Quoted in Feruza Afewerki, *Gold and Ashes* (2022).

Section 4

The needs of immediate local community

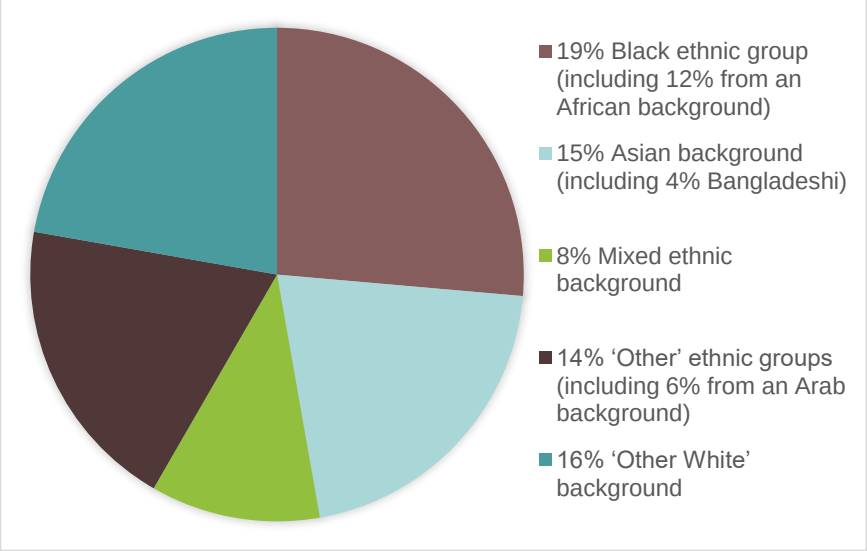
The tragedy profoundly affected the local community. The Council and health providers can build an understanding of this impact by reviewing the health and wellbeing of residents in the local area using published health data, local anonymised GP data, commissioned services activity, surveys, and from community insight. The Council and health providers must also consider the data and insight from the wider voluntary and community action that continues to take place to support those impacted.

There is currently limited published data on the health outcomes at ward level and this limits our ability to compare outcomes with the time before the Grenfell Tower tragedy. This means that organisations need local data to assess how resident health outcomes in Notting Dale have changed over time, and in comparison, to areas of similar socio-demographics in London or elsewhere in England. The value of qualitative community intelligence needs to be paramount, and that needs to be put alongside the available data to build a richer picture of needs, challenges, as well as community recommendations.

Following on from the 2018 Journey to Recovery Needs Assessment, and in agreement with residents and all agencies involved, a local system of monitoring health has been set up to help understand the ongoing health and wellbeing needs of the community and shape services.

Profile of Notting Dale Ward

The 2021 Census records the total population of Notting Dale ward as 9,143, which corresponds broadly to the area within 500m of Grenfell Tower. It is a diverse community located in the North of Kensington and Chelsea, with an ageing population and a high number of young families.



The population has increased over the last ten years and has increased by almost 900 residents since the tragedy. Almost one in five (19%) residents are from a Black ethnic group (including 12% from an African background) and 15% of residents are from an Asian background (including 4% Bangladeshi residents). A further 8% are from a Mixed ethnic background, 14% are from 'Other' ethnic groups (including 6% from an Arab background) and 16% are from an 'Other White' background. Compared to 10 years ago, fewer residents identified as 'White', with the greatest increase in the number of residents from a Bangladeshi or Black African background. 23% of residents are Muslim, and 46% are Christian. Arabic, African languages and Spanish are the languages most spoken by residents after English.

After Golborne, Notting Dale is the second most deprived ward in Kensington and Chelsea and the ninth most deprived in London. Deprivation is measured with a composite outcome (Index of Multiple Deprivation) which takes into account the various challenges or disadvantages people in a community face related to their social and economic wellbeing.

Notting Dale has the second highest rates of long-term limiting illness and disability in the borough (after Dalgarno). This is similar to findings from the previous census ten years ago.
There have been no large changes in the area's housing composition and tenure compared to 2011. Two thirds of residents live in social rented housing compared to 23% in London. 17% of households in Notting Dale are overcrowded. The percentage of single person households is below the borough average but higher than the average for London.

There is a high rate of unemployment with 9.5% of working age adults claiming out of work benefits, the second highest ward in the borough, and nearly twice London levels. The long-term unemployment rate, defined as claiming Jobseeker's Allowance for more than twelve months, is also above national averages but given the relatively small size of the population it is unlikely to be statistically significant. Unemployment rates are similar to 2011.

The latest profile for Notting Dale, and for other wards, can be found here

For more information on the profile of Notting Dale, please refer to Appendix 6

Health Equality

Where you live, work, and play shapes your health and wellbeing. Our health is influenced by a range of factors: genetics, individual behaviours, the environment, the availability of healthcare, and social factors. These are often referred to as the wider social determinants of health, and include education, housing, and employment.

Health is closely associated with deprivation, and experiences of discrimination.[34] Deprivation is a way to access the extent to which people living in an area experience these wider or social determinants of health. Notting Dale, Golborne, and Dalgarno are some of the most deprived wards in London. As well as health inequalities between different areas in the borough, there are different health outcomes among residents from different ethnic backgrounds, with those from a Black, Asian, and other ethnic minority group more likely to have diabetes, be overweight, impacted by mental health and suffer from hypertension.

[34] Health Equity in England - The Marmot Review 10 Years On (executive summary)

Figures 9-11 below summarises the most common cause of death my deprivation quintile, with 1 being the most deprived.

Figure 9 2014-15

	Most common cause of death				
	1	2	3	4	5
Quintile 1	Lung cancer	Heart disease (unspecified)	Dementia	COPD with infection	Heart disease (narrowing of arteries)
Quintile 2	Lung cancer	Dementia	Stroke	Heart Attack	Pancreatic Cancer
Quintile 3	Lung cancer	Stroke	Pancreatic Cancer	Heart disease (unspecified)	Heart disease (narrowing of arteries)
Quintile 4	Lung cancer	Dementia	Breast Cancer	Stroke	Pneumonia
Quintile 5	Lung cancer	Heart disease (unspecified)	Stroke	Age-related physical debility	Pancreatic Cancer

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Figure 10 2016-18

	Most common cause of death				
	1	2	3	4	5
Quintile 1	Lung cancer	Heart disease (narrowing of arteries)	Heart disease (unspecified)	Dementia	Stroke
Quintile 2	Lung cancer	Dementia	Stroke	Heart attack	COPD
Quintile 3	Lung cancer	Stroke	Dementia	Heart attack	Breast cancer
Quintile 4	Dementia	Lung cancer	Pneumonia	Breast cancer	Stroke
Quintile 5	Heart disease (narrowing of arteries)	Lung cancer	Prostate cancer	Pancreatic Cancer	Alzheimer's disease

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Figure 11 2019-21

	Most common cause of death				
	1	2	3	4	5
Quintile 1	Covid-19	Lung cancer	Dementia	Heart attack	Heart disease (unspecified)
Quintile 2	Covid-19	Lung cancer	Heart attack	Breast cancer	Dementia
Quintile 3	Covid-19	Lung cancer	Heart disease (unspecified)	Dementia	Stroke
Quintile 4	Covid-19	Dementia	Lung cancer	Alzheimer's disease	Heart attack
Quintile 5	Covid-19	Pancreatic cancer	Breast cancer	Stroke	Cancer unspecified

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One of the overarching measures of health inequalities (avoidable and systematic differences in health between groups of people) is life expectancy. Life expectancy is closely related to deprivation, called the social gradient in health.[35] Life-expectancy at birth in Notting Dale ward for both males and females is the lowest in Kensington and Chelsea at 73.4 years for males and 75.7 years for female. This is 17 years lower than men living in Queen's Gate and 17.9 years lower than females living in Holland ward (the wards with the highest life-expectancy). The life expectancy in Notting Dale was broadly similar to England prior to the tragedy (78.5 for males and 84 for females), but this was made worse by the deaths of the 72 residents who sadly lost their life in the fire.

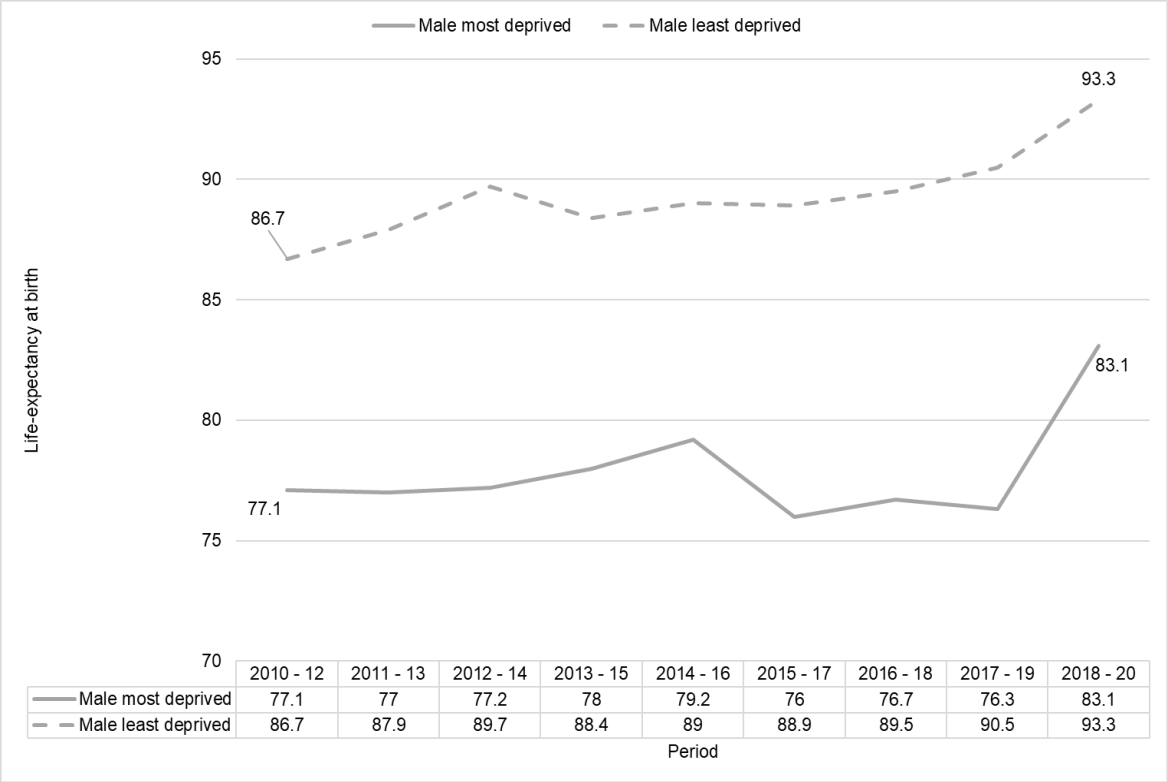
A goal of the Journey of Recovery was not just to enable the community to recover from the trauma but to help it thrive. This is a challenging task against the backdrop of worsening health inequalities nationally and the life expectancy gap widening in England in the last decade.

The Grenfell Tower tragedy was a large contributor to the gap in life expectancy in Notting Dale ward, but also the disproportionate impact of Covid-19 in this community. There is an intersectionality between multiple disadvantages, social injustices, and chronic disease burden such as diabetes and poor mental and physical health.

Life expectancy data by deprivation decile is not available at ward level for 2018-20. However, using data for the whole of Kensington and Chelsea, by deprivation decile, you can see the impact of Grenfell on years 2015-2017, 2016-2018 and 2017-2019 according to latest available figures.

[35] Local Government Association - Marmot Review report – 'Fair Society, Healthy Lives'

Figure 12 Kensington and Chelsea Council: Life Expectancy – Male

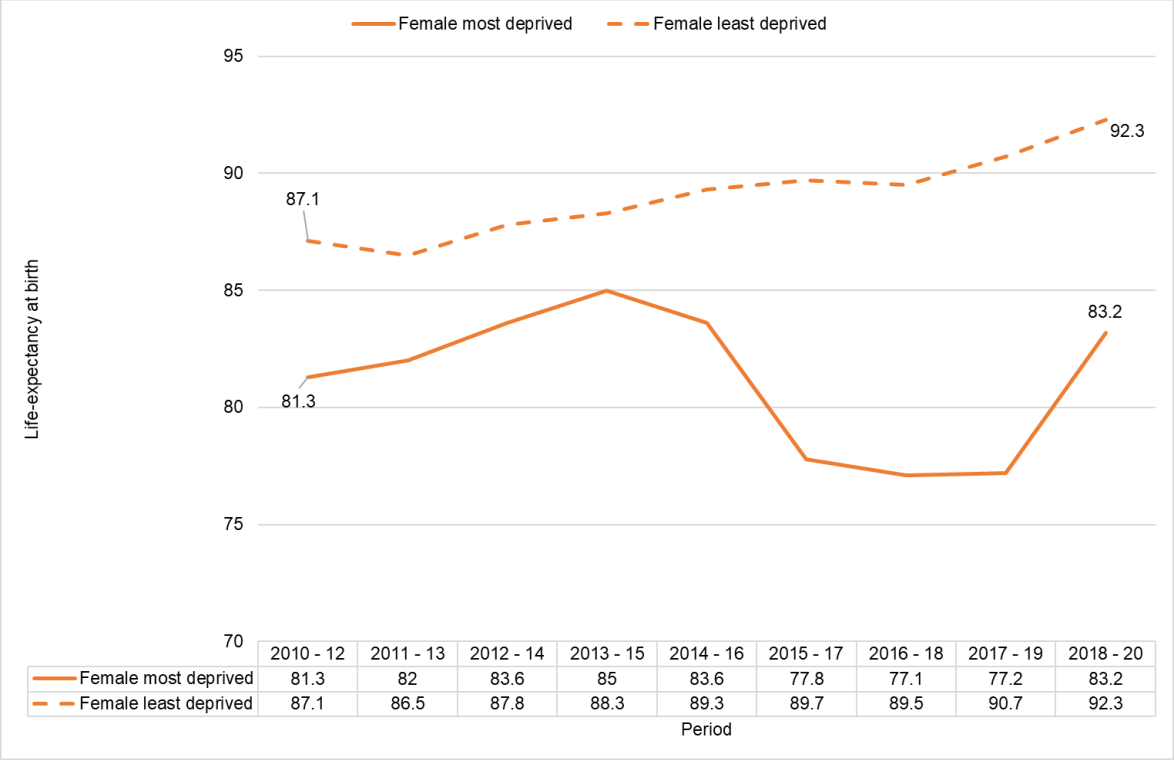


	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20
Male most deprived	77.1	77	77.2	78	79.2	76	76.7	76.3	83.1
Male least deprived	86.7	87.9	89.7	88.4	89	88.9	89.5	90.5	93.3

Period

Source: Health Inequalities Dashboard (UKSHA) (2019)

Figure 13 Kensington and Chelsea Council: Life Expectancy – Female



	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20
Female most deprived	81.3	82	83.6	85	83.6	77.8	77.1	77.2	83.2
Female least deprived	87.1	86.5	87.8	88.3	89.3	89.7	89.5	90.7	92.3

Source: Health Inequalities Dashboard (UKSHA) (2019)

Health inequality is a key concern for our residents and community-based providers. Notting Dale ward's pre-existing health issues being at a nationwide high, would have been exacerbated by the tragedy, Covid-19, and the rising cost-of-living.

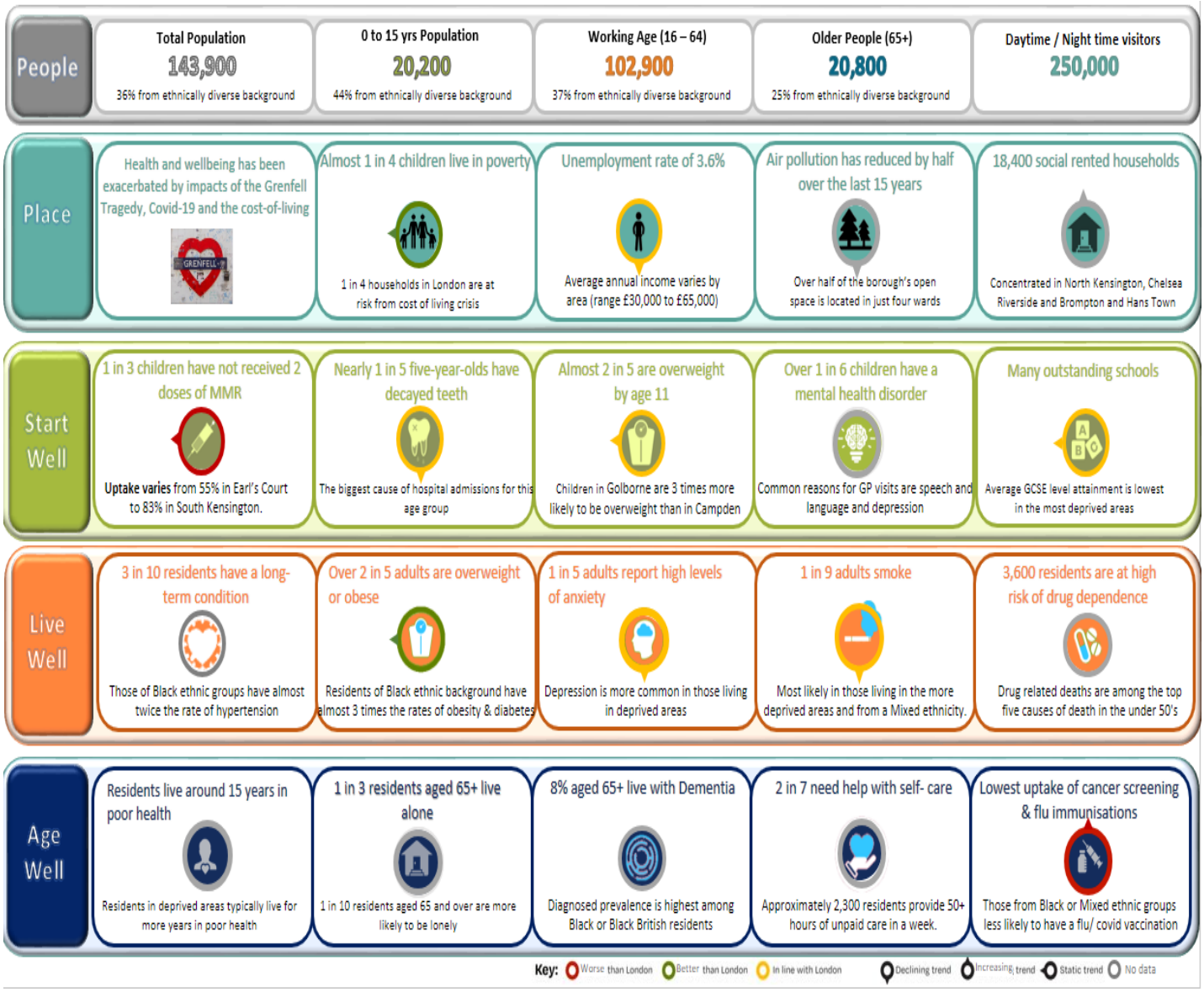
Leading global expert on health inequalities Professor Sir Michael Marmot (Director of the UCL Institute of Health Equity (IHE)), has written to party leaders and MPs across the country after a new report *England's Widening Health Gap: Local Places Falling Behind.*[36] *The UCL* report address the impact of austerity on health and wellbeing UK.

The report emphasises how the north-south health gap has increased, people's health has deteriorated, and health inequalities have widened.

Kensington & Chelsea council is named as one of the two London council's where the life expectancy gap is increasing.

[36] England's Widening Health Gap: Local Places Falling Behind - Institute of Health Equity Report (May 2024)

Figure 14: Kensington and Chelsea Borough Story – At a glance (Spring 2024)[37]



Source: RBKC Public Health – Borough Story

People and their protected characteristics:

Within Kensington and Chelsea borough:

- 36% of residents identify themselves as from a Black, Asian, or other non-white ethnic background.
- 53% of our residents are female.
- 20,200 (14%) are aged 0-15 years, 102,900 (72%) are aged 16-64 and 20,800 (14%) are aged 65+

[37] RBKC Public Health Borough Story (Spring 2024)

- 13% of our residents have a long-term condition or disability.
- 1 in 25 residents identify as being LGBTQ+.
- 65% of residents have a religion.
- 0.56% (685) have a gender identity different from their sex registered at birth
- 36% are married or in a registered civil partnership.

**In 2021 there were 1,455 birth and 915 deaths reported.

Early years

Kensington and Chelsea has 20,200 children under 16 living in the borough (of which 6,100 aged under 5). Nearly one in four children are living in poverty and there are 105 looked after children. Almost two in five children are overweight by the time they leave primary school and over one in six are affected by mental health problems. Working with our communities to codesign activities to embed prevention and healthy lifestyles is key to ensuring we give our children the best start in life.

One in three children have not received two doses of MMR.

For all types of childhood vaccinations, uptake is among the 25% lowest in England and below the 95% target to stop the spread and protect the community. For example, only 67% have received two doses of measles, mumps and rubella (MMR) immunisation at or before the age of five. Uptake varies within the borough, ranging from 55% in Earl's Court to 83% in South Kensington.

Nearly one in five five-year-olds have decayed teeth.

By the age of five, nearly one in five five-year-olds have one or more decayed, filled or missing teeth. It is a common cause of hospital admission and children who have toothache may have pain, difficulties with eating, sleeping and socialising and may have to be absent from school. One in three children have seen a dentist in the past year. While the majority of child dentist appointments are check-up only, over one in three include a mid-range treatment such as fillings, and one in twenty are urgent treatments.

Almost two in five are overweight by age eleven.

18% of children are overweight or obese when they enter primary school aged 4-5 years old. This rises to 37% of children aged 10-11 leaving primary school. This varies by ward, for example those living in Golborne are three times more likely to be overweight than those living in Campden. Children whose parents are obese are more likely to themselves be obese. This highlights the complexity of supporting families to maintain or reach a healthy weight. Being an unhealthy weight is more likely in children who identify themselves as being from Mixed or Other ethnic groups at ages 4-5 and in children of Black ethnic groups at age 10-11.

Education creates opportunities for better health.

We have some of the highest levels of outstanding schools in London. Almost one in four children live in poverty and 4,500 children are eligible for free school meals. Education can trigger healthier futures and protect against disadvantage in later life. 68% of children had a good level of development at the end of reception year and 59% of children achieved 9-5 in GCSE English and Mathematics (75% achieving 9-4). Average attainment 8 score was 53.4. Average GCSE level attainment is lowest in the most deprived areas. 3.9% of children have educational health care plans and 12.6% children have special educational needs support.

Lifestyle

Two in five residents drink more than is recommended.

The causes of long-term conditions are complex. Unhealthy behaviours and exposures go on to account for a high proportion of disease. Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is four times as likely to die over the next ten years than someone who does none of these things. Two in five drinks more than is recommended and 4,370 residents aged 18 or over have a high risk of alcohol related health issues. Alcohol-related hospital admissions are similar to the London average.

Over two in five adults are overweight or obese.

Obesity is associated with reduced life expectancy and can impact on our mental health and wellbeing. 8,600 adults are diagnosed obese. Over one in five residents are inactive. There are a wide range of drivers of obesity including access to healthy food, physical activity as well as social and psychological factors. Residents from a Black ethnic background has almost three times the rates of obesity than those from a White background.

One in nine adult's smoke

One in nine (11%) residents aged over 18 smoke. Most likely to smoke are those living in the more deprived areas of the borough, those who identify themselves as from Mixed White and Black Caribbean ethnic backgrounds, people with mental health conditions and people in treatment for drugs or alcohol. The smoking quit rate is above the London average (56%).

Three in ten residents have a long-term condition.

Over 30% of residents have one or more long term conditions in our borough. The proportion increases with age and is higher among those living in more deprived areas. Residents from a Black ethnic background has double the rate of hypertension, and three times the rates of diabetes and obesity than those from a White background. The uptake of NHS health checks (once every five years) is among the top ten boroughs in London, with 57% of residents taking up the offer.

Lowest uptake of Screening & Immunisations

Cancer screening, particularly breast, cervical and bowel cancer, is among the lowest in the country, with those with mental health needs the least likely to access services. Uptake of the flu vaccination in winter, by people who are at greater risk of developing serious complications if they catch flu, is low. Those from a Black or Mixed background are less likely to have a flu/ covid vaccination.

Aging

Two in seven need help with self-care.

7,200 adults over 65 were estimated to need help with at least one self-care activity e.g. getting in and out of bed. Looking after an adult with a disability or health problem can be tiring, stressful and isolating. Our borough now has approximately 2,300 residents providing 50+ hours of unpaid care in a week.

One in five older people are digitally excluded.

Around 8% of residents are at risk of digital exclusion. However, older people are more likely to be digitally excluded, with one in five people aged 65 and over affected. Digital exclusion impacts social isolation and access to services.

Source: RBKC Public Health - RBKC Borough Story

Physical Health

There is no doubt that concerns about future physical health linked to the inhalation of smoke and other toxins is a very significant feature of community feedback. Communities have reported a lack of reassurance regarding some of their health concerns. There have been requests for clarity regarding how individuals' health needs will be monitored and addressed in the future.

Lived experience reported conflicts with findings that show no indication of impact to physical health following exposure. The community has referenced a 'Grenfell cough' in the aftermath of the tragedy. It's important to also factor in the impact of psychosomatic conditions. The physical health section provides insight into population health monitoring and studies in areas that provoke the most reported anxiety and concern amongst the community.

Cancer and Diseases

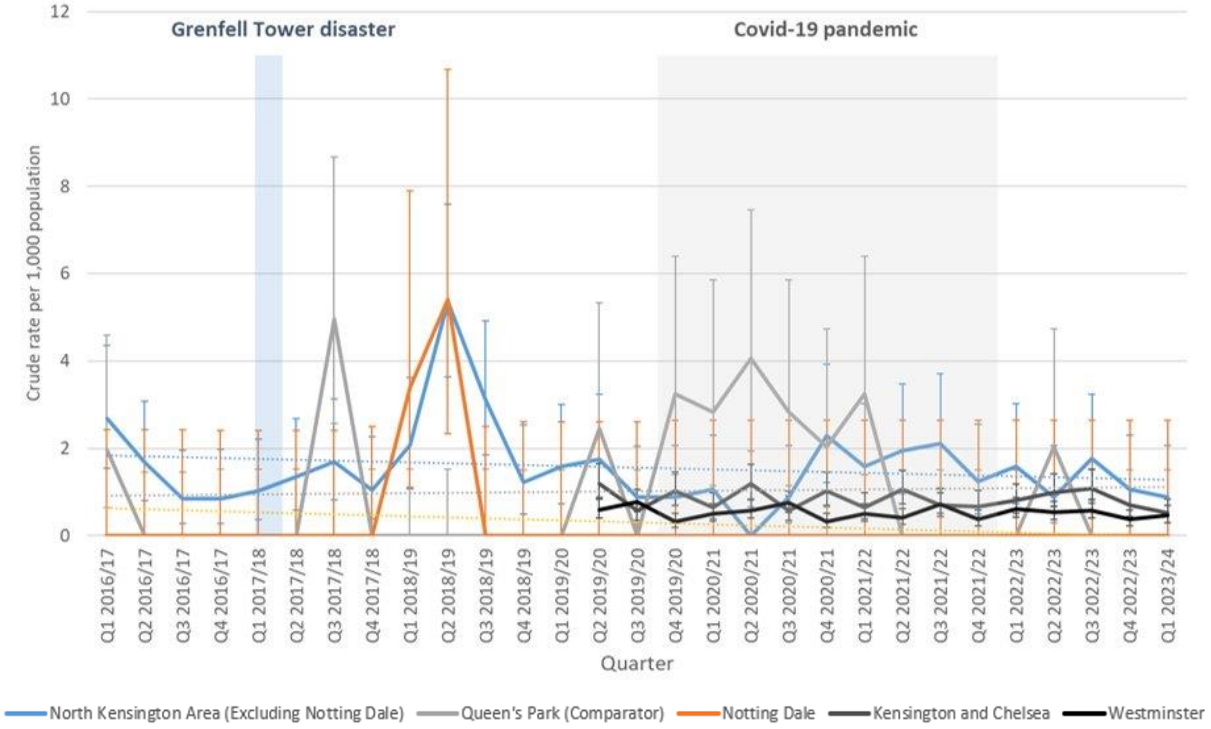
Published rates of death from all cancers, all circulatory diseases, and coronary heart disease, stroke and respiratory diseases in Notting Dale are not statistically different from the England average.[38] Published activity shows Notting Dale has the highest rate of adult emergency admissions and emergency admissions for heart attack in Kensington and Chelsea[39], although Notting Dale activity is not significantly different from other socio-economically deprived areas of the borough such as Golborne, Dalgarno and Chelsea Riverside. It is important to caveat that published ward data does not give us information on trends.

Obesity is also highest in the north of the borough. According to GP records, 9% of Notting Dale patients are clinically obese, above the borough average (4%) and the second highest ward (after Golborne, 10%, and followed by Dalgarno, 9%, This has not changed over time. The percentage of patients that smoke or have been referred to smoking services is also above the borough average in Notting Dale as well as the wider North Kensington area.[40] Rates of Chronic obstructive pulmonary disease (COPD) is highest in Notting Dale and Dalgarno. Rates of diabetes are highest in Notting Dale followed by Golborne, Dalgarno and Chelsea Riverside.

People who live in, work in, or visit the Borough may be exposed to levels of air pollution that are considered damaging to their health. Air quality modelling predicts that the highest concentrations of Nitrogen dioxide, or NO2, a gaseous air pollutant composed of nitrogen and oxygen, and particle matter (PM10 and PM2.5) are along the main roads and largely in the southern half of the borough. These are substances not visible to the naked eye and odourless, hence may appear as clean air but damage lung tissue. Air pollution has reduced by half over the last fifteen years. However, it is still above levels recommended by the WHO and was high in the area prior to the tragedy.

[38] Source: OHID Local Health - Small Area Public Health Data - OHID (phe.org.uk)
[39] Source: OHID Local Health - Small Area Public Health Data - OHID (phe.org.uk)
[40] WSIC DID June 2022

Figure 15: Population Health Monitoring, b5 GP events for lung cancer, age 20+ years



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

The Public Health Population Health Monitoring programme has not detected any statistically significant increase in the incidence of cancer in the Notting Dale population or within the wider North Kensington area.

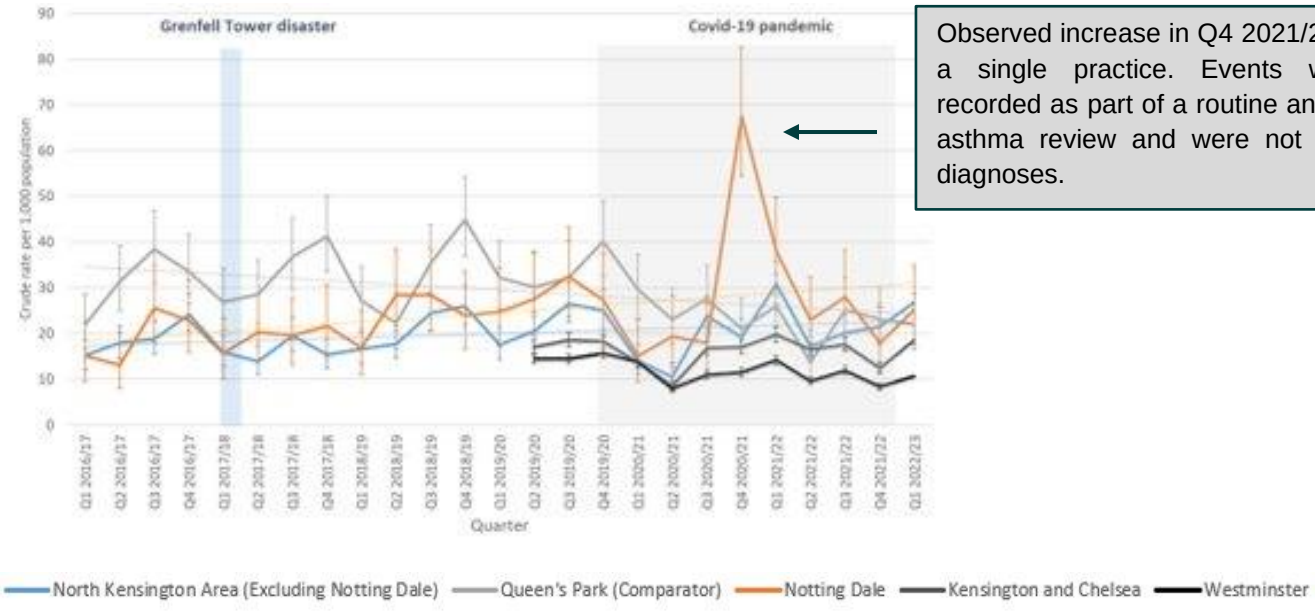
Notting Dale has had a history of higher levels of lung cancer, prior to the tragedy. There is no evidence that this has changed since the fire. If there were any cancer due to environmental exposure, it would take many years to develop and would not expect to see it reflected in the current data.

Respiratory Health

The Population Health Monitoring programme monitors respiratory health using 20 indicators. These indicators include the incidence of respiratory conditions such as Asthma, COPD, upper and lower respiratory infections, as well as respiratory prescribing rates in adults and children and lung cancers. There have not been increases in the incidence of respiratory conditions in Notting Dale or the North Kensington Area other than what would be expected for seasonal influenza and due to the Covid-19 pandemic. This is also the case for the rest of Kensington and Chelsea.

There was an increase in the number of recorded GP events for asthma in adults, however investigation established that this increase was not due to an increase in new diagnoses of asthma. Further explanation of this is included below.

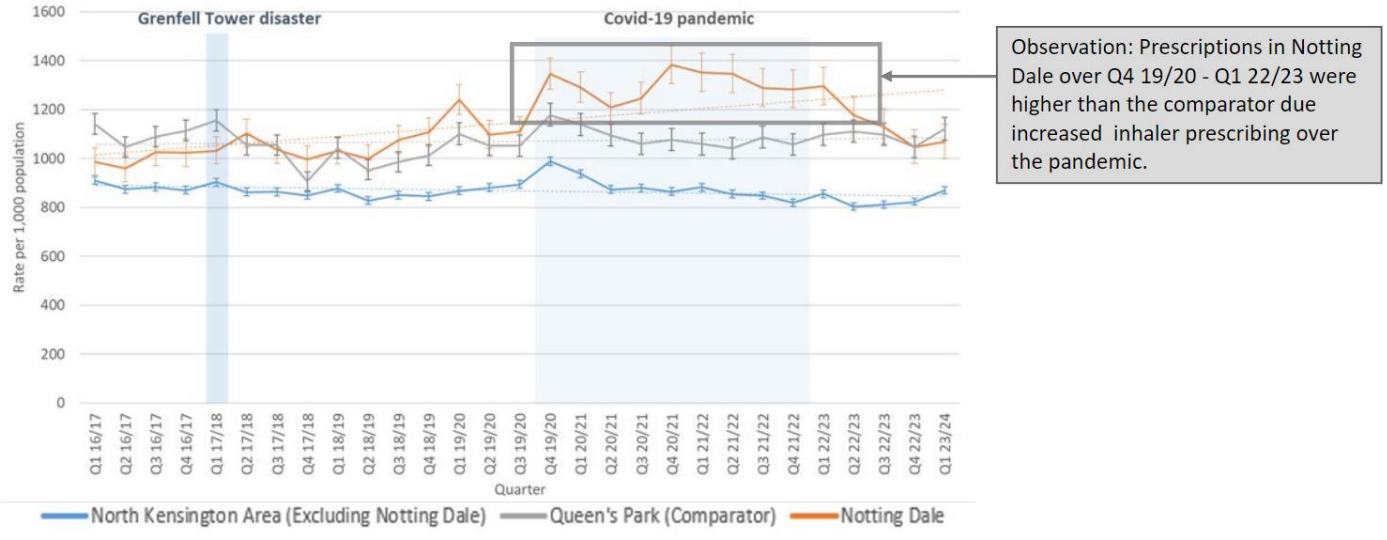
Figure 16: Population Health Monitoring, rate of GP events for asthma in adults per 1,000 population



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

The chart shows an increase in GP events for asthma in adults in Q4 2020/21. However, investigation of this trend established the increase was caused by a single primary care provider changing how asthma review data was included in the GP electronic record, as part of a routine asthma review. This observed increase in the data was not due to an increase in the number of new asthma diagnoses.

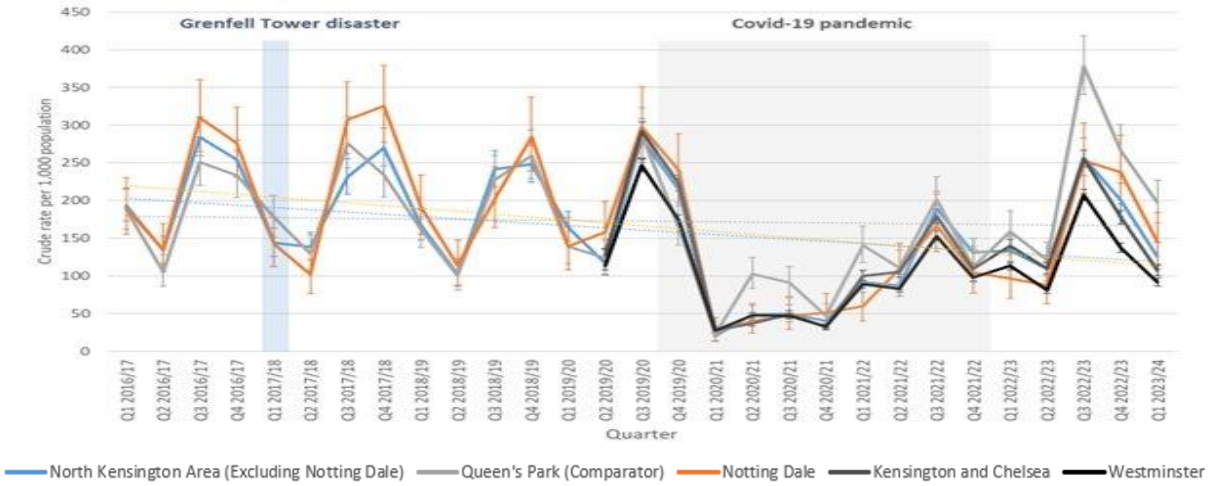
Figure 17: Population Health Monitoring, *b10 Total prescribing respiratory, age 20+ years.*



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

Respiratory prescribing in Notting Dale during the Covid-19 pandemic was above the comparator area, due to increased inhaler prescription used to relieve symptoms of asthma and chronic obstructive pulmonary disease (COPD) such as coughing, wheezing, and feeling breathless. Following the pandemic this has returned to a lower rate of prescribing that is similar to before the pandemic, before the tragedy and the comparator area.

Figure 18: Population Health Monitoring, b14 GP events for respiratory system, age 0-19 years.



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

In all areas GP visits relating to respiratory health by children and young people show seasonal fluctuation, with winter peaks relating for example to influenza or RSV. No change in pattern is observed compared to before the disaster and the comparator area.

Lung Cancer Mortality

The published data pool the individual year fluctuations so the 2015-19 information is still holding the pre-Grenfell higher rates, which have since attenuated. Pooling is necessary due to small numbers of deaths at ward level annually. The number of lung cancer deaths in Kensington and Chelsea, North Kensington and Notting Dale between 2014 and 2019 is summarised in Table 6.

Table 6. Number of Lung Cancer deaths 2014-2019

Geography	2014	2015	2016	2017	2018	2019
RBKC	65	62	56	44	48	42
North Kensington (excl. Notting Dale)	21	16	15	15	11	14
Notting Dale	6	10	8	<5	5	<5

Figure 19 contrasts Notting Dale, North Kensington and RBKC rates per 100,000 population. Public Health do not receive the London or England data to compare to and published data are aggregated to 2015-19.

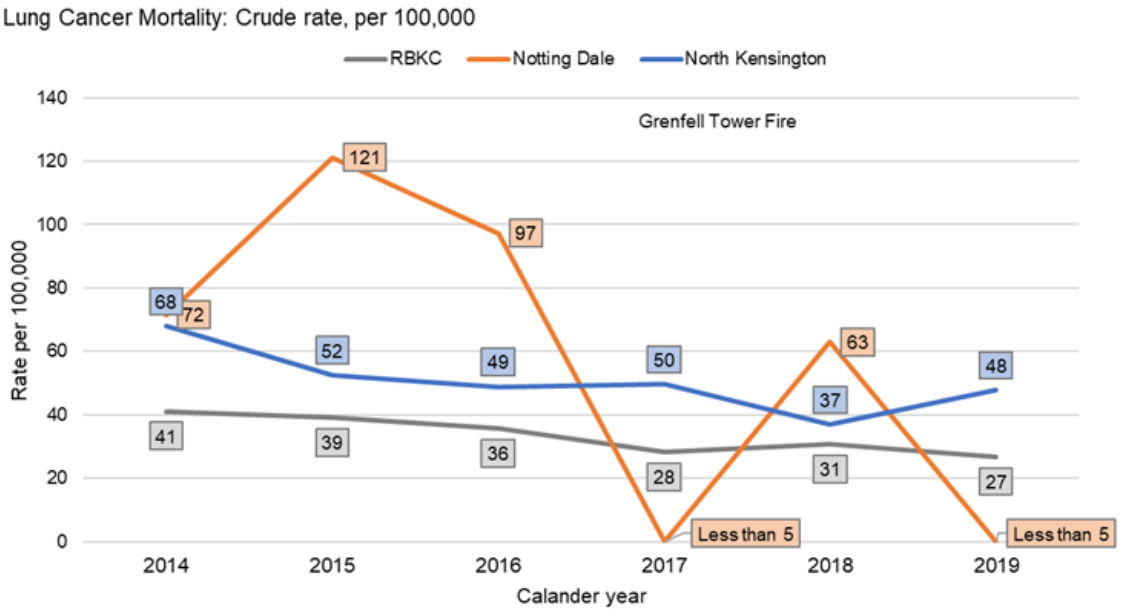
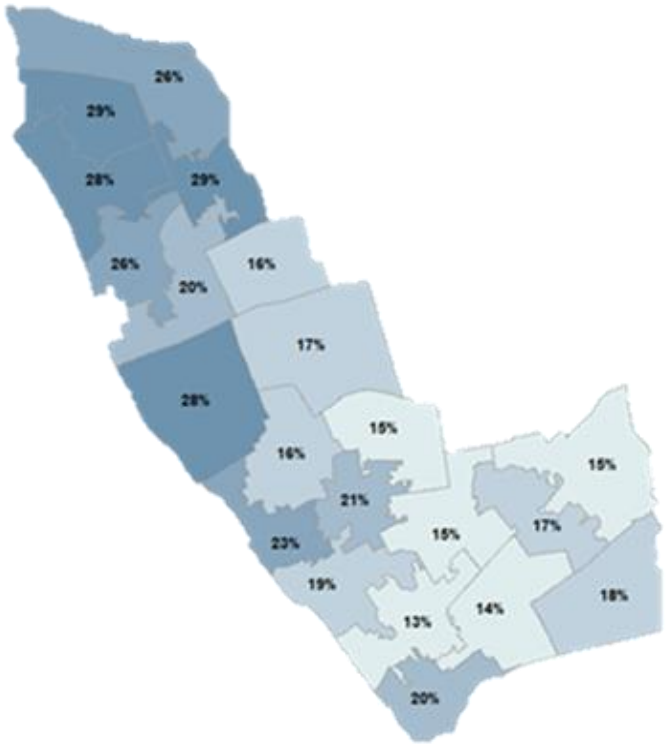


Figure 19: Source: Copyright © (2022) NHS Digital. Re-used with the permission of the NHS Digital. All rights reserved.

Figure 19 shows large fluctuations in the number lung cancer mortality rate for Notting Dale between 2016 and 2019. This is due to the population of Notting Dale being around 9,000 people in total. This is actually a small population and will therefore lead to fluctuation when calculating overall population rates. The drops in rates due to a very small number of deaths from lung cancer in 2017 and 2019 (as stated in Table 6).

Smoking rates are difficult to obtain. The data are either based on national survey data and are therefore synthetic or come from GP recorded smoking status. The latter relying on the resident attending the GP, the GP asking the question and the resident being able to accurately report the information to the GP. Published data from both sources is not available at ward level or by deprivation. Published data from both sources is not available at ward level or by deprivation.

Figure 20 (below) shows what NHS NWL GP recorded smoking prevalence was in 2022.

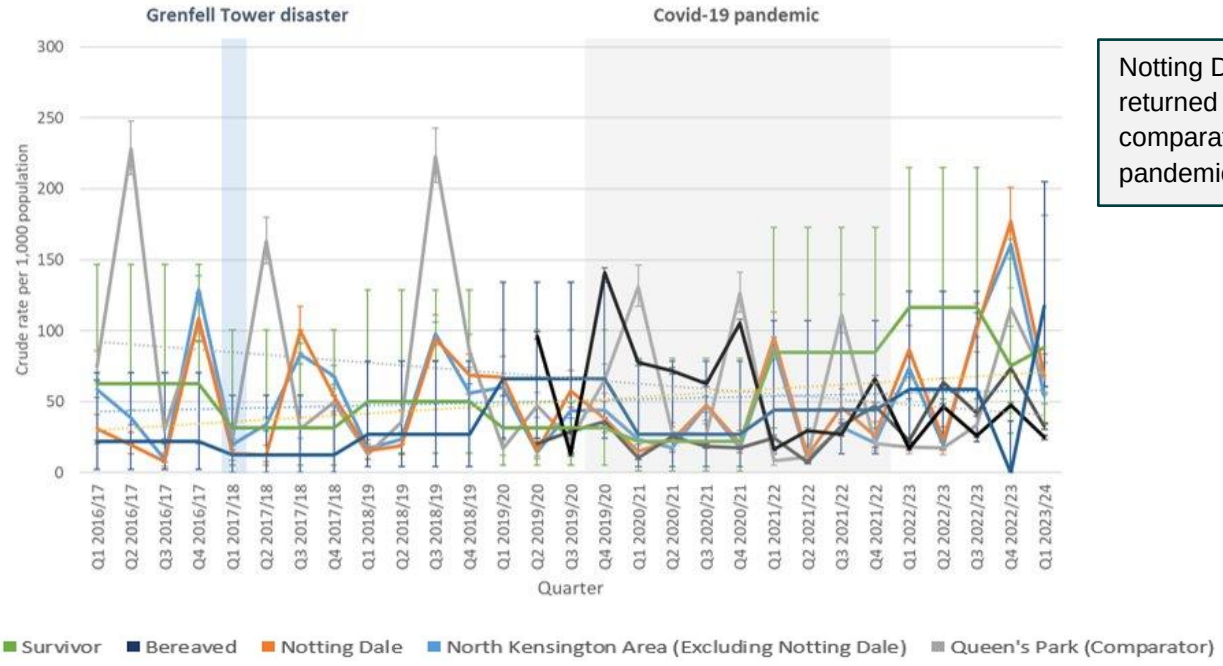


This data WSIC suggests a relationship between smoking and deprivation with higher percentage of GP registered residents in the more deprived North of the borough reporting smoking.

The WSIC estimates of smoking may be an underestimate as capturing smoking status relies on the question of being asked e.g. healthy residents may make infrequent use of GP services and accurate reporting by residents.

Individuals may also be reluctant to self-report smoking histories accurately for a variety of reasons.

Figure 21 - Population Health Monitoring, j2 GP referrals for smoking, age 20+ years



Notting Dale activity has returned in line with comparator and pre-pandemic activity.

Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

The North Kensington Health & Wellbeing Survey found that 21% of respondents smoke and just under a quarter drink alcohol. The proportion of those who smoke was highest in the age groups 55 to 64 at 27%. Just

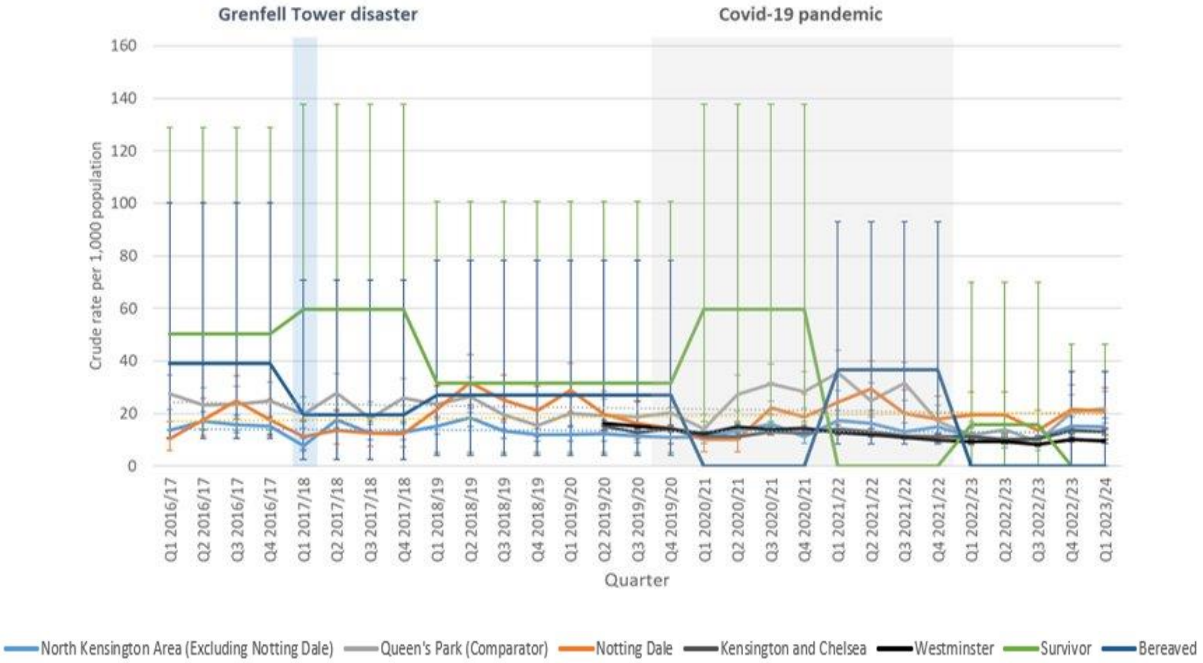
over 22% said they were not physically active as opposed to 23% who said they managed the recommended physical activity on five or more days.

Pregnancy, childbirth, and infants

The number of new mothers during the tragedy was very low, but it is possible to review population data to monitor.

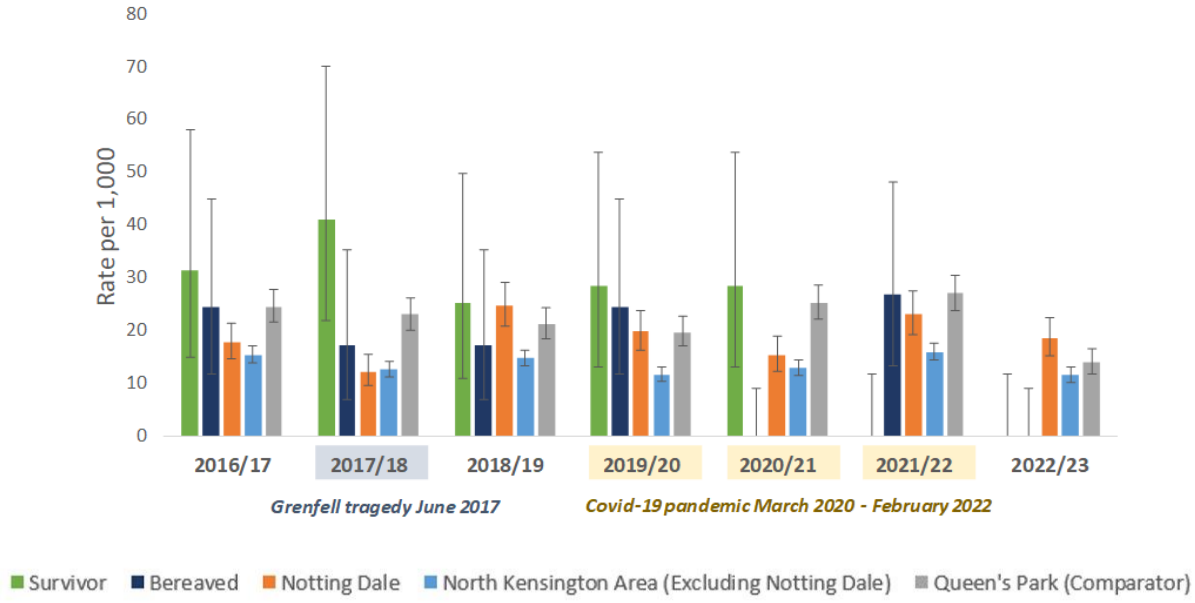
GP activity for pregnancy and childbirth is in line with the pattern before the tragedy and not different from the comparator area. At present there are no calls for concern and team will continue to cohort for as long as they will participate.

Figure 22: Population Health Monitoring - g1 GP events for pregnancy and childbirth, age 20+ years



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

Figure 23: Population Health Monitoring - g1 GP events for pregnancy and childbirth, age 20+ years



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

National studies were undertaken to monitor the health of pregnant mothers during the Covid-19 pandemic.[41]

The community said the health of expectant and new mothers is a key area of interest and there was a request for dedicated monitoring for both mother and baby.

Emotional and Mental Health

In both adults and children, there has been an increase in the prescribing of medication for mental health conditions, which is in line with a longer-term increasing trend also observed in the comparator area and the wider North Kensington area. This may reflect increased anxiety in general and the impact of the Covid-19 pandemic and the rising cost of living.

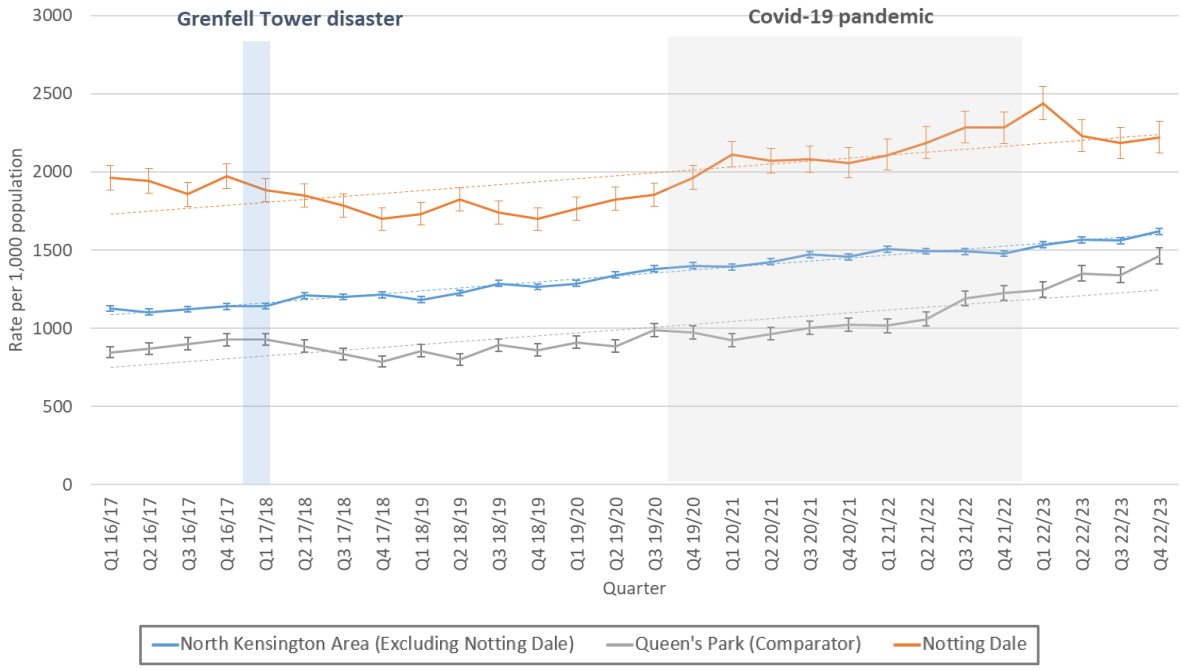
Charts shows an increase in the prescribing of medication for mental health conditions in adults in Notting Dale, in line with a longer-term increasing trend also observed in the comparator area and the wider North Kensington area

[41] Postpartum women's psychological experiences during the COVID-19 pandemic | BMC (biomedcentral.com)

Impact of Covid-19 on new parents: one year on (parliament.uk)

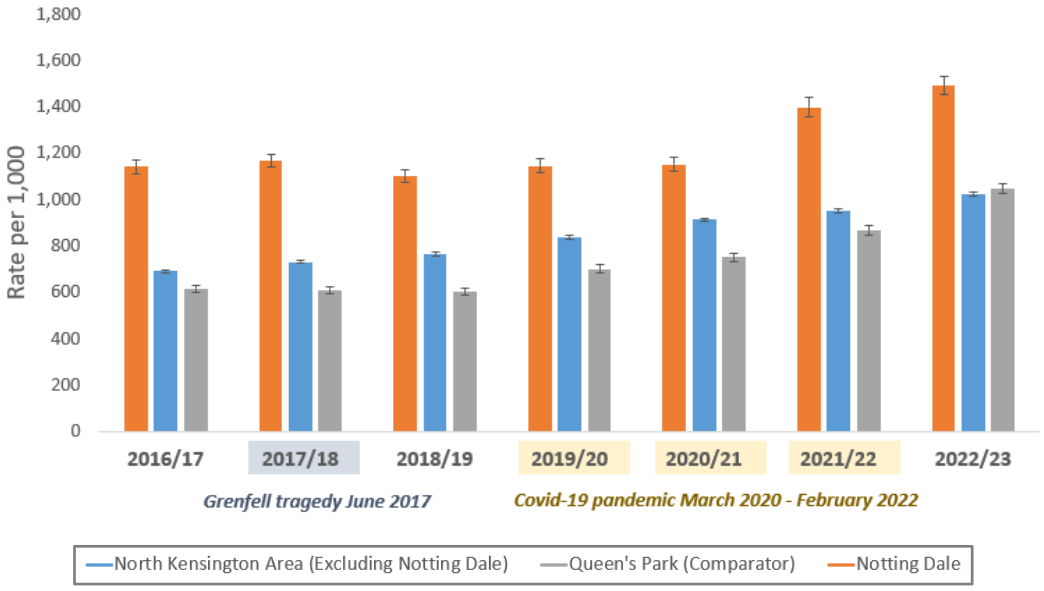
2021-08-25-coronavirus-covid-19-infection-in-pregnancy-v14.pdf (rcm.org.uk)

***Figure 24 Population Health Monitoring* – c14 Total mental health prescribing, age 20+ years**



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

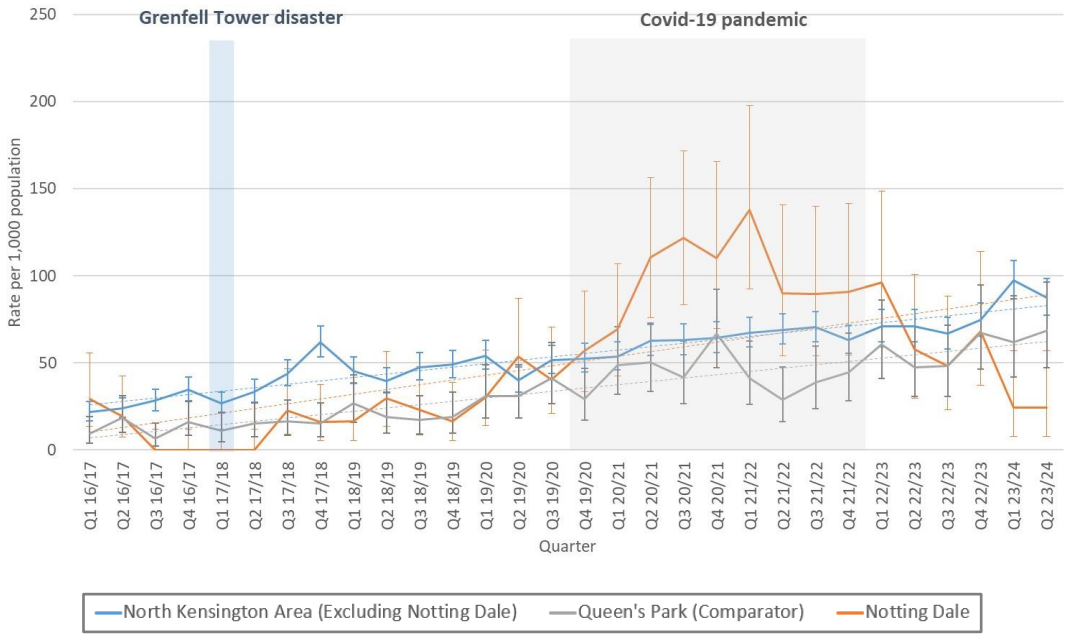
***Figure 25 Population Health Monitoring* – c14 Total mental health prescribing, age 20+ years.**



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

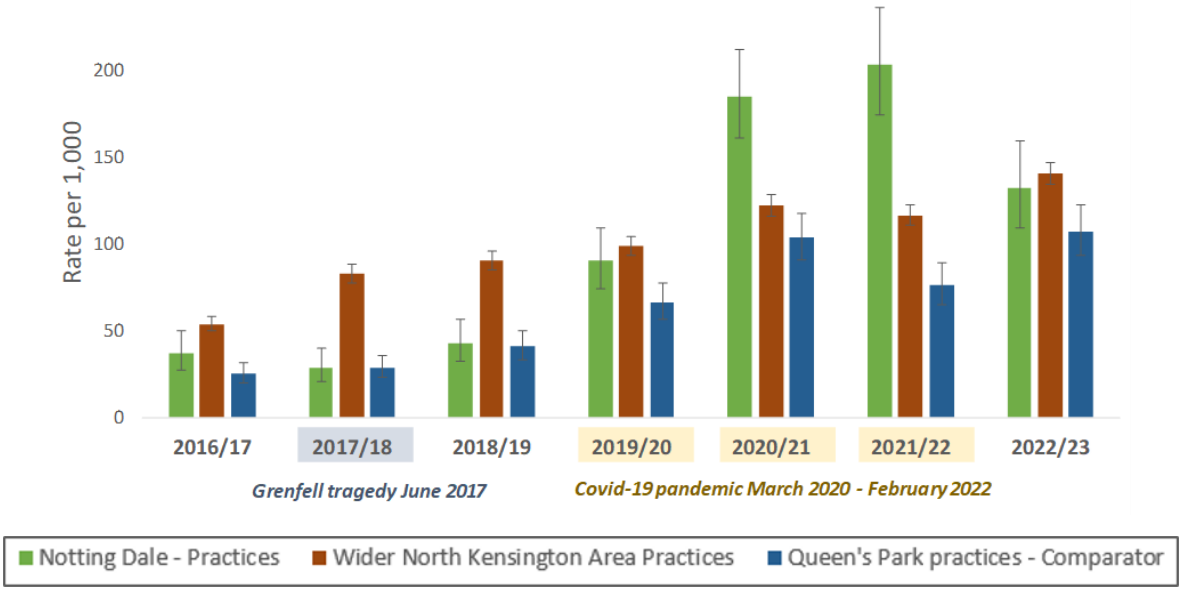
Charts shows an increase in the prescribing of medication for mental health conditions in children in Notting Dale, in line with a longer-term increasing trend also observed in the comparator area and the wider North Kensington area. An audit showed that the observed increase over Q2 2020/21 – Q2 2021/22 was explained by repeat prescriptions for melatonin.

***Figure 26 Population Health Monitoring* - c21 Total mental health prescribing, age 0-19 years.**



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

Figure 27 Population Health Monitoring - c21 Total mental health prescribing, age 0-19 years.



Source: Kensington and Chelsea: Public Health Population Health Monitoring (2023)

NHS Self-Care & Social Prescribing workstream

A range of 'self-care' services are open to anyone who has been affected by the fire. These services promote and enable people to manage their own emotional and physical health, building confidence and resilience through non-medical health and wellbeing services, information, and support.

Currently, there are fourteen services delivered by community organisations that reach different parts of the community. The North Kensington self-care programme is called 'Healthier Futures.' The name and logo were developed and voted on by the VCS with their services users. Over 5,000 referrals to Healthier Futures services have been made since 2020 (this number does not include the previous training offer), and over 7,000 sessions delivered (including individual and group sessions).

London South Bank University's recent (2019) Social Prescribing review, which includes evidence from North Kensington, suggests that it is vital to look at approaches which link residents to support within the community and promote self-care.[42]

For more information on The Healthier Futures Service (Kensington & Chelsea Social Council), please refer to Appendix 7

Children and Young People

The impact of the tragedy on children living in the local community may be felt at different times and in different ways and may be compounded by existing or subsequent trauma. There are a range of exposures to the tragedy which may contribute to these impacts. For example, children and young people living in the local community may have witnessed the Grenfell Tower fire or attended educational settings or that are also attended by survivors and those bereaved.

Children growing up in households which have experienced trauma may think of their environment as 'normal' and this will have an impact on the way in which they develop emotionally. As with adults, it is vital there is appropriate support in place in the long term for all impacted children, as they can exhibit delayed symptoms of trauma.

As with adults, it is important not to pathologise grief and trauma in children but rather to ensure that families understand that it is a natural reaction to a very difficult event. Instead, it is essential to ensure they are supported by people they trust, encouraged to express their own feelings and provide age-appropriate information about what has happened. This can then lead to a conversation with families about how the impact of the tragedy might be manifesting itself.

It's acknowledged that some parents may be reluctant for their children to access Grenfell-specific support, either because they are seeking to protect their children from the impact of the tragedy or because they are concerned about them being 'labelled' or categorised as Grenfell victims. Moving forward, there is a need to think about ways to address this and to ensure that the support people to navigate a complex network of local services to support children and young people, which can be confusing and difficult to navigate for professionals and parents alike.

Moreover, we need to focus on providing support in education, training and employment and broader opportunities for children and young people of all ages, recognising the complex impact of grief and trauma and the desire of families to ensure that their children are given the best possible opportunities.

[42] lsbu_asset-based_health_inquiry.pdf. See also Kimberlee, R. H. Developing a Social Prescribing Approach for Bristol. University of the West of England (2013), p.14.

Just as community-led approaches are vital for all disaster recovery efforts, disaster recovery research suggests that it is important to ensure that children and young people's voices are championed and promoted.[43] Recent work through the Grenfell Recovery programme has shown how young people can be actively involved in shaping the provision (as illustrated by the case study from Baraka below) and, moving forward, there are opportunities to build further on this type of approach.

Baraka: reflections on hearing young people's voices (Summer 2022)

Children and young people deserve a place at the table with the grown-ups. They deserve to be heard, and not only that but us grown-ups might find that we learn a thing or two when we take the time to stop and listen!

Children and young people are involved and contribute to the planning, delivery, and monitoring of Baraka's services. 12 of them participate in the Youth Forum that meets quarterly and allows them to discuss what is working well and have a say in the new activities they would like to see delivered. Recently the Youth Forum contributed to shape Baraka's recent residential trip by suggesting activity types and distributing and collecting monitoring forms.

There are also plans to enable Children and young people to attend future Trustee meetings and represent children and young people's needs and wishes.

Additionally, a number of Youth Forum members who have been with Baraka for several years have completed their compulsory education and now volunteer at different Girls and Boys youth sessions.

Community Insight

North Kensington Health & Wellbeing Survey

An annual health and wellbeing survey of North Kensington residents, launched in 2019, complements the NHS data, and enables us to understand the community's experience of the ongoing impact of the Grenfell tragedy. The survey of around 2,000 residents per year, living in the five North Kensington wards (Notting Dale, Colville, Dalgarno, Golborne, St Helens) and residents of the neighboring Edward Woods estate in Hammersmith and Fulham, has been designed with academic partners and local residents also involved in carrying out the survey. The focus is on the adult population with questions about perceptions of mental and physical wellbeing, use of resources and community support. This enables us to understand need based on residents' experience and capture those who may not seek medical support.

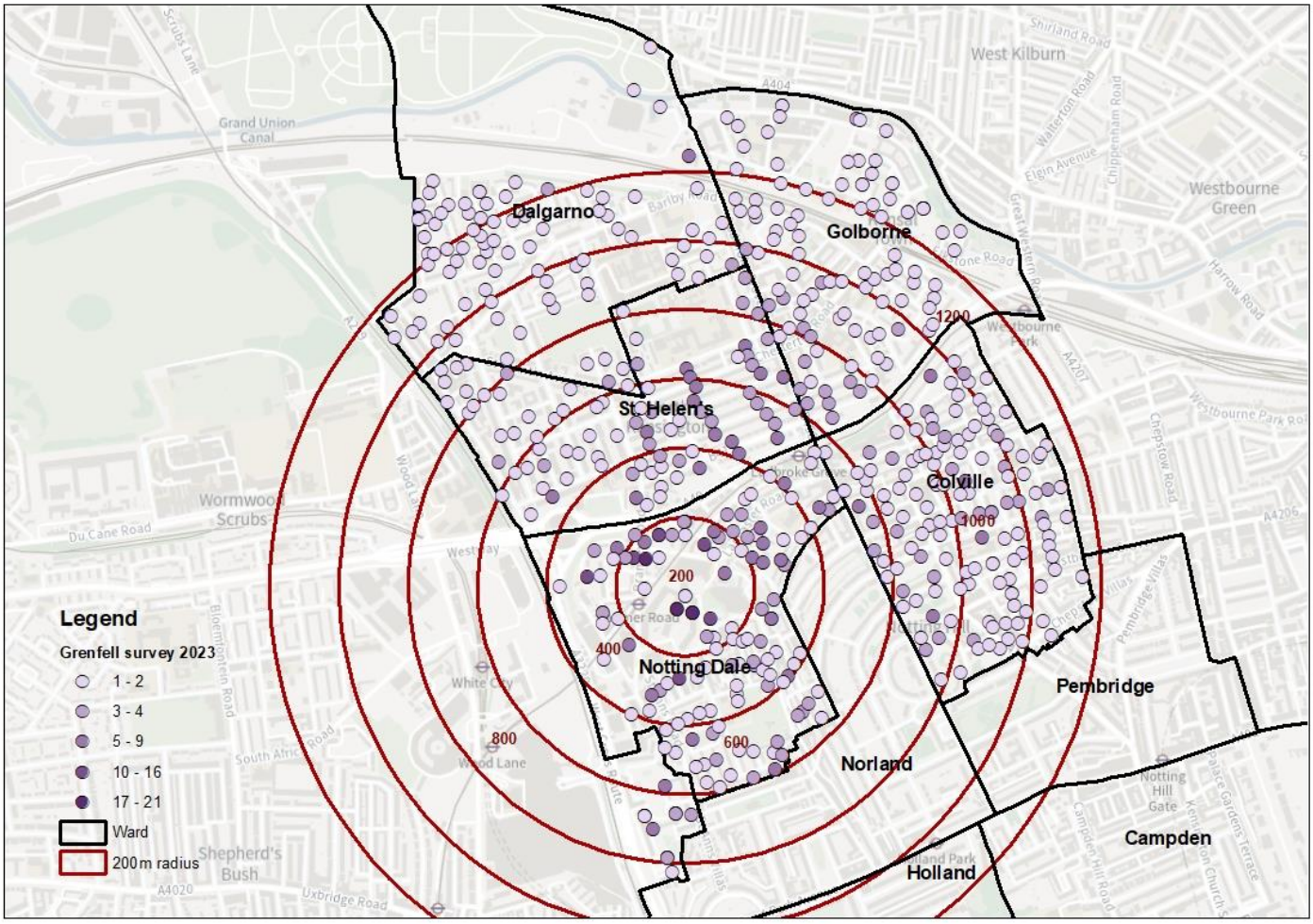
All residential homes in the five North Kensington wards (and the Edward Woods estate) were eligible to take part in the survey. Equal numbers of respondents were sampled from six proximity bands increasing in distance from Grenfell Tower (0-200m to 1001m+). This was to ensure the impact on those closest to the Tower was not lost among responses from the wider North Kensington Area. Each year the addresses in each proximity band were selected at random ensuring residents in each proximity band had the chance of being selected to take part. Residents that did not want to participate or did not want to be recontacted about the survey were removed from the survey address list.

[43] https://www.lancaster.ac.uk/cuidar/en/2018/03/21/stcuk-children-voice-in-emergencies.

As the true reach of the impact of the tragedy on local residents was unknown, the research design considered proximity to Grenfell tower as a measure of exposure. Those living within 200m were considered most likely to have been impacted as they would be able to view or need to pass the site as part of their day to day lives. However, all respondents, irrespective of distance from the tower were asked if they had been affected by the tragedy and given the opportunity to provide their experience and their views on service provision.

For illustration, Figure 28 shows the distribution of the residences selected at random in year five of the survey. The numbers in the key show the number of households within a postcode contacted.

Figure 28. Diagram showing the location of the sample population in year 5.



It is important to note that this is an annual 'snapshot' survey and does not follow the same people over time. As such it is an overview of the health and wellbeing of the whole community, but it is difficult to say that any increases or decreases in health and wellbeing mean that things got better or worse as it may reflect different people moving in and out of the area or different people being sampled each year.

It has been recognised that local people were impacted in different ways depending on a range of circumstances (including proximity to the Tower, experience of the tragedy and personal circumstances).

The survey data indicates that, while the percentage of respondents reporting being affected by the Grenfell tragedy and the proportion of those still experiencing four or more negative impacts[44] has reduced between 2019 and 2023, residents living closest to Grenfell tower were and remain the most likely to report this.

Women, those aged 45 years and over and residents from Black, Asian, and other ethnic minority groups communities, especially 'Other ethnicity' background are indicated as being more likely to report being affected by the tragedy. In years one and two of the survey, being from a Black, Asian, and other ethnic minority background was also associated with being more likely to report enduring negative impact of the tragedy, however in later survey years, living closest to the Tower has become the main factor. In year four over 70% of residents still feeling a negative impact of the tragedy live within 200m of the Tower.

The Tower was also frequently mentioned in free text responses on the negative health and wellbeing impact of the Grenfell tragedy. These included mention of the negative impact of seeing the Tower every day and calls from some for the building to be taken down.

Community wellbeing was assessed using respondent's life-satisfaction score. Scores were found to be typically lower among respondents living closest to the tower, however when social and demographic characteristics were taken into account, poor physical health, rather than proximity to the Tower or being affected by the tragedy was found to be a key predictor of low life-satisfaction.

In addition to life-satisfaction, respondents were asked to score three further wellbeing measures, Happiness, (finding) Life-worthwhile and Anxiety. Analysis of these wider wellbeing measures echoed the findings for Life-satisfaction: being in 'fair-poor' health was strongly related to reporting low wellbeing (and high anxiety) but being affected by the Grenfell tragedy or proximity to the Tower was not. In 2021 (year three), high anxiety scores were more likely among the respondents living closest to the tower. However, the reason for this is unclear and the finding not seen in any other survey year.

The physical health of those living closest to the Tower (within 200m) is poorer than those living further away. Respondents living closest to the tower were consistently more likely to report 'fair-poor health' and their health as 'somewhat - much worse than the previous year' compared to the wider survey population. One in four respondents living within 200m of the tower report being in 'fair-poor health' or their health as 'somewhat - much worse than the previous year', while among respondents living 201m and further from the Tower, one in five reported being in 'fair-poor' health and one in seven their health 'somewhat - much worse than the previous year'.

In all years of the survey, the use of gym and leisure centres along with access to exercise activities are consistently the most commonly reported health and wellbeing services by respondents. In addition:

- Mentions of community centre use have increased over time as has the rating of these services (7.7 in 2019 compared to 9.1 in 2022).
- While mentions of the use formal services, such as GP and mental health services has reduced over the last four years, and secondary care and community are the least likely services to be mentioned.
- In the most recent two years, self-care and hobbies have entered the top ten most common health and wellbeing promoting activities.

Access to Mental Health services and GP access were most commonly reported as being important to meeting current health and wellbeing needs, followed by access to sport and exercise facilities and the availability of community groups, activities, and centres.

Recognition that local people were impacted in different ways and that even within the area immediately around the Tower, there are different experiences and levels of impact which depend on a range of circumstances (including proximity to the Tower, experience of the tragedy and personal circumstances). Moving forward, it

[44] unwillingness to socialise, distress and anxiety due to the tragedy, dealing with frightened, upset, or unsettled children and/or relationship problems.

will be important to target support more effectively to those in the immediate area, while taking into account these differences.

Findings from the year five data show:

- 36% of respondents reporting they were affected by the Grenfell tragedy this is down 55% in Years 1-2 and similar to Year 4.
- Over the course of the five years, the percentage of respondents reporting still feeling 'a lot' of enduring negative impacts of the Grenfell tragedy has fallen from 11% to 1% (from Year 1-3 to Year 4-5) and is now concentrated among those living closest to the Tower.
- There is a slight recovery seen in average wellbeing scores compared to 2022, although anxiety scores are also slightly increased.
- Life-satisfaction scores have been typically lower among respondents living closest to the Tower, however taking into account socio-demographic factors this is indicated to be a result of the higher levels of ill health in this area compared to wider the North Kensington area rather than the impact of the tragedy.
- Respondents living closest to the Tower were consistently more likely to report 'fair-poor health' and their health as 'somewhat - much worse than the previous year' compared to the wider survey population.
- Between 2022 and 2023, the percentage of respondents reporting struggling financially increased from 65% to 73% and the percentage of residents worried about the rising costs of living increased from 41% to 60%.

A full report on the North Kensington Health & Wellbeing Survey will be published on the Council website later in 2024.

SMSR Community Insight Research

Emotional and Mental Health

Residents expressed a complex picture of mental health needs, with some sceptical of support effectiveness and others feeling guilt over accessing services, when considering their needs against those of residents of the Tower.

"It suffocates me when I think about it, you know, I think about it, and it takes my breath away."

Resident, SMSR Community Insight Research,

The range of mental health issues identified across the groups and interviews varied with the most common symptoms resulting in diagnosed [either clinically or self-diagnosed] anxiety, depression, panic attacks, paranoia, anger, loneliness, trauma, sleep problems and Post Traumatic Stress Disorder (PTSD). Fears among residents also include long-term trauma, community cohesion, and potential recurrence of tragedy.

Residents argue that mental health support has been significantly lacking over the past six years, and the demand for increased and improved support is high. Not only is demand and need for this level of support high, but attendees also suggested that need has increased over the last six years due to a lack of any previous support that predates that tragedy. Whilst the service offer or provision may be available within the Grenfell footprint, residents from all groups were unaware of availability and access. Therefore, participation among residents in existing services is considered low and existing services are underutilised.

Resident feedback emphasised a strong feeling that mental health services were not designed with their individual or community needs in mind, interpreted as a lack of personalised support. Few felt their emotional

"In some schools we have therapy for children for that. It's very nice. If you go to the school, instead of taking them to St Charles to a stranger."
Resident, SMSR Community Insight Research, Sept 2023

needs were considered, and many voiced frustration and distress in finding the right assistance. Those that had accessed services in the aftermath of the fire mainly cited local GP services and to a lesser extent St. Charles Hospital. St. Charles Hospital was discussed in just less than half of the groups and whist the service delivery and frontline staff were described favourably there were recurrent weaknesses described in relation to access, and to a lesser extent, awareness of delivery.

Physical Health
In the case of physical health, parents expressed concerns that their children will develop cancer due to the smoke inhalation and expressed a desire for more regular check-ups. Concerns around the prevalence of asthma in children was also expressed.

"No, no support. Nothing. No one came to my door 'do you need help or something?'. I just live next to the Grenfell Tower and this we can smell the smoke as well. If you want a gym membership'. Rather than having to go through, I think you can have a gym membership if you go to your doctors, GP's and get therapy and stuff. It should just be offered. That's why people don't access the services because you have to jump through hoops to get them."
Resident, SMSR Community Insight Research, Sept 2023

Support
This sense of detachment from the services was pervasive, leading to the overall mistrust in the support being provided. Personalised support, tailored to the unique needs, preferences, and experiences of each resident, was largely considered absent and there was a strong call for services that are more attuned to the community's unique cultural context and situation post-tragedy.

There was a general lack of trust within the community of locally commissioned services and RBKC or NHS led services were more likely to be avoided. Subsequently there was a call for more community spaces to deliver health and wellbeing services, providing more independence and trust. It was apparent that had proved to be a barrier to access previously.

"What I don't get, yeah, is the council can reach me when they want, when it's about rent and council tax. Easy. And they do it quick, you know, and they don't let up either, they chase you down. How come the same approach isn't applied to telling residents about support services?"
Resident, SMSR Community Insight Research, Sept 2023

"It's all part of the triggers, we're still living here, we're still dealing with it. We've not stopped dealing with it and who knows, we may never, it may never end, it's like grief doesn't end, it's different for everyone."
Resident, SMSR Community Insight Research, Sept 2023

"You don't like to say what you need, or your family needs sometimes, because it sounds like you are putting yourself in front of them poor victims. They should get everything, but that doesn't mean everyone else should get nothing."
Resident, SMSR Community Insight Research, Sept 2023

The Tower

The Tower is a constant trigger to many of the mental health challenges discussed and a lack of transparency and perceived action is compounding the ongoing tensions that seem to exist.

"It's all part of the triggers, we're still living here, we're still dealing with it. We've not stopped dealing with it and who knows, we may never, it may never end, it's like grief doesn't end, it's different for everyone."

Resident, SMSR Community Insight Research, Sept 2023

Children & Young People

"The most challenging is really helping the young people, that's where the challenge is and I'm still finding that really."

Resident, SMSR Community Insight Research, Sept 2023

Community research found that children have been particularly affected by the tragedy, expressing fear and anxiety about another fire. Parents have noticed visible mental health effects on their children, and some have expressed anger over perceived lack of support. In the case of parents with young children, the mental health impact was still just as significant and many naturally talked about the concern they had for their children and their mental wellbeing, fear, anxiety and struggling to understand what and why the tragedy happened were mentioned frequently.

There was a need for children's counselling and therapy, with participants' children having accessed support at various locations including some schools and St Charles Hospital. Residents also explained a number of initiatives and support services that had been led by local places of worship including children and young people's counselling, mentoring and spaces to contemplate and meditate.

However, many participants expressed a need for more services aimed at children and young people and community spaces that they can access in their free time, especially during school holidays like when this research took place.

Community Spaces

There is evidence that the community has grown dependent on support like day services and community hubs. The Curve (previously) and Baseline were mentioned as effective community hubs where service provision had helped with mental health challenges. Often based around cultural backgrounds or age specific activities both women from the global community and the over 70's had utilised these day services citing therapeutic massages and talking shops as beneficial. The closure of community support centres has exacerbated feelings of isolation and left a disconnect with authorities; residents feel there is a lack of care and a lack of value in what is now considered a broken relationship.

Services like Midaye, Dale Youth Boxing Club and the North Kensington Community Kitchen (NKCK) were valued and trusted by residents. This value also invites concern, particularly in younger services such as the NKCK that without statutory support and a sustainable model, they are vulnerable, despite the community's dependence on their services. The extent to which community services have evolved in response to changing needs, increased demand, or the absence of alternative provisions remains unclear.

"The Community Kitchen. I would do anything for them, they are saving lives. Without the community kitchen I wouldn't have support and people that understand and for food, I would have pasta and water, or be hungry."

Resident, SMSR Community Insight Research, Sept 2023

Residents suggested that increased and improved community spaces supported a desire for greater low-level intervention delivered from community and not authority or NHS assets. The preference for services delivered in this way was thought to promote increased access to services such as talking therapy and respiratory testing services to help recovery and to align any fears of future health concerns.

It was noted that the focus groups and interviews themselves were considered beneficial by many attendees', particularly in the context of their wellbeing. The mechanics of the qualitative research appeared to reflect the preferences residents described in support structures; they were approached, by an independent organisation and provided space within a community venue to talk and be listened too, without condition or promise. The peer-to-peer support is what residents found helpful.

Figure 29 – Community Insight Research 2023 – Key Findings Report Scribe

For more information on Grenfell Community Insight Research, please refer to the supporting documents

Section 5

Key challenges, milestones, and next steps

The need to ensure survivors and bereaved voices are at the centre of plans for the future is paramount. For many survivors and bereaved, Grenfell happened because of a failure to listen. Since the tragedy, many have found powerful public voices through campaigning and other activism. However, others still do not feel heard. In line with the emphasis on choice and control, it is particularly important that people feel listened to (and heard) in the next phase.

"I think the residents help each other more than the NHS and council and police help us. I can be wrong, there could be help I don't know. I would be pleased to be shown it."
Resident, SMSR Community Insight Research, Sept 2023

Conversations with national organisations emphasise that open, ongoing engagement is crucial to building trust, especially in a context where levels of trust are extremely low. It is important to recognise that there will always be different perspectives and that there is always a danger of listening too much to some and not enough to others, including privileging loud voices who don't necessarily speak for the whole community and missing valuable feedback that might come from 'quieter' voices. This means that public authorities must continue to talk to all parties, recognising that some people will step back, and others will step forward at different times, and ensuring and to be transparent about how people can influence decisions.

The Council has developed different approaches to communication and engagement with survivors and bereaved since the tragedy, including regular conversations with key stakeholder groups and a Dedicated Service Steering Group, which acts as a mechanism to ensure that bereaved and survivor voices are always at the heart of decisions about the service. As one member of the Steering Group described their involvement in the group:

> ***'It is a privilege to have been part of the Steering Group and I'm glad to have had the opportunity. We have tried hard to make a change for the better and bring issues to light and we have challenged the management team when we thought things weren't good enough or needed improving. Whether we have made a difference is up to other bereaved and survivors to decide but we have tried!'***

In the next phase, it is vital to ensure that public authorities are finding ways to listen to what survivors and bereaved are telling them, both individually and collectively, and use what is being are heard from the community to shape the design and delivery of services. As part of the future support put in place, there will be ongoing mechanisms to shape and steer the programme and an External Scrutiny Team is working with the community to shape the monitoring and scrutiny arrangements. However, it is vital that all agencies and organisations delivering service to North Kensington communities work with them to shape the design and delivery of those services.

At the same time as embedding a meaningful approach to engagement, it is also important to recognise the demands that engagement can place on survivors and those bereaved. There is a real danger of 'consultation fatigue' and public authorities need to ensure that they are not placing unnecessary burdens on families at what is already a difficult time.

On 30 October 2019, the Grenfell Tower Inquiry, chaired by Sir Martin Moore-Bick, published its Phase 1 report[45]. This phase looked at the events of the night of 14 June 2017.

The Inquiry has written to core participants to inform them that the Phase 2 report will be published on Wednesday 4 September 2024. Further information about the arrangements for publication will be published in due course.

In accordance with rule 17 of the Inquiry Rules 2006, core participants will be provided with copies of the report on Tuesday 3 September 2024 under embargo.

Grenfell Tower

On 15 July 2019, the Government took ownership of the Grenfell Tower site until its long-term future is determined by the community.[46] The government legally now has freehold ownership of the site.

This means that the Royal Borough of Kensington and Chelsea (RBKC) will take no role in decisions about the management of the site. The government will make operational decisions, including on the security and safety of the site. The land is now 'Crown land' which is another name for land owned by government.

A legal restriction has been put in place so that the land cannot be used for any future purpose other than that determined by the community in accordance with the process agreed in the Principles.

Government will ensure that bereaved families, survivors and the community are kept regularly updated on management of the site and engaged on any operational decisions.

November 2023, the Grenfell Tower Memorial Commission released a report which charts the future steps and considerations for a lasting memorial at the site of Grenfell Tower. The site which is currently owned by the government (3,000 square metres) will never be used for new housing. The timelines for memorial are as follows:

- By the end of 2023, the design brief and selection process will be finalised.
- By Spring 2024 will be the launch for the memorial design.
- Summer 2024 is for shortlisting.
- Late 2024/Early 2025 is the design team selection.
- By late 2025 the memorial design will be developed.
- Spring 2026, planning permission approved.
- Late 2026 is the earliest point for the build to begin.

Future Challenges

Looking ahead to the next phase of recovery, we expect several significant milestones events which are perhaps more clearly defined than they were in 2018. The timing of these events is of course uncertain, but they will include:

- A decision on the future of the Tower
- Development of plans for memorial, including agreement on a final design
- Publication of the final Grenfell Tower Inquiry report with recommendations

[45] Grenfell Tower Inquiry - Phase 1

[46] The Grenfell Tower site - GOV.UK (www.gov.uk)

- Response of bereaved, survivors and residents and core participants to the Inquiry's findings and recommendations
- Implementation of a decision about the future of the Tower
- Final design for a future memorial
- Construction of a future memorial
- Conclusion of the criminal investigation by the Metropolitan Police
- Decisions by the Crown Prosecution Service
- Prosecutions as part of the criminal investigation

"The Tower stands as a scar; it should come down. But we should have a say in what happens next."

"Preserving it as a memorial is important, but it has to be a decision we all agree on."
Residents, SMSR Community Insight Research, Sept 2023

Future Grenfell Support Consultation

October to December 2023, RBKC Grenfell Partnerships delivered the first phase of two consultations; one with survivors and bereaved, and another with everyone living within 500m of Grenfell Tower, as well as those who lived in the area at the time of the fire but have since moved away.

Summary of feedback from survivors and bereaved

Through Phase 1 of the consultation, over 340 bereaved and survivor adults and over 70 children shared their views, more than 65% of people accessing the Council's Dedicated Service. They shared a range of views about their experience, what is important to them and their family, what kind of support they want to see in the future and how much change they want to see from the current Dedicated Service.

What is important to people

- In terms of what was important to them and their family, a large proportion of respondents mentioned health and wellbeing and just under half mentioned support of different kinds.
- When thinking about the ongoing impact of Grenfell, nearly 70% focused on health and over half talked about Grenfell being impossible to forget, with people still feeling impacted on a daily basis.
- In terms of what has helped people since the tragedy, 45% said the support from the Dedicated Service, and 33% said family, friends and the relationship with them. Just under a third mentioned financial support.
- When asked what three things would most improve their lives, over half of respondents mentioned finance and over a third mentioned education. A large proportion mentioned health and others talked about extra support for children and young people and employment and training.
- Thinking about future events, such as decisions about the future of the Tower and the memorial, the publication of the Public Inquiry report and the outcome of the criminal investigation, lots of people talked about how support might help and the importance of communication and engagement.

Thinking about the future

- Over 90% of people said they have found the Dedicated Service helpful, with individual budgets and Dedicated Service Workers the parts of the service that people found most helpful. People said the support had helped them cope with the ongoing impacts of the tragedy.

- Thinking about how the support could change in the future, 60% of respondents felt there should not be a change in the rules about who can access the service whilst 40% of respondents believed there should be a change. 79% said they wanted more choice and control over the support they receive. For nearly half of respondents, that meant financial control over personal budgets and some people mentioned more personalised support and greater independence, being able to make their own decisions and have a say.
- 76% of respondents said that the Council should offer additional support to people who have particular experiences. Respondents expressed that within this cohort they wanted more priority for bereaved family members and others said for survivors and bereaved as a combined group. Another theme for who we should focus on providing extra support for was older people and children and young people.

Education and training

- 67% of respondents explained what type of support they would like to see for children and young people, this included after school clubs, trips, and activities. Some people also mentioned support with exams and securing employment opportunities.
- 61% said that support should be focused on secondary school children and 50% of respondents said adults out of work. 48% selected primary school aged children, and 48% selecting young adults.
- 69% of respondents said there should be a mixed approach with some support available to everyone and some extra support for people who need it. 53% said this should be delivered using a mixed approach between personal budgets and different programmes put in place centrally. 39% said personal budgets that people can use for education and training needs.

Summary of feedback from the immediate community

In the first phase of the consultation, 336 local residents shared their views about their experience of Grenfell. They described what is important to them, and what kind of Grenfell support they would like to see in the future. It has been difficult to summarise the variety of perspectives and ideas, shared through thousands of free text comments or in discussions at meetings, drop-in sessions, at residents' doors or over the phone or email. The summary below includes the key high-level findings.

1. Living in the immediate community around Grenfell Tower and the biggest challenges from Grenfell

A large proportion of respondents mentioned continuously seeing the Tower and some talked about the difficulty of forgetting what happened and moving on.

People explained how the tragedy is still affecting them six and a half years after the fire, and these impacts are about:

- Mental health issues, including trauma, general mental health issues, anxiety.
- Safety concerns, including safety in their home, concerns about another tragedy happening or about toxicity in the area.
- The impact of bereavement and loss
- Specific impacts on children and young people

People also talked about the lack of support since the tragedy, either in general or in specific areas such as housing. Others told us they felt that nothing has changed and mentioned the lack of progress with justice and that lessons haven't been learnt.

2. What has helped over the last six years and what support people want to see

A large proportion of respondents mentioned accessing mental health and wellbeing support. Some respondents talked about relying on themselves or their family to cope with the impact of the tragedy and a few mentioned support from the community. Some mentioned the lack of support or unequal access to the support.

When asked about the three things that would most improve their life, some people discussed improved housing and more specifically better-quality homes, better maintenance and improved safety. A few respondents mentioned the progress on the future of the Tower and other key milestones, with most of those talking about wanting to see the Tower down and a memorial on site to remember those who lost their life. Others mentioned financial support and change at the Council.

In relation to the future support people would like to see, there was no clear consensus and lots of different ideas were shared:

- Some respondents would like to see community activities, including activities and community gatherings.
- Some respondents commented on the need for improved housing.
- A few people talked about mental health and wellbeing support, financial support, community spaces, change at the council, education and support, communications and engagement and the future of the Tower.

3. Education and training support people would like to see

Some respondents talked about support to get a job, for adults mainly but also for children and young people, including access to advice opportunities and training. Some respondents talked about academic support for children and young people with most frequent mentions about tuition, support with academic subjects or support with higher education or college. A few people mentioned arts, crafts and practical skills or digital skills, funding for education and training or other types of training.

4. How to focus the support

The vast majority of respondents agreed that the support should be focused on people living within 500 metres of Grenfell Tower. A few people disagreed with this approach.

There were a range of different views about who the support should be focused on within that area, with some people wanting a focus on vulnerable residents, and others a focus on those directly impacted.

On how the support should be focused, a lot of people want to see an improvement in engagement and communication. This is also important to people in ensuring the support is focused on people affected by Grenfell. People also talked about how the support should be delivered, with some focusing on empowerment and resident involvement, involving residents in decision-making. Other people mentioned the need to tailor the support to meet people's individual needs.

Phase 2 and Phase 3 of the consultation.

January 2024, RBKC Grenfell Partnerships shared the full analysis of the bereaved and survivor feedback with all survivors and those bereaved, and the full analysis of the community feedback with all residents who live within 500m of the Tower. In the second phase of the consultation, February 2024, workshops were held with survivors and those bereaved, and with local residents to reflect on the feedback and explore what it meant for the future support.

In the third phase Grenfell Partnerships brought all of the feedback together and started to develop models of support with bereaved, survivors and the immediate community. Through a number of workshops and conversations, looked at the options, choices and trade-offs, and thought about what approach might work that delivers on the feedback.

For the survivors and bereaved consultation, Phase 3 set out three main perspectives heard from survivors and bereaved about the type of support they wanted to see going forward, including more choice and control. In that phase, more clarity was needed about how to meet the differing needs among survivors and bereaved.

For the immediate community, in Phase 3 residents were presented with a wide range of options and choices which reflected the feedback to date. This included key questions of how to deliver wellbeing support to people, whether through individual choice and control or through the sector, and how to respond to some of the key feedback that was heard about the importance and centrality of housing and health to people's sense of recovery.

Next steps on the consultation on Future Grenfell Support

In the latest and final phase of each consultation, survivors and bereaved and the immediate community have been presented with a developed model. For survivors and bereaved, the draft model aims to address the key areas of focus from the previous phase. This includes a fully developed opt-in/ opt-out model of support for the key-worker component of the support, and a more detailed approach considering how to provide different levels of support to reflect peoples' different experiences and needs.

For the immediate community, the proposed model sets out a full proposed offer of support which includes and advocacy team a range of interventions to support individual and collective wellbeing. It includes support to help people cope with living around the Tower, covering respite and support for emotional and physical wellbeing.

On both models, feedback has been received showing there are some areas of consensus and other areas where there is more work to do, meaning the final models are likely to be developed further. Grenfell Partnerships gathered feedback via a survey, workshops, door knocking, individual conversations and by email, and will stop taking feedback in mid-May. Towards the end of May, they will publish the final models of support before the Leadership Team confirms the plans alongside this document in June 2024.

NHS Next Steps

North Kensington Programme 2024-29: Developing a community-led recovery

In April 2023 NHS North West London and NHS England confirmed its ongoing commitment to making sure that the right services are in place to meet the health needs of communities affected by the Grenfell Tower fire in North Kensington in the long term.

The North Kensington Recovery programme wants to work with local communities to gather views on what health services and support is needed into the future. As part of this process, a 'Next steps' document has been produced, which and makes suggestions for how services might look in the future based on the evidence in this document, and other feedback received in the past.

You can find the Next Steps document and supporting documents here.

These are suggested changes and have not been finalised, agreed, or approved, and so the views of all residents, especially those groups who have not provided feedback as regularly (such as children and young people, people from diverse communities, as well as the views of parents and individuals with disabilities and learning disabilities) are welcome.

Initial engagement with the community to get feedback will begin after the election in July 2024, followed by further opportunities later in the year. Residents and those affected will be able to respond to the contents of the document via email, post, or by attending one of the events and workshops they will organise, working in partnership with community-based organisations.

Please contact nhsnwl.nkt@nhs.net to register your interest or provide feedback.

Visit https://www.grenfell.nhs.uk/next-steps for the latest updates.

2018 Recommendations

The 2018 JSNA made a series of eight recommendations (see below) for public bodies to consider when thinking about long-term community-led recovery after Grenfell. However, the report also acknowledged the significant uncertainty about the nature and scale of the wider impact on the local population. This was partly a function of the relatively short period of time which had elapsed since the tragedy, the limited range of data available and the significant questions which remained unresolved (including the future of the Tower and the memorial and the outcome of legal processes, such as the Grenfell Tower Inquiry, civil claims, and the criminal investigation).

1. A long-term commitment to recovery from all partners
Partners including Kensington and Chelsea Council, the NHS, and Central Government, as well as local schools housing associations, voluntary and community organisations and others at all levels need to commit to a long-term recovery.

2. A Commitment to addressing long-standing needs locally
There was significant need in North Kensington but also more widely prior to the tragedy. Those needs have not gone away; it is vital not to underserve those whose health, social and welfare needs are ongoing.

3. Permanently rehousing survivors
Rehousing survivors is critical to recovery including ensuring they are well supported in their new homes.

4. Ongoing monitoring of the physical health of those impacted on the night of the fire
There needs to be ongoing monitoring and support for physical health, particularly for survivors who were exposed on the night of the fire.

5. A diverse and well-resourced strategy to support mental health and wellbeing across the community
There will be significant need to support mental health services being delivered in ways which recognise diversity in the ways people want to be supported, which effectively reach all different parts of the population.

6. Establishing the future of Grenfell Tower and the site
The future of the Grenfell Tower and the site is critical to recovery.

7. Putting community at the heart of recovery
National and international guidance makes it clear that a successful, sustainable recovery must be community-led, with public bodies working in partnership with communities, investing in local services and community assets which allow communities to support themselves.

8. Continuing to understand emerging needs and adapt the strategy with high quality data
There is a need for high quality data to understand the ongoing scale and nature of the impact and recovery and to ensure we understand how effectively people's needs are being met. This needs to be used to adapt the recovery strategy as new insight is gained as to the ongoing impact and what support is making a difference.

2024 Recommendations

The 2024 recommendations have been developed based on the data captured in this JSNA and community sentiment gathering during the refresh process. They are future-facing which accommodates growth and planning of public bodies. They operate as a continuation of the initial recommendation with improvements implemented to strengthen existing function or highlight gaps in addressing the needs of the community:

Recommendations to support survivors and those bereaved	
1	Systems need to recognise that there are different experiences within the survivor and bereaved population. Different and overlapping needs should be considered with specific offers of support available based on an individual's current and future needs. Particular attention should be paid to the specific long-term impacts of this public tragedy, such as: ▪ the longer-term justice process; and ▪ decisions about the Tower.
2	Services that provide health care to survivors and those bereaved should collate, monitor, and clinically review health information regularly. Findings from this information should be regularly shared with survivors and those bereaved.
3	Provide a consistent offer of enhanced support for children and young people to maximise, the health, wellbeing and future life chances of children living in families and households affected by the Grenfell tragedy.
4	Provide suitable permanent housing to all displaced by the Grenfell tragedy and ensure safe, high-quality, culturally competent onwards housing management for all survivors and those bereaved that respects their experience.
5	Provide choice, flexibility, and control for families in deciding what support to access, when and how, including the need for a menu of different culturally competent options.
6	Service providers should focus on peer support, creating opportunities for people to connect and come together to support one another and to enable onward community-led recovery.
7	Ensure that bereaved and survivor voices are at the centre of plans for the future.

Recommendations to support survivors and those bereaved

1. Systems need to recognise that there are different experiences within the survivor and bereaved population. Different and overlapping needs should be considered with specific offers of support available based on an individual's current and future needs.

Particular attention needs to be paid to the specific long-term impacts of this public tragedy regarding:

- the longer-term justice process; and
- decisions about the Tower.

A review of the current terminology to categorise[47] survivors and bereaved is needed to ensure their needs and different experiences are adequately captured, and ongoing support is fit for purpose. This should use evidence from the recent consultations. The ongoing survivor and bereaved offer require further tuning to adapt to individual need, with the flexibility to add on services rather than join a new waiting list. Service infrastructure must become more robust to accommodate each individual and their need that in many cases are complex.

2. Services that provide health care to survivors and those bereaved should collate, monitor, and clinically review health information regularly. Findings from this information should be regularly shared with survivors and those bereaved.

To rebuild trust and in the realm of transparency, health services and commissioned services should publish anonymised data to educate this cohort on uptake, access, and satisfaction at minimum on an annual basis, in response to residents' request to access their own data[48]. Better transparency will allow for survivors and bereaved to take educated decisions about their health care and gain an understanding of their overall health and common concerns in their local community.

A dedicated fora that incorporates clinicians, community organisations and residents to educate and explore data should be introduced with membership prioritised for survivors and bereaved then open to the immediate local community.

3. Provide a consistent offer of enhanced support for children and young people to maximise, the health, wellbeing and future life chances of children living in families and households affected by the Grenfell tragedy.

Both the council and health services need more proactive investment in the offer and support available to children and young people, with a focus on preventative measures as well as reactive intervention. A joint strategic approach across the partnerships would give children and young people variety without unnecessary duplication of services.

Commissioned services that have provided invaluable support in the community should continue and funding opportunities be made available, especially within mental health services, prevention available in schools and educational institutes. Barriers to access must be addressed and reduced (ideally eliminated).

4. Provide suitable permanent housing to all displaced by the Grenfell tragedy and ensure safe, high-quality, culturally competent onwards housing management for all survivors and those bereaved that respects their experience.

[47] The Development of Social Categorization
[48] Improving health outcomes through patient education and partnerships with patients

Housing colleagues from the council and social housing associations need to ensure that properties are maintained to a good standard and meet the immediate housing needs of each household. Residents need better access to housing teams, with updated service level agreements (SLAs) that are adhered to. This improved offer must include access options that support older people and those that may be digitally excluded.

This is a continuation from recommendation 3 from the 2018 recommendations as not all households are in suitable permanent housing (as of 24/04/2024). For residents that are not satisfied with the property provided, they should be made aware of the Grenfell Settled Home Policy and second move scheme and eligibility criteria.

5. Provide choice, flexibility, and control for families in deciding what support to access, when and how, including the need for a menu of different culturally competent options.

The community continue to request for choice when it pertains to their health and wellbeing to support their recovery. All organisations that provide services need to actively promote and disseminated information via traditional avenues as well as in venues the community frequent and not underestimate the effects of word of mouth (good, bad, or indifferent). Choice and flexibility will allow the community to make educated and informed decisions at suitable times. For many families prioritising health isn't an option. Let's continue to support our residents to be empowered in their recovery.

6. Service providers should focus on peer support, creating opportunities for people to connect and come together to support one another and to enable onward community-led recovery.

Accountability from statutory services is needed when addressing the lack of community-led provisions. The reinstatement of meetings with council staff, health services and members of the community supports a more cohesive approach for recovery, working in partnership.

Peer ran services should be amplified and championed, especially when best practice is observed and reserved well with the community. This is a great opportunity to create more collaboration, connecting services to promote potential education and employment opportunities.

7. Ensure that bereaved and survivor voices are at the centre of plans for the future.

Ongoing governance and sign off processes should reintroduce community approval as part of the standardised sign off procedure when it pertains to services for the community. Adequate consultation should be taken at rate that keep survivors and bereaved updated but do not create engagement fatigue. The community have spoken of services happened to them, rather than for them. There is a need to amplify and strengthen the voice of the community is advocated at all levels.

Recommendations to support the immediate local community	
1	Focus health and wellbeing support in a more targeted way on the immediate local community living near the Tower recognising the continued challenge living near the Tower is creating for some members of the community.
2	Services need to adjust and respond to the needs of people linked to the Grenfell tragedy, as they change over time. Providers should proactively plan for impact of decisions about the future of the Tower on the immediate local community and other key announcements.
3	Ensure the community living in the immediate area can access appropriate high quality mental and physical health services that take into account the impact of the Grenfell tragedy. These services should collate, monitor, and clinically review health information regularly. Findings from this information should be regularly shared with the community and those affected by the tragedy.
4	Provide a specific focus on the mental and emotional wellbeing needs of children and young people that recognises their experience of the tragedy and intergenerational trauma.
5	Support community-led recovery wherever possible in a context of low levels of trust in public authorities.
6	Ensure residents can access support in trusted, community-based settings including through local organisations.
7	Provide suitable homes and housing support to maximise health and wellbeing. Improvements to housing conditions need to be delivered sensitively and with community support.

Recommendations to support the immediate local community

1. Focus health and wellbeing support in a more targeted way on the immediate local community living near the Tower recognising the continued challenge living near the Tower is creating for some members of the community.

Trauma Informed Practice provides support to reduce the negative impact of trauma experiences and supporting mental health (as well as physical health) outcomes. The 6 key principles: safety, trust, choice, collaboration, empowerment, and cultural consideration encourage individuals on their journey to recovery. This should be adapted by all organisation and services that provide support to Grenfell impacted communities and refresher training needs to be made regularly.

2. Services need to adjust and respond to the needs of people linked to the Grenfell tragedy, as they change over time. Providers should proactively plan for impact of decisions about the future of the Tower on the immediate local community and other key announcements.

The Tower is a constant reminder of the tragedy and will continue to be a trigger to many in the immediate local community as a reminder of great loss and overdue justice. Grenfell Tower Memorial Commission confirmed future steps and considerations remain for the site up until late 2026; the earliest point for the memorial build to begin. Teams must factor this into forward planning and adapt adequately to the needs of the community when they may be overwhelmed or disengage from processes in order to cope and manage stress.

3. Ensure the community living in the immediate area can access appropriate high quality mental and physical health services that take into account the impact of the Grenfell tragedy.

These services should collate, monitor, and clinically review health information regularly. Findings from this information should be regularly shared with the community and those affected by the tragedy.

Dedicated, health and commissioned services should be promoted via channels that reach the community. Residents have repeated asked to see their data as it pertains to them. This transparency would allow for survivors and bereaved to take educated decisions about their health care. Plus, gain and understanding of the impact of their community.

Population health monitoring is a useful tool to understand trends or abnormalities in the data. The more people attending their annual health checks, the richer the data set. Therefore, the current health checks require more promotion as they are available to the Grenfell impacted community and with support a more accurate picture of the state of play.

4. Provide a specific focus on the mental and emotional wellbeing needs of children and young people that recognises their experience of the tragedy and intergenerational trauma.

Specific investment should be taken into school-based intervention that promote good mental and emotional health practice and support. More dedicated resources should be made available to young people (18-24) in support of their transition from education into employment. A joint approach that amplifies the council and community organisational offers.

5. Support community-led recovery wherever possible in a context of low levels of trust in public authorities.

Despite low levels of trust, bereaved family members, survivors and residents continue to show a humbling willingness to work with the Council, the NHS, and other partners to improve services, even where they are not always sure of the benefits of doing so. Organisations must build on this to develop genuinely community-led

approaches which focus on working in partnership with residents and local organisations. Communities know and understand what works for them, and where the gaps and need are.

6. Ensure residents can access support in trusted, community-based settings including through local organisations.

With the current Grenfell Recovery Programme coming to an end with current format. The council's dedicated service and future funding should consider VCS and community spaces that are frequently used and need investment to improve their community services. Services that are available in the community, by community organisation should also provide and share information on uptake, impact and service satisfaction. It's important to have that differentiation from council services so resident can select services that best align with needs.

7. Provide suitable homes and housing support to maximise health and wellbeing. Improvements to housing conditions need to be delivered sensitively and with community support.

Housing support should recognise the housing issues faced by concerns held by the local community and ensure adequate housing management support given acute concerns about fire safety and broader housing safety. As part of the Council plan for 2023-2027, the Council has made a commitment to safer and fairer housing, which should be prioritised to enable safe and decent housing for all in the borough. These can be found here under: Safer K&C and Fairer K&C.

Recommendations to support the broader population	
1	The Grenfell legacy should not be limited to a narrow focus on ‘recovery’ and supporting those that still feel impacted by the tragedy. Systems should be led by communities to address the complex and cumulative interplay of inequalities which pre-date the tragedy.
2	Grenfell highlighted the imbalance of power and lack of engagement with communities and therefore systems should aspire to have a broader equal partnership with the communities we serve and the voluntary and community sector at the frontline of delivery.
3	Improve health equity by increasing the focus on preventive health interventions and proactively building health and wellbeing, acknowledging the impact of deprivation and financial poverty on health.
4	Give every child the best start in life and enable all children and young people to maximise their capabilities and have control over their lives through fairer access to education, skills development, and good work.
5	A diverse range of ethnic groups were impacted by the Grenfell tragedy. Systems should recognise and respond to the structural disadvantage that is rooted in racism and discrimination. Particular consideration should be given to the steps taken to rebuild community trust and the cultural competency of any services provided.

Recommendations to support the broader population

1. The Grenfell legacy should not be limited to a narrow focus on 'recovery' and supporting those that still feel impacted by the tragedy. Systems should be led by communities to address the complex and cumulative interplay of inequalities which pre-date the tragedy.

Grenfell Tower Memorial Commission released a report which charted the future steps and considerations for the site up until late 2026; the earliest point for the memorial build to begin. In terms of the impact to the community the presence of the Tower is a constant reminder of the tragedy and triggers many which can often derail recovery. We cannot focus on the trajectory of a Grenfell legacy until justice is served.

Pre-existing issues such as health inequalities, housing and barriers to appropriate care have been highlighted by the tragedy and organisation should ensure that in future projects that are community focused have community-led intervention and sign off. Communities know and understand what works for them, and where the gaps and need are.

2. Grenfell highlighted the imbalance of power and lack of engagement with communities and therefore systems should aspire to have a broader equal partnership with the communities we serve and the voluntary and community sector at the frontline of delivery.

The term co-design was previously used but unfortunately wasn't utilised to the best of its ability. Organisations need to incorporate true co-design which has a build in process through for community contribution, challenge and sign off.

3. Improve health equity by increasing the focus on preventive health interventions and proactively building health and wellbeing, acknowledging the impact of deprivation and financial poverty on health.

The World Health Organization (WHO) defines health equity as the absence of unfair, avoidable, or remediable differences among groups of people. It's achieved when everyone can attain their full potential for health and wellbeing.

The current health care service need to be communicated vastly in the community in order for people to make informed decisions about their health.

4. Give every child the best start in life and enable all children and young people to maximise their capabilities and have control over their lives through fairer access to education, skills development, and good work.

Children and young people in local immediate community, surrounding areas and those with ties back to North Kensington have experienced unparalleled disruption and trauma in their formative years, the true extent to this impact is yet to unfold.

All organisations must take an active approach to promote their current and up and coming community offers in educational or employment schemes that support skills development. Children and young people need more mechanisms to communicate their needs where appropriate intervention can be applied.

5. A diverse range of ethnic groups were impacted by the Grenfell tragedy. Systems should recognise and respond to the structural disadvantage that is rooted in racism and discrimination. Particular

consideration should be given to the steps taken to rebuild community trust and the cultural competency of any services provided.

The impact of institutional racism often plays a role in the treatment of communities, especially those with higher numbers of ethnic minorities. This report from the Commission of Race and Ethnic Disparities confirmed that there is structural racism in the UK. Access to adequate health care services that can cater to specific demographics are limited and subject to delays which can deter users from re-engaging with providers and services.

Some organisations have already signed up to anti-racism charters and have pledged to denounce unconscious and systemic bias. The council need to follow suit as a statutory service. The 2018 JSNA mentioned cultural competency and psychological safety but there is room for improvement. The council need to tackle anti-racism head on and communication with the community how it will influence their practice and approach both internally and externally for the betterment of the community they serve.

Monitoring recovery that considers socioeconomic impact that is culturally appropriate and relevant, rather than relying on standardised westernised instruments. Adequate training with regular refreshers should be implemented across all staffing levels, not just front-line services.

Conclusion

As stated in the previous 2018 Grenfell JSNA, the Grenfell Tower tragedy has had a deep, wide, and lasting impact. Although organisations have a better understanding of how physical and mental health needs have evolved since 2018, the future remains uncertain for survivors of the tragedy, those bereaved, people living in the immediate local area and the wider Grenfell community. The evidence collated in this JSNA refresh supports the conclusion of the 2018 JSNA that the impacts of the tragedy will be long-lasting. It is therefore essential that recovery efforts are also long-lasting and that support and services for the Grenfell community adapt to evolving needs of those affected.

The 2018 JSNA emphasised the importance of putting the community at the heart of recovery. Despite this recommendation, there remains a disconnect between some of the organisations providing services and the people affected by the tragedy. This refreshed needs assessment clearly reaffirms the need for all organisations to put the community at the heart of ongoing and future recovery efforts.

Organisations across the system need to listen to members of the community, and resolve issues where needs, expectations and service provision are not aligned. Although public sector service provision is just one part of supportive recovery, it is paramount that all relevant organisations listen effectively to communities, remove unintentional barriers, and connect with each other to enable improved health and wellbeing for the Grenfell community.

The Grenfell tragedy continues to be experienced against the backdrop of a wider landscape of existing inequity and its impact on the health and wellbeing of the Grenfell population. Targeted Grenfell provision can only ever address some of the community's health and wellbeing needs. It is therefore vital that this JSNA refresh sits within broader health and wellbeing plans and strategies.

The circumstances around the Grenfell recovery are complex and challenging. However, through the engagement work of this JSNA refresh we heard many organisations and individuals describe a desire to do more and do better for the communities affected by Grenfell. Further improvements in the health and wellbeing for those feeling the longstanding impacts of this tragedy are possible if public organisations listen and work together in a community-centred way.

"We need to heal together; our community needs support, compassion and inclusion."

"Recovery is a process, not a project. It's about people, feelings, and rebuilding trust.''

Residents, SMSR Community Insight Research, Sept 2023