

**Manchester Health and Wellbeing Board  
Report for Information**

**Report to:** Manchester Health and Wellbeing Board – 5 July 2017

**Subject:** Manchester Arena Incident – Recovery: Welfare and Health

**Report of:** Geoff Little, Deputy Chief Executive, Manchester City Council  
Rob Bellingham, Managing Director, GM Association of CCGs

**Summary**

This paper provides an overview of the work in relation to welfare and health as part of the recovery phase following the Manchester Arena incident on the 22<sup>nd</sup> May 2017.

**Recommendations**

The Board is asked to:

- Note the work being undertaken on welfare and health to assist recovery from the arena attack.

**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	The welfare and health workstream has the specific remit of ensuring that the physical, clinical, sociological and psychological wellbeing and health of those affected by the Manchester Arena incident is managed to the highest possible standard. This will involve people who live in Manchester as well as those whose place of residence is elsewhere. It will impact on all age ranges, and backgrounds.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

**Lead board member: Cllr Bev Craig**

**Contact Officers:**

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

## **1. Introduction**

1.1 The purpose of this report is to provide an overview of the work in relation to welfare and health as part of the recovery response to the Manchester Arena incident on the 22nd May 2017.

## **2. Background**

2.1 Following the Manchester Arena incident and the transition from the response to recovery phase a multi-agency Recovery Coordination Group was established and a recovery action plan developed in line with national guidance.

2.2 The recovery activities have been grouped into the following work streams:

- Strategic leadership of recovery
- Human aspects, welfare and health
- Community recovery
- Business and economic recovery
- Communications
- Finance
- Learning

2.3 This report outlines the work being undertaken in relation to the human aspects, welfare and health work stream. It is recognised some areas of work will overlap with other work streams and the Recovery Coordination Group will ensure these work streams align and do not duplicate effort.

## **3. Welfare and Health**

3.1 The focus of the Welfare and Health work stream is to identify and ensure provision of appropriate immediate and longer term psychological, physical, practical and social support for the following groups:

- Bereaved families
- Injured and their families– ranging from those with minor to life changing injuries
- Children and young people
- Public service staff including the VCS
- The audience at the arena and their families
- Wider public

3.2 A working group has been established to oversee this work ensuring an appropriate breadth of stakeholders, seniority and expertise. It includes representatives from Manchester City Council, GMP, GM Resilience, Public Health England, Red Cross, Victim Support, Foundation for Peace, Pennine Care, Stockport and Salford Councils, NHS Clinical Commissioning Groups, Home Office , DCLG and GMCA,

3.3 The objectives of the working group include ensuring those affected by the attack do not feel forgotten as the world moves on. The group will put into place the best possible support and determine the timescales for activity being completed and /

or transferred to business as usual to enable the work stream to be closed down. The work stream will provide a sustainable model for enhanced business as usual activity going forward.

3.4 The work currently underway around each group is as follows:

- **Bereaved families** – the families of the 22 deceased are being supported by family liaison officers from GMP and have been referred to the Victim Support Homicide Team. The service provides dedicated case workers and assists the individual and their families with long term planning. All families have given consent for support and needs are being assessed. Families have also had access to the We Love Manchester Fund.
- **Injured and their families** – a coordination and liaison team has been established to work with hospitals to identify patients who have had at least an overnight stay. Following collation of data from the hospitals and GMP, 79 were admitted to hospital for at least one night and at the time of writing, 21 are currently still in hospital. For those more seriously injured the team will ensure the provision of a lead worker who will assess the wider needs, over and above the physical and psychological needs, of the individual and their family and liaise with their home area to ensure continued coordinated support following discharge.
- **Public service staff including VCS** – this work involved the mapping of current provision across MCC and emergency service partners to share best practice on staff welfare and ensure adequate capacity across the system to meet potentially large and complex support needs. The Council will also facilitate access to our in house staff welfare offer for any VCS partners who have been working with victims.

This work has identified there is a common access to an Employment Assistance Programme and occupational health provision within the Council, GMP, GMFRS, NWAS and the Blue Light Control Centre. It has also been agreed that services will use a common model for trauma risk assessment called TRiM (Trauma Risk Management).

- **Children and Young People** – services have been working with schools to identify needs and support young people with the emotional impact of the attack.

Educational Psychologists across GM led delivery of a proactive critical incident response. A named group of educational psychologists form the critical incidence response team consisting of 8 psychologists including the lead educational psychologist, the senior management team and specialist educational psychologists. In addition to the specialist group all educational psychologists in the larger team have had critical incidence training and can support within their settings alongside a specialist critical incidence psychologist.

All schools in Manchester including independent schools have open access to educational Psychology services and this will continue until the end of the summer term and then provision will be reviewed. Access has mostly been through a direct phone line to the service and support has included psychological first aid for individual pupils, groups of pupils, individual staff and groups of staff, parents, other professionals and whole school advice and support.

Manchester's educational psychology service is working with the Hospital School based at RMCH for children who are currently in hospital to provide advice and support to teaching staff; advise on future educational needs and if appropriate begin assessments for individual children.

There have been concerns about family members of people who have been arrested and the impact on their wellbeing. All of these children have been referred to Children's Services and appropriate action taken to support them.

- **The wider audience at the arena and the wider public** – the ambition is to develop an online hub / webpage where tailored offers of support can be accessed. As an interim measure the intention is to get all the relevant information and links to key websites into one place. Officers are working with Central Government and key voluntary sector partners to ascertain whether this can be a national model. If timescales for this are an issue a Manchester web portal will be prioritised before incorporation into a national model.

There are a number of services which are being coordinated for the most seriously injured, within Manchester and in their place of residence. These include :

- Health and social care- For the severely injured this will include specialist rehabilitation and specialist social care and mental health services. The scope of the services to be co-ordinated via this route will include but not be limited to:
    - Ongoing secondary health care requirements
    - Primary Care Services
    - Mental Health support, counselling and support services
    - Community Health Services
    - Social Care Services including reablement and follow up home care support as required links to community support groups such as trauma groups, victims groups, faith groups and youth facilities and services.
    - Support to the relatives who will become the carers of the injured.
  - Adaptations to homes or provision of alternative specialist accommodation where necessary.
  - Support to help the injured children continue their education and to get back to school or further / higher education. This will include educational psychology, transitions from hospital schools and support to parents and schools.
  - Support from Police Family Liaison Officers through criminal investigation and judicial process.
- Supporting adults to return to work wherever possible and/or support with

benefits

Immediately following this incident partners engaged in emotional wellbeing and mental health care across the life span came together and rapidly mobilised a coherent and phased response. Phase two of this approach is to develop a proactive offer with consistent and coordinated screening and assessment, which will be a centralised function.

Evidence and learning from previous terror attacks all over the world suggests the mobilisation of a central screening programme effectively supports those who have been affected, through the provision of a consistent approach which informs and coordinates the efforts of those involved in delivering care.

To expedite a swift response Pennine Care NHS Trust ( building on the experience of the military veteran service) will coordinate and operate a team to screen and facilitate monitoring of at risk individuals.

#### **4. Recommendation**

- 4.1 The Health and Wellbeing Board is asked to receive this report and note the work being undertaken to assist recovery from the arena attack.