

**GRENFELL TOWER  
PUBLIC INQUIRY**

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**Second Witness Statement of  
Stella Baillie**

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**I, STELLA BAILLIE, WILL SAY:**

1. This is my second Witness Statement to the Public Inquiry following my initial statement, dated 28<sup>th</sup> January 2019 in which I dealt with aftermath issues. I make this Witness Statement further to a request from the Public Inquiry that I now deal with the pre-fire issues as set out in their Rule 9 letter dated 12<sup>th</sup> July 2018.
2. The matters contained in this statement are either known to me or are ones which I believe (in which case I have specifically said so) or are derived from records including computer records maintained by the Royal Borough of Kensington and Chelsea ('the Borough' or 'RBKC'), and to which I have access and with which I am familiar and which I believe to be accurate.
3. I attach to my Witness Statement an Index of the Exhibits to which I refer in the following paragraphs of my statement.
4. I wish to express my condolences to the families of those who passed away in the fire. My thoughts remain with them and all who were affected by the tragedy in any way.

**Background and qualifications**

5. I set out my background and qualifications in my statement dated 28<sup>th</sup> January 2019, but recite the same here for ease of reference and to add context.

6. I was head of Adult Social Care ("ASC") at RBKC from 2004 to 2012. I was then appointed to a tri-borough role as Director of Provided Services, Mental Health Partnerships and Safeguarding. This role involved reviewing all in-house provisions, such as day services and residential services. From 2015, I have been Director of Integrated Care for all three boroughs (RBKC, Westminster City Council ("WCC") and London Borough of Hammersmith and Fulham ("LBHF")).
7. The tri-borough had an Executive Director role but since that post was vacant at the time, Sue Redmond acted as Interim Executive Director. She became the interim Director for six months after Liz Bruce left in March/April 2017. The decision was then made to move to a bi-borough system following which WCC and RBKC served a years' notice in March 2017 and formally separated from LBHF in March 2018. Sue Redmond was brought in to supervise arrangements for the split when Liz Bruce left.
8. After Liz Bruce left in (approximately) April 2017, I reported to Sue Redmond. The three heads of service for each borough reported to me. They were Malcolm Rose from WCC, Marcia Richards from RBKC and Viv Whittingham from LBHF. Others who reported to me included the heads of Safeguarding, Quality Assurance and Placements (Helen Banham) and Senel Arkut, who was the head of service for Hospitals and Community Independent Service ('CIS'), joint with Central North West London ('CNWL'). Each head of service had managers who managed social workers within their respective teams. Whilst the Mental Health teams all reported to me, they were managed by CNWL.
9. I know the staff in the Housing department well. At the time of the fire at Grenfell Tower, Laura Johnson was Director of Housing and Amanda Gill was Head of Housing Needs. I've always worked well with them. Housing, Planning and Tony Redpath (who managed all the Corporate Services at RBKC) were the only groups that just had single borough responsibilities.
10. ASC and Children's Services were both tri-borough services. For example, with Safeguarding (where a person is being abused or neglected), a centralised team oversaw the strategic decisions and managed the situation as one service across all three boroughs. A social worker generally worked in one borough but could be deployed to any borough where he or she was needed. The IT, Commissioning, Charging and Management teams worked across all three boroughs, i.e. such resources were shared.

11. At RBKC, there were two ASC district teams, one of which is in the north of the Borough, near Grenfell Tower. In addition there were the ASC Review Team, the ASC Information and Advice team, and a centralised ASC Community Independence Service team based in the RBKC Town Hall. The operational part of the service also had three ASC hospital teams covering four hospitals; working with patients from all three boroughs. There was also an ASC Provided Services section covering day services. Across the tri-borough, the teams I managed covered approximately two-thirds of the entire ASC department.
12. All of the mental health services were managed by the Health team. There was a Section 75 Partnership Agreement between RBKC and CNWL in relation to staffing and funding and there was also a specific daily Operational Agreement. This team was not part of ASC but was managed by the Borough Director for CNWL, Ann Sheridan. However, this team worked closely with ASC. I have had a lot of dealings with mental health teams on the ground. In each borough, there was a Social Work Lead ('SWL') who was based in the mental health team who would report to me. We worked as one system to deliver services to people under the Mental Health Act. Though the SWLs reported to me, they were managed by NHS staff.

#### **RBKC arrangements regards the provision of Adult Social Care**

13. RBKC in conjunction with their partners under the tri-borough scheme provided ASC to those eligible within each area where an individual was usually resident. The assessment criteria and subsequent responsibilities were set out in published Standard Operating Procedures (SOP's). A copy of the tri-borough SOP's, as was in operation at 14 June 2017 is exhibited at SB/1.
14. Our statutory duties at the time of the fire are set out as indicated at Part 12 of SB/1 (page 95) where it states "*Under Sections 9 and 10 of the Care Act 2014, a local authority has a duty to assess an adult who appears to have care and support needs, regardless of their eligibility for local authority services: the assessment must be fit for purpose and proportionate to the presenting needs. Chapter 6 of the Care and Support Statutory Guidance applies.*"

15. Chapter 6 of the Care and Support Statutory Guidance states

*"Needs assessment*

*6.13 Local authorities must undertake an assessment for any adult with an appearance of need for care and support, regardless of whether or not the local authority thinks the individual has eligible needs or of their financial situation.*

*6.14 Wherever an individual expresses a need, or any challenges and difficulties they face because of their condition(s), the local authority should ensure that it has established the impact of that on the individual's day-to-day life. The local authority must also consider whether the individual's needs impact upon their wellbeing beyond the ways identified by the individual. For example where an adult expresses a need regarding their physical condition and mobility, the local authority must establish the impact of this on the adult's desired outcomes; and must also consider whether their need(s) have further consequences on their wider wellbeing such as on their personal health or the suitability of their living accommodation."*

16. At RBKC all housing allocations were referred to our colleagues within the housing department, who would conduct their own assessments in relation to the suitability of accommodation for an individual, based upon their needs. ASC had no jurisdiction in relation to the allocation of accommodation to those to whom their services were provided.
17. The exception to this was four (4) Extra Care Housing schemes where care was provided on site. These schemes were managed by Octavia Housing, three of which they owned and one was owned by the Council. The care provided was at a higher level than sheltered housing and was more akin to residential care though the person had tenant status in their own flat. Access was managed by ASC. No Extra Care Housing scheme operated at Grenfell Tower.
18. ASC was an independent department which responded to the needs of those who were assessed as being eligible for ASC within our Borough, and our focus was on their needs. This was balanced against the fact that many were adults with the right to choose. An example of this may be that someone of limited mobility may be a smoker. ASC would

provide generic advice that it was not a good idea to smoke in bed but we had no jurisdiction to enforce any cessation treatment or to give fire safety advice, as we were not trained or are specialists in this area. This included our inability to assess or give advice on evacuation plans.

19. The role of ASC was to work with individuals and their needs. It was our practice to refer any adult who hoarded or neglected themselves and/or their environment to the fire brigade for an assessment as a high risk individual<sup>1</sup>. Any referral made to the London Fire Brigade ("LFB") was made with the consent of the individual, and would not be routinely shared with other organisations. My recollection is that such referrals were relatively rare and I have no specific knowledge in relation to any high risk resident at Grenfell Tower as this would have been dealt with by members of the ASC team.
20. ASC would only become involved in the assessment of accommodation in relation to where identified and specific issues arose e.g. a mobility issue preventing the use of a bath, where we would then assess the individual and fund any relevant modifications required.
21. Whilst both RBKC's housing department and ASC employed Occupational Therapists ("OT's"), it was the housing OTs who would assess the suitability of any property for a person moving in (or transferring) due to their mobility issues. The same OT's would also arrange any necessary adaptations. Once in residence as the tenant, the ASC OT's would conduct any further assessments for those eligible for ASC services.
22. ASC services were not restricted and were available to all within the Borough who qualified under the criteria, irrespective of their status regarding their home; ASC serviced those in social and private housing, in addition to those who owned their own homes. Any person who required a major aid or adaptation of their property would be eligible for a disabled facilities grant (DFG). If this was granted any work identified by that grant would be carried out by the relevant agency. This was not ASC.

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<sup>1</sup> SB/1 : Adult Social Care Policies and Standard Operating Procedures Edition 3.1: May 2016, second bullet point on pg 27-4



## Response to the Public Inquiry Rule 9 letter

23. Regrettably in light of my comments above I am unable to assist the Public Inquiry with issues relating to the construction and subsequent renovations of Grenfell Tower, any fire safety measures, inspections, fire advice and / or communication with residents.
24. In relation to governance, none of my roles required me to understand the legal relationship between the different persons and organisations who were responsible for fire safety at Grenfell Tower as at 14 June 2017, or how they worked in practice. The relationship with Kensington & Chelsea Tenant Management Organisation ("KCTMO") was with the housing department.
25. In relation to other fires within RBKC's housing stock, I am aware of the fire at Adair Tower in October 2015. I understand from attendances at various meetings that Laura Johnson (Head of Housing, RBKC) raised the issue of increasing RBKC's staff having access to increased limits on their payment cards (for temporary accommodation etc) and an ability to draw cash.

## Statement of Truth

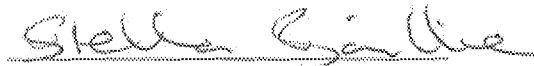
I believe that the facts stated in this witness statement are true.

I am willing for my statement to the Public Inquiry to form part of the evidence before the Inquiry and for it to be published on the Inquiry's web site.

Full name: Stella Baillie

Position or office held: Former Director of Integrated Care

Signed:



Date: 11 July 2019

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**Index to  
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Exhibit number	Date of Exhibit	Description	FORT number	URN
SB/1	May 2016	ASC Standard Operating Procedures : Edition 3.1	FORT03037682	To be uploaded