

Executive Summary: Integrated, Psychologically Informed, Coordinated Response to Major Incidents in London



Contents

Executive Summary: Integrated, Psychologically Informed, Coordinated Response to Major Incidents in London	1
1. Acknowledgements	3
2. Purpose	5
3. Background	5
4. Core Principles	6
5. Scope	6
6. Key Actions	6
7. Overview of Key Roles in relation to integrating a psychological Coordination of Major Incidents	8
8. Commissioning and Data	8
9. Expected Outcomes	8

1. Acknowledgements

We would like to thank and acknowledge the following individuals and organisations for their valuable contributions to the development of this document.

- Amanda Wixon, Head of EPRR and Health & Safety, SE London ICB
- Catherine Pollard, Emergency Preparedness Manager, UK Health Security Agency
- Caroline Bikett, Head of Service, Victim Support
- David Robinson, Head of EPRR Governance, Risk and Compliance NHSE London
- Dina Sahmanovic, Victim Support
- Emma Christie, Deputy Director of Mental Health NHSE
- Emma Kenndy, Community Collaborative Consultant CNWL Foundation trust
- Fatima Elguenuni, Community Collaborative Consultant CNWL Foundation trust
- Gemma Thomas, Met Police, Counter Terrorism Command Embed at the Foreign, Commonwealth & Development Office
- James Quayle Humanitarian Assistance Lead, Resilience Team, Westminster City Council
- John Hanlon NHSE London Communication
- Judith Fairweather, Deputy Director MH UEC, NHS England - London
- Julia Wellby, National Emergency Trust
- Katy John, Senior EPRR Manager, NHSE London
- Lisa Evans, Senior Clinical Site Manager Barts Health NHS Trust
- Lisa Ghiggini, Expert by experience
- Nathan Rutt, Met Police Counter Terrorism Command Embed at the Foreign, Commonwealth & Development Office
- Nicola Shipp London Ambulance Service
- Ninna Bell Head of EPRR Imperial College
- Robyn Miller, NHSE London EPRR Manager,
- Rupinder Dev Director, Mental Health, Children and Young People & Health Inequalities South East London Integrated Care System

- Priscillar Batana, Transformation Programme Senior Project Manager, Direct Commissioning, Specialised and Health in the Justice, NHS England – London Region
- Sarah Davidson, Head of Psychosocial and Mental Health, British Red Cross,
- Thelma Stober, Expert by experience
- Thomas Dell, London Humanitarian Assistance Programme Coordinator, London Resilience Partnership Humanitarian Assistance Working Group,
- Tony Andrews Emergency Planning Manager London Resilience Partnership

Authors: Claire Ruiz, NHS Violence Reduction Senior Programme Manager and Dr Idit Albert, Clinical Lead Pan London Major Trauma Psychology Network

Executive Summary: Integrated, psychologically informed, coordinated response to Major Incidents in London

2. Purpose

London is embedding a proactive, culturally competent, and evidence-based psychological response to major incidents supporting **survivors, families, wider communities, and professional responders** from **the immediate aftermath through long-term recovery**. The approach integrates effective wellbeing and psychological approaches into emergency preparedness, response, and recovery plans to minimise long-term harm, reduce inequities, and strengthen trust with communities.

This executive summary provides an overview of and [links](#) to the following documents, the:

- Integrated Psychological Framework for responses to Major Incidents,
- Planning and codesigning support with Communities guidance, and
- Professional responders guidance

This guidance is designed primarily for **NHS organisations, Local Authorities, and Voluntary, Community, Faith and Social Enterprise (VCFSE) groups**, as well as **emergency response charities**. It outlines the essential responsibilities and actions required to embed psychologically informed practices within major incident coordination and to ensure effective support for affected communities' overtime. It is also relevant to other **Emergency Response organisations**, including the **Police**, to help them align their coordination efforts with these psychologically informed approaches, so that responses across the system remain consistent, complementary, and community-centred.

3. Background

Major incidents have profound and long-lasting psychosocial impacts on survivors, bereaved families, responders, and wider communities. Lessons from Grenfell, Manchester Arena, and London terror attacks highlight:

- **Community resilience and culturally appropriate** response as critical for recovery.
- **Proactive psychological support** reduces associated mental health difficulties including PTSD and improves wellbeing.
- **Screen-and-treat models** are cost-effective and highly effective when implemented early. Current gaps include inconsistent psychological care, delays due to poor coordination, and barriers to access (e.g., stigma, low mental health literacy).

4. Core Principles

1. **Community-Centred Approach**

Engage communities as partners in planning and recovery.

2. **Cultural Competence**

Respect cultural, ethnic, faith, and social diversity to build trust.

3. **Proactive Psychological Integration**

Embed psychological capacity into emergency plans before incidents occur.

4. **Push-and-Pull Strategy**

- **Push:** Disseminate culturally appropriate wellbeing information widely.
- **Pull:** Proactive outreach to directly affected individuals using hospital, police, and community data.

5. **Partnership Working**

Strong collaboration between NHS, local authorities, voluntary/community sectors and Police.

6. **Long-Term Recovery**

Tailor support to evolving needs, including anniversaries and investigative and adjudicative processes.

5. Scope

- **Directly Impacted:** Survivors, bereaved, witnesses, and responders.
- **Wider Communities:** Residents, businesses, and indirectly affected groups.
- **Professional Responders:** NHS staff and emergency workers affected by the major incident.

6. Key Actions

Community Engagement

- Map voluntary, faith, and social enterprise groups; share intelligence across systems.
- Build trust through transparency, shared power, and addressing structural inequalities.
- Co commission and/or deliver support that meets communities needs

Immediate Support Resources

- Develop culturally tailored videos, guides, surveys and resources that meet communities needs.

- Promote health and wellbeing guidance to those impacted by the Major Incident (Major Incidents public facing website)
- Disseminate via trusted platforms (e.g., Thrive LDN, NHS websites).

Clinical Coordination

- Activate integrated psychological pathways at Major Trauma Centres (MTCs).
- Provide early in-hospital psychological assessment and interventions.
- Link patients to community-based services (Talking Therapies, CAMHS, CMHTs).
- Through the Psychology Recovery Forum coordinate effectively psychosocial and psychology response from across the partnership.

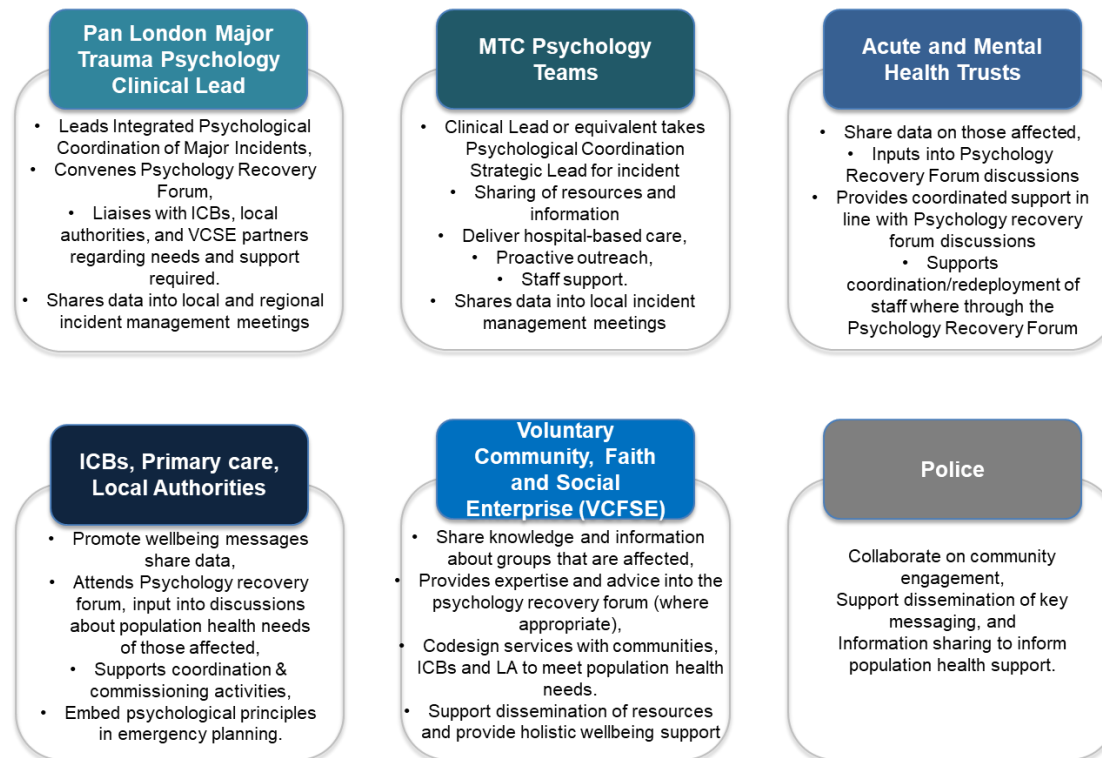
Support the use of data to help inform wider system distribution of Charitable Aid

- Use knowledge of those impacted by the Major Incident to help inform wider system discussions on culturally appropriate support and relief for example charity fund distribution.

Staff Wellbeing

- Embed debriefs, reflective practice, and wellbeing checks for responders.

7. Overview of Key Roles in relation to integrating a psychological Coordination of Major Incidents



8. Commissioning and Data

- Record data on those population health groups effected by the incident
- Tag patient records for major incident involvement.
- Share data under agreed governance frameworks.
- Codesign and commission culturally competent services with VCSE partners.
- Plan for anniversaries and inquiry reports as triggers for renewed support.

9. Expected Outcomes

- Faster, coordinated psychological response.
- Reduced long-term mental health impacts.
- Improved trust and engagement with affected communities.
- Enhanced resilience of NHS staff, Emergency Response Partners and systems.