

Sovereign Health and Wellbeing Board

Thursday, 18 July 2024

Additional Papers

4. GRENFELL JOINT STRATEGIC NEEDS ASSESSMENT

3 - 8

This page is intentionally left blank



Westminster Health & Wellbeing Board



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

RBKC Health & Wellbeing Board

Date:	18 July 2024
Classification:	General Release
Title:	Grenfell JSNA Refresh 2024
Report of:	Grenfell JSNA Refresh 2024
Policy Context:	Health and Wellbeing
Contribution to Health and Well Being Strategy ambitions:	The recommendations of the report contribute to all 10 of the ambitions.
Wards Involved:	Notting Dale (North Kensington)
Report Author and Contact Details:	Anna Raleigh – Director of Public Health araleigh@westminster.gov.uk

1. Executive Summary

- 1.1 This report is a refresh of the original [2018 Journey to Recovery Joint Strategic Needs Assessment \(JSNA\)](#). A JSNA identifies health and social care needs of the communities, how well these are being met and opportunities for improvement to inform decision-making or commissioning. The JSNA Refresh aims to better understand how the Grenfell tragedy still affects survivors, those who lost loved ones, and the impact on local residents.
- 1.2 The refreshed [Grenfell JSNA 2024](#) has been developed with residents and partners from the NHS and voluntary and community sector (VCS).
- 1.3 In response to this, the JSNA outlines recommendations to support survivors and bereaved, the immediate local community and the broader population.
- 1.4 In terms of next steps. Dissemination of the recommendations across the community and wider care system and partner organisations is required to embed them into practice and continue to monitor residents' health and wellbeing needs.

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 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 the 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.

4. 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.
5. 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.
6. Support community-led recovery wherever possible in a context of low levels of trust in public authorities.
7. Ensure residents can access support in trusted, community-based settings including through local organisations.
8. 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 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 that pre-date the tragedy.
2. Grenfell highlighted the imbalance of power and lack of engagement with communities. Therefore, systems should aspire to have a broader equal partnership with the communities we serve and with 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.

Key Findings

- North Kensington is an area that has experienced deprivation and health inequality long before the tragedy. This impacts on the community's response and ability to recover. Inequalities have been exacerbated by the tragedy, Covid-19, and the cost-of-living crisis.

- Respiratory health, increased risk of cancers or long-term conditions remain key concerns of the community.
- To date, population health monitoring has identified no increases in monitored conditions.
- There continues to be a high level of emotional and mental health need within the affected communities. These relate to trauma, anxiety, depression, and distress.
- Targeted Grenfell provision can only ever address some of the community's health and wellbeing needs - the JSNA sits within the Council's and the NHS's broader health and wellbeing plans and strategies.
- It is clear residents feel there is more work to do, with a focus on ownership, accountability, and service availability.
- Transparency, true co-design, community-led approaches, and community decision-making should be central to the next phase of recovery and building resilience.

2. Key Matters for the Board

The board is asked to ratify, sign off and commit to embedding the recommendations of the report to deliver the ambitions of the health and wellbeing strategy 2023-2033.

3. Risks / issues

Residents who are bereaved and survivors have specific health needs, and the Grenfell JSNA will help ensure these are understood and appropriate support is in place to meet these needs.

4. Legal Implications

- 4.1. The Health and Social Care Act 2012 introduced Health and Wellbeing Boards (HWBs), to provide a mechanism for joint working and improving the wellbeing of their local population and set strategic direction to improve health and wellbeing.
- 4.2. The Health and Social Care Act 2012 ('the 2012 Act') amended the Local Government and Public Involvement in Health Act 2007 ('the 2007 Act') to introduce duties and powers for Health and Wellbeing Boards (HWB) in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).
- 4.3. The purpose of JSNAs and JHWSs is to improve the health and wellbeing of the local community and reduce inequalities for all ages.
- 4.4. Local authorities and the Integrated Care Board have an equal and joint statutory duty to prepare JSNAs and JHWSs, through the Health and Wellbeing Board, as set out in the 2007 Act – section 116 (as amended by the 2012 Act – section 192) further amended by the Health Care Act 2022; and section 196 of the 2012 Act provides that these functions are to be exercised by the Health and Wellbeing Board established by the local authority.

- 4.5. How the Health and Wellbeing Board discharges its duties and powers in relation to JHSA's and JHWSs is further explained in the "Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies" dated 26 March 2013 (updated on 24 August 2022). Paragraph 3.3 of this Guidance states "JHWSs are strategies for meeting the needs identified in JSNAs. (The 2007 Act – section 116A (as inserted by the 2012 Act – Section 193). As with JSNAs, they are produced by health and wellbeing boards, are unique to each local area, and there is no Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies mandated standard format." In line with this, the Guidance does not cover what services should be commissioned in response to local JSNA findings and JHWS priorities, as these decisions need to be made locally, depending on circumstances, and subject to duties to have regard to the relevant JSNAs and JHWSs.
- 4.6. In addition, the Health and Wellbeing Boards must have regard to the Government's priorities for the NHS. "Should explain what priorities the health and wellbeing board has set in order to tackle the needs identified in their JSNAs. JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs.
- 4.7 JSNA and JHWS outputs must be published, (The 2007 Act – section 116 (as amended by the 2012 Act – section 192) and section 116A (as inserted by the 2012 Act – section 193).
- 4.8. Health and Wellbeing Boards must meet the Public Sector Equality Duty under the Equality Act 2010, and consideration should be given to this throughout the JSNA and JHWS process. This is not just about how the community is involved but includes consideration of the experiences and needs of people with relevant protected equality characteristics, (as well as considering other groups identified as vulnerable in JSNAs); and the effects decisions have or are likely to have on their health and wellbeing.

5. Financial Implications

There are no financial implications associated with this report.

If you have any queries about this Report or wish to inspect any of the background papers, please contact:

Anna Raleigh – Director of Public Health
araleigh@westminster.gov.uk

For more information on the Grenfell JSNA or Public Health, please contact
PublicHealthDepartment@RBKC.gov.uk

This page is intentionally left blank