Haringey Together - Recovery and Renewal

A framework for designing the future

May 2020

Context and Principles

Haringey LONDON

Covid-19 has changed everything. People who live and work in Haringey have supported each other through the crisis, we have achieved many things, and we need to plan a future that helps us emerge stronger.

"Haringey Together has been about people and community…"	"….and the impact on our communities has been significant…"	"…these impacts have not been evenly distributed…"	"…and there will be challenges but there will also be opportunities …"	"… we need to plan for a positive future with our residents…"
Covid-19 has seen the Haringey Community – neighbours, family, voluntary sector services, public services and business rapidly coming together to support each other in a time of crisis, mobilising around the most urgent issues presented by this crisis – including poverty and food security, social isolation and mental health. We have seen the best in people and we have changed the way we work rapidly to make sure that no one is left behind in a time of need.	However, even with this level of response we know that the scale of the impact on our communities is such that the work ahead of us is still very challenging. We know that many things will have changed: the virus and its impact will have a range of health and non-health impacts, changing the way we have to live and work for the foreseeable future, seriously damaging the economy and pushing large numbers of our residents and into unemployment and poverty.	We also know that impacts will not have been evenly felt across our communities and will have a disproportionate impact on our most vulnerable residents and those who already experience inequality and disadvantage. The mortality rate from the virus significantly higher for older and BAME residents; lockdown will have affected residents differently depending on their ability to work from home and domestic situations; and, the secondary impacts of Corona will be unevenly distributed, with those low paid jobs – who are more likely to be BAME or women – more affected. So while everyone will be affected by the pandemic, it is likely to exacerbate pre-existing inequalities for specific	However, against this challenging backdrop it is important to recognise that not all changes will be negative – so, for example, in Haringey, we have seen communities and the VCS mobilise at scale to provide help and support to those who need it, and have shown the ability of local public sector organisations to respond quickly to the crisis and play roles they may not have played previously. Nationally, we have seen central government respond to economic risks in ways that would have been difficult to imagine even a few months ago, and there is recognition that this crisis offers an opportunity to prioritise change and transformation on the issues that have been laid bare by it – including low pay and job insecurity, inequality	It is uncertain how the next period will unfold, particularly dependent future rates and patterns of infection, and the way in which central government manages the relaxation of lockdown. Regardless of this uncertainty we need to begin work immediately to understand what this might mean for how we will need to respond as a borough and as organisations, including what our priorities should be, how we should deliver them, how this needs to be reflected in our budgets and how we are organised. We also need to identify the opportunities that that this crisis offers for us to re-imagine our world, our country/ borough, and the role of local leadership in shaping this.

We have deeper insight into the challenges we already knew about. We need to use what we know to plan a positive future with people who live and work in Haringey

Before Covid-19

Poverty

- Haringey is the **4th most deprived borough in London**
- In 2017, 15% of our residents were living in food poverty (approx. **4,000 people**)
- 34% of residents and 40% of children live below the poverty line

During Covid-19

The local economy

- Haringey has been exposed as **23,000 of the borough's jobs are in sectors that have been shut down/seriously affected** - arts and entertainment (7,500 people); accommodation and food (6,000); retail (9,500).
- **Workers in shut down sectors are lowest paid in workforce** (less half those who can work from home). They are more likely to be younger, women and in zero-hour contracts.
- Centre for Progressive Policy predicts a **39% decrease in Haringey's GVA for Q2 2020**. (8th worst in London).

(Un)employment

- **6,500 residents** have made new applications for UC since lockdown was introduced on 23 March
- DWP figures show **new UC claimants for March 2020 up by between 14% (Highgate) and 44% (St Ann's) compared to March 2019**.
- Job vacancies in Haringey are down 50% since early March 2020.
- Inflexibility in government Job Retention Scheme (JRS) means furloughed can do no work. **Many people will be experiencing drastically reduced hours but working and not furloughed**.

Health and wellbeing

- 9,000 Haringey residents currently on the 'shielding' list and told to stay at home for initial period of 12 weeks (6 weeks left, possibly longer)
- **568 known cases of C-19** in the borough, but this is only those tested and true number assumed to be much higher
- **363 deaths in** the North Middlesex and Whittington Hospitals, which service majority of the Haringey population
- **228 deaths** in Haringey in 2020 from Covid-19 (correct on 15 May 2020)

Community

- For many households, Covid and its impacts will have made their circumstances much worse. For e.g. **the police have reported a 35% increase in domestic violence call outs**
- The impact of Covid-19 is being most keenly felt in some of our **BAME communities**, exacerbating pre-existing inequalities and with potential long-term impacts on mental health and wellbeing, on economic security and on community cohesion.

Strength and resilience in communities must sit at the centre of our planning with principles. We need these to form the basis of our planning through 3 phases that lead us to **reshaping our borough plan**

OUR CORE PRINCIPLES

WHAT WE WILL DO

PHASE 1

Reflection on what has changed for residents and what we have changed to support them during C-19

PHASE 2

Refreshing priorities and planning services for the future

PHASE 3

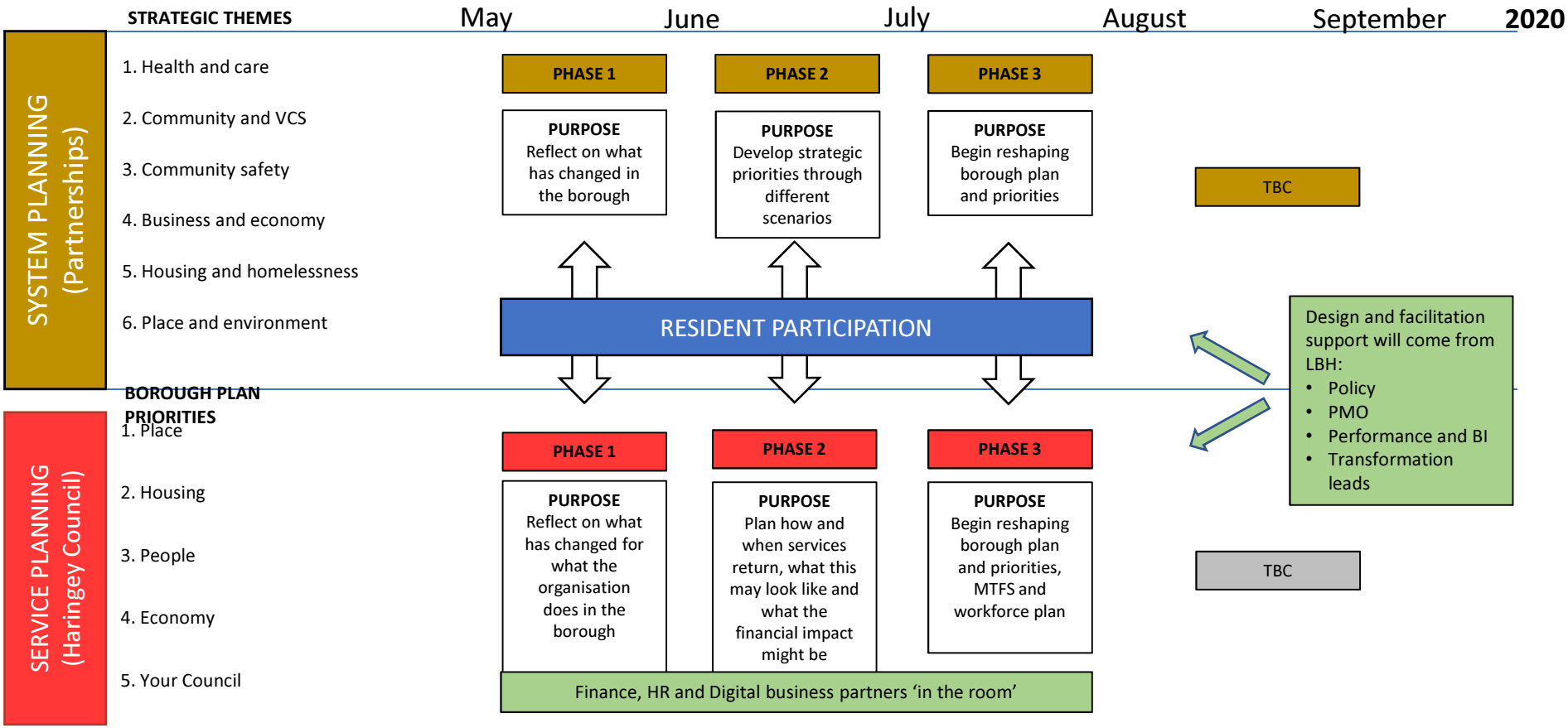
Reshaping our borough plan and financial strategies to reflect new priorities

This phase to be designed later

This won't be linear and we will need to keep checking back

Framework

Organising our work – as the crisis recedes, system planning (with partners) and service planning (Council services) needs to take place at the same time, through distinct phases.



The questions we need to ask ourselves throughout this work

- WHY
  - Is the core purpose still the same?
- WHAT
  - ….has changed for people in Haringey?
  - ….should change in Haringey?
  - ….do we need to do to deliver the right changes in Haringey?
- HOW
  - ….do we maintain collaboration, creativity and innovation?
  - ….preserve the positive change we have seen?
  - ….do we work with communities to maintain and further build resilience and strength?
- WHERE
  - ….do we place our focus going forward?
  - ….do we invest and disinvest our money?
  - ….do we need to be and how could we work (our staff)?

Phase 1 (Workshop 1) – this is about reflection on what C-19 has meant for Haringey residents and our partnerships.

WORKSHOP DESIGN

PURPOSE

- Reflect on what has changed in the borough
- Explore and capture key challenges and opportunities/levers available to us
- Identify future priorities

INPUTS

- Outputs from 1:1 stakeholder conversations on short term C19 impacts, response so far, future risks, challenges, opportunities

OUTPUTS

- Map of key risks, challenges, opportunities & levers
- Map/list of data and evidence that is needed to inform more detailed planning
- How we will involve Haringey residents and the questions we want to ask

TOOLS FOR SYSTEM WORKSHOPS

Explore and capture key challenges, opportunities and priorities using high level 'best' and 'worst' case scenarios

- Health and care
- Community and VCS
- Community safety
- Business and economy
- Housing and homelessness
- Place and environment

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Phase 2 (Workshop 2) – Using the mapping from Phase 1, we will work through different scenarios for what services might look like over the next 18 months

WORKSHOP DESIGN

PURPOSE

Develop strategic priorities through different scenarios

INPUTS

- Data and information on resident/community impact
- Qualitative information

OUTPUTS

- New services are scoped through the different phases of Covid-19
- Services that are no longer viable or need to end are scoped to scale down/end
- List of strategic priorities

TOOL

For what you have mapped, plot the road ahead through each phase

Phase	Timetable	Details
1. Immediate crisis response	mid Mar – mid May	• We are beyond this
2. Retain and respond	(approx. 4 months) mid May – mid Sept	• The situation is still emerging and there is much that is not known. • The pace of increasing movement and circulation is unclear particularly tracking and tracing • We have established systems in place to support our Covid response • Easing of lockdown is non-linear • Economic impact emerging but unclear
3. Vigilant steady state	(6 – 12months) mid Sept – mid 21 / until new vaccine	• We have established processes for recognising and responding to peaks in the virus. • Full economic impact becoming clearer. • Response is becoming embedded with new norms being established.
4. Post-Covid	12-18months +	• We have a vaccination and are in a steady state • Full impact of socio-economic impact being felt • Significant challenge from backlog of work

Structure and support

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Support will come from LBH corporate services to facilitate and move through the phases

LBH COORDINATING TEAM

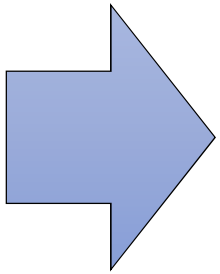
Sanjay Mackintosh (Oversight)

Policy team
- Jean Taylor (Lead)
- Lucy Fisher
- Louise Hopton-Beatty
- Jim Pomeroy
- Emma Carroll
- Hugh Smith
- Eduardo Lopez-Salas

Corporate PMO
- Elena Kekkos (and team)

Performance and BI
- Margaret Gallagher (and team)

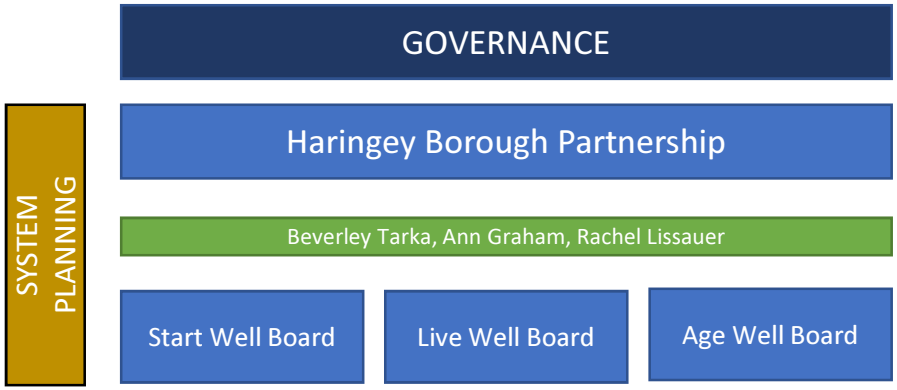
NB: WIDER CORPORATE SUPPORT OFFERED AS NEEDED



SUPPORT OFFER

- Horizon scanning
- Policy/research
- Data and information gathering
- Resident participation
- Design and facilitation of workshops – DMTs, priority boards, partner boards
- Capturing outputs

Health and care (children, families and adults)



LEADERSHIP STRUCTURE

Corporate Leads:
- Ann Graham
- Beverley Tarka
- Rachel Lissauer

LBH Support Lead
- Jean Taylor

Community and VCS

SYSTEM PLANNING

GOVERNANCE

VCS Leaders Forum (incl CEOs/Leaders)

Haringey VCS Forum/Community Engagement Group

Charlotte Pomery

LBH LEADERSHIP STRUCTURE

LBH Corporate Lead
- Charlotte Pomery

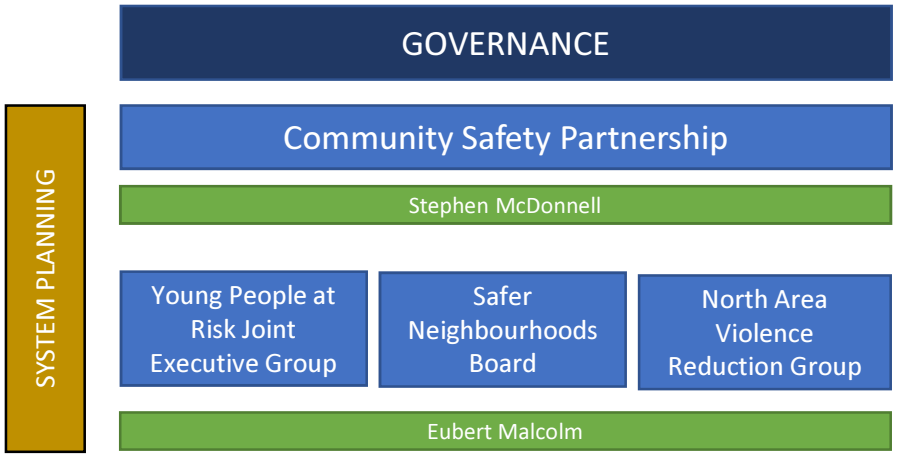
LBH support Lead
- Emma Carroll

Place and Environment

SYSTEM PLANNING

GOVERNANCE	LBH LEADERSHIP STRUCTURE
Place Board (including partners)	LBH Corporate Lead • Stephen McDonnell LBH Support Lead • Louise Hopton-Beatty
Stephen McDonnell	

Community safety



LBH LEADERSHIP STRUCTURE

LBH Leads
- Stephen McDonnell
- Eubert Malcolm

LBH Support Lead
- Hugh Smith

Business and economy

SYSTEM PLANNING

GOVERNANCE

Business Intelligence (includes external partners)

Employment and Skills Intelligence (includes external partners)

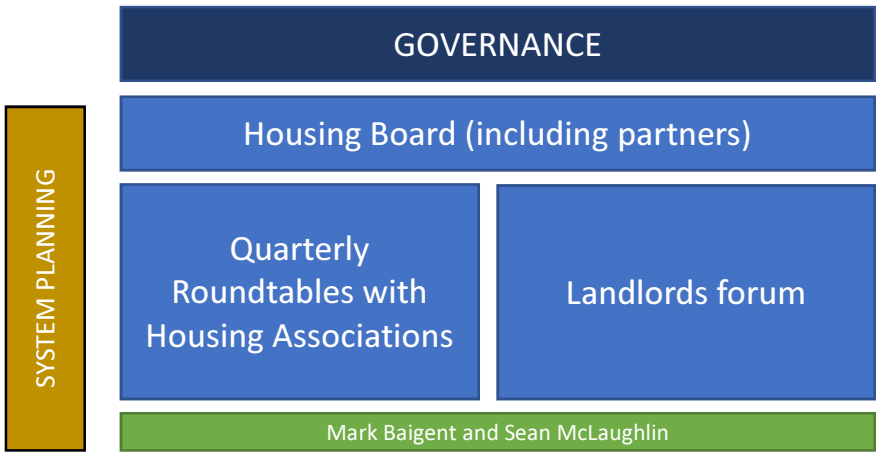
Mark Baigent & Peter O'Brien

LEADERSHIP STRUCTURE

LBH Lead
- Mark Baigent
- Peter O'Brien

LBH Support Lead
- Jim Pomeroy

Housing and homelessness



LEADERSHIP STRUCTURE

LBH Lead
- Mark Baigent

Homes for Haringey Lead
- Sean McLaughlin

LBH Support Lead
- Lucy Fisher

Appendix: Illustrative scenarios from Phase 1 (Workshop Output)

Scenarios to test: Economy

Base Case	Best Case	Worst Case
• As a result of the virus remaining endemic economic recovery is slower than the government has so far predicted • Local unemployment remains high into the early parts of next year or beyond. • Some opportunities to use the crisis to reduce the impact on high streets through local shopping, local deliveries etc and to benefit from more people working from home.	• V shaped curve with local employment within 5-10% of January levels by Christmas. • High streets start to recover relatively quickly due to local spend and adaptation to new roles.	• Unemployment remains within 10% of current levels for the next year. • High streets in most parts of the Borough fail, culture economy particularly badly hit and most small businesses in this area fail.

Scenarios to test: Society/Community

Base Case	Best Case	Worst Case

• Volunteering and mutual support remains higher than pre-crisis but significantly lower than current levels.
• Increases in tension between some communities/groups:
  ○ as a result of activities during lockdown
  ○ as a result of people failing to adhere to social distancing
  ○ from increased poverty from unemployment.
• Some increase in prevent activity (or undetected activity) due to disconnection from other influences during lock down.
• Older and health vulnerable residents risk increased isolation.
	• Tensions are limited to occasional incidents, largely on a one off basis.
	• Volunteering and mutual support remains high and available to supplement paid staff.
	• Telephone befriending etc means isolation is reduced amongst those who need to stay home, though wellbeing is reduced.
		• Significant increase in tensions.
		  ○ Increase in negative activity by groups of young people bored and disconnected from Govt strategy.
		  ○ Groups seen as flouting stay lock down are subject of hate crime.
		  ○ Increase in prevent referrals and esp far right activity.
		• Most new volunteers return to jobs/other activities/become disenchanted.
		• Isolation of older and health-vulnerable residents leads to significant health and mental health problems, with deaths occurring unnoticed at home.

Scenarios to test: Health and Social Care

Base Case	Best Case	Worst Case
• Periodic significant surges of infection mean hospital and care homes become challenging to manage at points during the next year. • Some care home providers chose to leave the market as a result and for all care settings ongoing pressures evident. • Increase in mental and physical ill health seen post lockdown resulting in high levels of acute need than previously. Community trauma is evident. • Increases in suicide rates, spikes social care referrals (adults and children). • Health settings may be divided into 'hot' and 'cold' settings in all scenarios.	• Fewer surges, more quickly got under control. • Market remains stable. • Lower levels of acute need than base case, though some in all areas, with levels of community trauma also in all scenarios.	• Significant care market failures at various points in the next year, with workforce shortages. • Ongoing increase in excess (non-covid) deaths as people continue to avoid healthcare, and significant increase in acute need as strokes, hypertension etc are pick up much later. • Significant levels of mental health need at all levels, and high degree of community trauma.