

Harrogate district Community Recovery Plan for Covid-19

Version control	Detail/ amendments
1.1	Cabinet- 17 th June
1.1	Council- 1 st July
1.2 30 th July 2020	Amended following comments from CSO's & stakeholders and changes to shielding
1.3 9 th September 2020	Amended following residents community response consultation and updated action plan outcomes
1.4 17 th September 2020	Updated
1.5 22 nd October 2020	Updated CEV information
1.6 15 th April 2021	Updated following lockdown 3, shielding paused 31 st March 21.

Harrogate District Community Recovery Plan for Covid-19

1.0 Introduction

The Covid19 pandemic came upon us very quickly in March 2020 and has had a significant impact on our communities and continues to do so. The district will undoubtedly feel the social and economic impact for years to come. Residents continue to be identified as 'more at risk' and 'vulnerable' on a daily basis. As guidance and systems continue to develop both locally and nationally, the recovery needs to come to stabilise our communities and try to get back to a new "norm" however that looks. The Governments' [road map](#) now sets out a path of recovery with each milestone determined by the data and capacity within the health system.

What we do know is that the last year has brought new friendships, neighbourliness, compassion, acts of kindness, increased volunteering and participation and community action. A common purpose brought people and organisations together with the aim of protecting our residents from the virus in any way possible. New partnerships have formed, respect and trust has increased along with collaboration and innovation.

On the flip side the virus has brought anxiety, stress, tensions, loneliness, isolation and exclusion, financial insecurity and hardship, as well as bereavement and grief for those lost. Inevitably inequalities within our communities have widened in particular with our more vulnerable residents: those who are homeless, low income families and individuals, the over 70's and those with existing medical conditions. We know that the virus has had a significant impact on the mental health and wellbeing of many and will continue to do so over the recovery period. Many will find themselves navigating the benefits system for the first time. For those who have lost loved ones, the restrictions on gatherings have not allowed for the normal grieving process. The inability to say good bye in the normal way has caused additional suffering.

2.0 The response across the District

The community response to the pandemic has been outstanding and it shows that the district has strong networks, neighbourliness and community spirit alongside a vibrant voluntary and community sector that was fast to mobilise and reach those vulnerable residents who required support and services.

Instead of setting up new structures and systems the local authorities, Harrogate Borough Council and North Yorkshire County Council, looked to build on existing community based provisions creating points of contact within geographical localities for various needs such as food and

shopping, prescription services and other support requirements. This allowed the councils to focus on the more vulnerable individuals across the district, deliver response provisions prescribed by local and national guidance and adapt existing service provision to the situation. Community organisations built on their local knowledge and networks and reacted and responded quickly drawing in other community connectors and assets to assist. This included faith groups, member groups, mutual aid groups that set up as part of the response and community groups that already existed and had an active presence already albeit covering smaller geographies. All up-scaled their volunteer bases and reached wider ensuring that no one is left unaided.

The six Community Support Organisations (CSO's) covering our town localities that have been grant funded were appointed to act as single points of contact have been a particular strength to the community response. Their profiles as local community hubs championed and driven by local people who care about their residents needs has been exemplar throughout. The CSO's ability to pull together hundreds of volunteers to provide essential food and prescription services alongside other welfare and support requests should be acknowledged and applauded. More recently they have stepped up to assist and support the running of the local vaccination centres and ensuring our most vulnerable could physically get to their appointment to be immunised. They have operated in a flexible manner adapting to the circumstances but always safeguarding the needs of the residents and their volunteers.

Strong, collaborative partnership working between Councils, public sector partners and the voluntary and community sector has helped problem solving, action, sharing of resources and skills and meeting the needs of local communities. This includes providing information on advice and support available across the district as well as emergency food provision, support to volunteers to enable them to respond appropriately and ensuring no one was homeless.

3.0 The situation we were faced with

The Harrogate district has **27,550** residents (17.5% of the total population) over the age of 70 years, these residents were asked to go into isolation immediately (ONS Mid-2018 Population Estimates).

In addition a number of residents were identified as being clinically vulnerable and advised to shield. The Harrogate district had one of the largest proportion of residents across North Yorkshire within this cohort. As of mid-June 2020 the combined figure shielding residents in the Harrogate district was **6289** (15.06.20) with new additions still being added on a weekly basis. Not all those identified requested assistance and **4801** residents said that they didn't need help and were being cared for by friends and family.

649 residents were registered for the central government foodbox provision (15.06.20).

On average **1500** welfare calls a week were being made to the shielded cohort in the first lockdown and just under **4,000** calls were made in the third lockdown period from a team of redeployed Harrogate Borough Council staff to check that they are ok and their support requirements haven't changed. Other services both internally and externally were also supporting residents that were either existing customers, identified as vulnerable or those who had reached out for assistance. Many of these fell out of the 'clinically extremely vulnerable' definition but were just as vulnerable as those that did.

There has now been 3 national lockdown periods, with two being for significant periods of time and clinically extremely vulnerable residents advised to shield for these. As local support systems have become embedded over the last year these periods saw seamless support provision react and meet the demands. Residents were not only contacted through national health systems but they also received local information as to how to get support through various communication channels with the hope that it reached those that needed it. The local information often reached the residents prior to the national information which gave residents the reassurance that there was support available to them should they need it. As the months passed by many residents built their own resilience structures around them so when new restrictions came into place such as in January 2021 there was less of a challenge as things like getting shopping or prescriptions were already sorted. This was also the case for suppliers as they adapted throughout the year to meet demands and new ways of accessing their provisions.

The Clinical Extremely Vulnerable (CEV) (shielding) list will remain as an active database and should there be a future local lockdown required those on the list would be contacted and advised whether they should shield again.

There were **29** individuals who needed to be housed as part of the 'Everyone In' scheme during the first lockdown period as a result of rough sleeping, losing shared accommodation or prevention from eviction. Work continues to support these individuals and the new residents who have become homeless due to a change in their circumstances over the last year with support pathways in place.

In 2020 there were **28,666** children and young people aged 4-18 years old who could be in education across the Harrogate district with a majority at home as part of lockdown 1 and 3 (ONS 2019). In September 2020 and again in March 2021 schools transitioned students back cautiously with distancing, face coverings and testing rolled out in high schools.

4.0 Key themes/ issues arising

The North Yorkshire Resilience Recovery Group have identified some key priorities that they feel impact on all communities across North Yorkshire and are held within their Humanitarian/ community recovery plan.

- Increased poverty or personal debt as a result of unemployment or business failure
- Bereavement and opportunities for remembering those who have died.
- Maximising potential opportunities from the pandemic-related increase in volunteering and community action, including how this can be encouraged and supported into the future.
- Voluntary and community organisations suffering a loss of income or changed circumstances due to the lockdown.

Several North Yorkshire wide task groups have been established to consider the themes and they have been included within local recovery plans.

Alongside these key priorities a number of emerging priorities have been identified from within the Harrogate district, these are not exhaustive however as the situation and conditions we are working within change on a daily/weekly basis. These emerging priorities have been identified through feedback from partners providing the community response including the six community support organisations, community food providers, public service providers and from residents themselves through the various interactions had with those ringing for assistance or those who have had welfare checks whilst shielding and in isolation.

The emerging priorities identified are:

1.0 Planning and intelligence gathering

2.0 Support for our residents

3.0 Community tensions

4.0 Support for the voluntary and community sector

5.0 Bereavement and opportunities for remembering those who have died.

We appreciate that many of the priorities are interlinked and do not occur in isolation and there is a need to not just address the issue that has come to the forefront. For example alongside financial poverty there will inevitably be food and fuel poverty and potentially homelessness. This then impacts on an individuals mental health and wellbeing. The Warm & Well North Yorkshire project has recently reported that individuals getting in touch with one specific issue actually need up to seven different interventions from the initial contact query.

Appendix A holds the emerging priorities and actions that need to be taken. The timescales for the actions are categorised short, medium and long term where short term is 0-3 months, medium term is 3-9 months and long term is 9-18months.

5.0 Issues that need further consideration

Alongside the emerging priorities there are other issues that require wider consideration as to how they could be tackled and by whom. Again these have been identified by our response partners.

Young people and mental health: It has been recognised that there is a significant gap in service provision in this area. Traditionally voluntary and public services have focused on the older population due to the districts demographics and demands on services however as a consequence of the pandemic significant issues around children and young people's mental health and wellbeing have come to the forefront. This is largely due to the suspension of school provision . The young people were not allowed to see their friends, they were out of routine and many have struggled with the different ways of learning with the home schooling situation as parents and carers juggled home schooling alongside work, other commitments and life challenges. Tensions within many homes have increased. Once back in the school setting inevitably some pupils showed signs that the extended period at home has impacted on their development and will require additional support.

Post lockdown/isolation anxieties and confidence to be active within the community

again: There is an increasing number of people stating that even though lockdown and shielding restrictions are lifting that they still do not want to go out and will require support for things like shopping and prescription services. People are still concerned about the risk of catching the virus, they are afraid and feel vulnerable and have lost confidence in going about daily business. This will reduce their independence which will inevitably have an impact on their mental health and wellbeing and increase loneliness and social isolation.

The majority of the anxieties arise from other people's behaviours within the community, for example not maintaining social distancing or not wearing face coverings when required to do so. This has been evidenced more recently by the residents covid community response survey. For those who haven't been out, small steps need to be taken to build confidence again whilst they re-familiarise themselves within different settings. These individuals may require support and encouragement to do this but it also needs other community members to allow this process to happen too. Repeat communication on the key safety messages should assist with some of the behavioural challenges.

Health Inequalities: As the pandemic has progressed and further research has been conducted [reports](#) have begun to identifying who within our community is more at risk should they get the virus or come into contact with someone with the virus. Specifically these residents are those who are over the age of 70 years, clinically vulnerable due to a pre-existing medical condition, are from a Black, Asian or minority ethnic background, living in a care home or working in a job where they have greater contact with members of the public such as a nurse, taxi driver or security guard. Those who already have poor health and wellbeing are also more vulnerable, this may be due to them having less income and are more likely to suffer food, fuel and financial hardship. Consideration needs to be given as to how ongoing targeted support and advice can be provided to these groups and individuals as part of recovery so to reduce their risk

Building on the connections made especially with Health services: Relationships have developed over the last 12 months between all partners, some already existed and some new ones have formed. New opportunities have come forward and it is recognised that these need to be built upon over the recovery period and into the future. Partners have felt that the relationships with the Health Service in particular have proved positive and would like these relationships to continue. Given the increase in poor mental health and wellbeing amongst residents due to the impact of the virus there are opportunities to develop relationships between the community groups who have been supporting residents. They know who is vulnerable within their neighbourhood and who needs Primary Care, Mental Health and Children and Adolescent Mental Health Services. Place based models provide resilience to address family and personal health and wellbeing and would reduce the strain on services.

Community Transport: Across the district there are several community transport providers whose services were relied on by many residents who needed to attend hospital, doctor and other appointments as well as to go shopping. Many of these services have been suspended due to the

social distancing guidelines and the sanitizing requirements after each journey. One community hub has implemented a solution in the use of mini buses but can only transport one resident at a time. Other providers can't resume provision as the service is based on volunteers often using their own vehicles. Currently NYCC are providing interim transport for individuals needing to get to hospital appointments.

As we return to a norm more appointments will be encouraged however those who rely on community transport may struggle to get there in the longer term once the short term solutions have ended.

Digital technology: As well as digital skills there is an emerging issue of those who have less income and do not have access to digital equipment or the income to pay for the broadband. Given the majority of home schooling and online services including benefits, shopping and staying in touch with family all require the internet those who are in this situation will be increasingly excluded from opportunities. We know that some schools have provided students with solutions however this is not across the board. Also those in temporary accommodation may not have this facility.

6.0 Monitoring and review

The community recovery plan is a dynamic document in that it will be continuously reviewed, monitored and amended so it is flexible and reactive to the changing situation that communities and service providers face. There are regular scheduled reviews with the six CSO's and the key community food providers. Internally within Harrogate Borough Council we monitor the position on a fortnightly basis formally with the wider Covid Management Team as well as the service based reviews and contacts. Officers meet on a monthly basis to review progress against the community recovery action plan. Internal and external data is considered to get an idea of the situation across the district based on the priorities identified.

There are officers that are part of the wider North Yorkshire resilience structure and whom are reviewing the situation on a weekly basis. A District wide local outbreak group has also been established to review outbreaks across the district that may require support and interventions.

The community recovery plan has links with the [North Yorkshire Outbreak Management Plan](#). Should a local outbreak occur some of the actions would provide/ contribute to the local management delivery. All the structures that have been developed as part of the response phase would be escalated again and together we would be able to mobilise very quickly to ensure the most vulnerable are provided for across the district.

