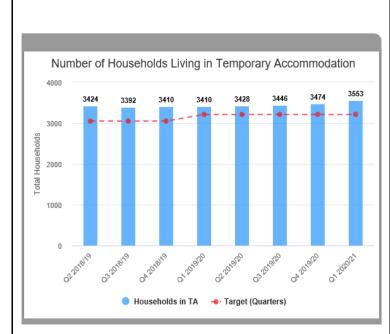
### Action Plan Subject: Temporary Accommodation Lead Director: Executive Director Place

Trend Data



### Commentary

Quarter 1 showed that Enfield had 3553 households in Temporary Accommodation (TA). This is a slight increase from the end of year and Quarter three figure of 3474. Demand continues to place pressure on the service

# COVID pandemic - Emergency Accommodation provision

The country went into lockdown on 22 March 2020, following this the closure of all rough sleeper shelters by 27<sup>th</sup> March 2020. In preparation to house rough sleepers and single people at imminent risk of rough sleeping we began the process of procuring/negotiating room/studio/1-bedroom accommodation from the following provision:

- Registered Providers
- Empty council stock
- Use of refurbished decants (regen areas)
- Block book of Travelodge Edmonton (supported housing provision)
- Nightly let accommodation
- Supported housing providers

From contacting the above providers, a listing was created of suitable accommodation to support both COVID symptomatic and non-symptomatic cases to ensure safety for a lock down period of up to 12 weeks. The Allocations scheme was suspended in accordance with government guidance and stock was used where possible for emergency purposes.

The government issued a moratorium for evictions in the private rented sector, therefore stopping any further bailiff warrants for the period of lock down to continue to 20<sup>th</sup> September along with new notice periods.

# <u>Update on Service Design for homeless and Prevention Services</u>

As part of the transformational change programme in homelessness, new ways of delivering homelessness and prevention Services were started in January 2020 with new teams and more experienced caseworkers working on the

front line at John Wilkes House to receive enquiries, offer advice and take on casework with minimum hand offs. This means new customers have one caseworker dealing with homelessness prevention and any follow up homeless application. The new Service Model is more efficient, enabling caseworkers to undertake 'outreach' homelessness prevention surgeries, co-located with the Council's front-line MASH and Children's Services' Early Help Services. Standing Together Domestic Abuse charity has been reviewing Enfield's approach to Domestic Abuse in housing cases through research, surveys, interviews and workshops with staff and partners to inform Enfield's new service model. Pending their recommendations, a new riskbased housing focused domestic abuse checklist has been designed to support and improve our response to those facing domestic abuse and in preparing for new housing statutory duties in this regard.

The COVID pandemic led to a rapid redesign of the service offer. All services are now provided through a central phone line with the number advertised to other agencies and through our website. Calls are monitored to ensure that all calls are answered within 5 rings. Once someone is registered with the service, they can contact their caseworker directly by phone or email. Alternative solutions have been found for submitting documents and signing agreements, meaning that we are able to provide the service remotely. The lessons for this are now being built into the future service model

Also, in response to the COVID pandemic we have set up a landlord advice line (launched 04/05/20) to assist landlords with advice and guidance for tenant payment/benefit issues. We have promoted this to more than 3,500 private landlords operating in Enfield. This forms a key part of the new service offer

Cabinet agreed on the January 22<sup>nd</sup>, 2020 for the following to take place with the associated timeframes:

- New service design restructure starting June 2020
- Join Capital Letters April 2020
- Establish Enfield Let (subject to approval)
- Use of Single Homelessness Program (SHPS) – April 2020

We have the new structure partially in place, most Leadership roles are in place and we hope to have a fully staffed structure by end October 2020. The timescale is subject to union and staff consultation (Market Management Team).

### **Timescales for Improvement:**

In terms of seeing an improvement in the TA figures, this will only be realised through the service design.

### Positive Actions undertaken in Quarter 1

Other positive actions include:

- 155 rough sleepers housed (verified) 81 of the cases have no recourse to public funds
- Moved on 30 families from TA
- Prevented 97 families from going into TA

We worked collaboratively with Haringey Council to provide 20 bed spaces for rough sleepers at our block booked hotel in Edmonton – Travelodge. For the period we recharged Haringey both hotel and full staff costs (supported housing provision)

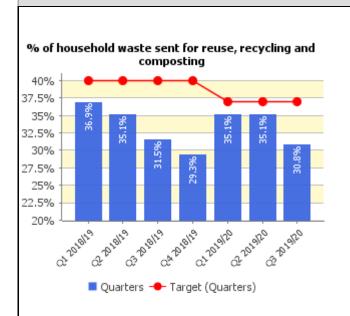
Capital Letters – although we joined this pan London letting agency in April, due to the COVID pandemic there has been a slow start. We have now procured 22 PRS tenancies (since mid-June), with currently a further 11 in the pipeline.

# Action Plan Subject: Household Waste and Recycling

**Lead Director: Executive Director Place** 



# Trend Data Commentary



### **Current Performance**

The percentage of household material sent for reuse, recycling and composting (also known an NI192) and the amount of residual waste per household (NI191) is reported to Government through Waste Data Flow and is available to the public once data verification is complete. The data is verified by the London Borough of Enfield (LBE), North London Waste Authority and Waste Data Flow. Data remains provisional until published which is around six months after the quarter.

NI192 and NI191 data published through Waste Data Flow forms part of the Councils corporate key performance indicators and is monitored on a quarterly basis.

In addition, the Waste Implementation Board (WIB) has oversight of the changes made to the waste and recycling service including scrutiny of the overall performance.

% of household waste sent for reuse, recycling and composting

37.5%
35%
32.5%
30%
27.5%
25%
20%

Years

The most recent available NI192 data is quarter three (1 October 2019 to 31 December 2019) and this was reported in the Councils corporate performance quarter four report (1 January 2020 to 31 March 2020). Quarter 4 data is currently provisional and therefore has not been verified.

Naturally recycling decreases between quarter one and quarter four and can be seen in the graph opposite.

London borough of Enfield's (LBE) recycling rate has fluctuated over the years. Recycling rates noticeably increased from 32 percent to 39 percent after wheeled bins were rolled out in 2012/13.

As a result of a reduction in recycling officers and communication resource in 2015/16 rates decreased to 36 percent and then showed a slight increase in 2016/17 following a change in collections (a moved from a weekly mixed food and garden waste collection to a fortnightly collection).

# Trend Data Residual Waste Per Household (kg) 600 kg per h/h 500 kg per h/h 400 kg per h/h 300 kg per h/h 200 kg per h/h 100 kg per h/h 0 kg per h/h Quarters + Target (Quarters) Residual Waste Per Household (kg) 600 kg per h/h 636.1 kg per h/h 633 kg per h/h 504 kg per h/h kg per h/ 500 kg per h/h 400 kg per h/h 300 kg per h/h 200 kg per h/h 100 kg per h/h 0 kg per h/h Years

### Commentary

Since 2016/17 LBE's recycling rates have decreased and has been below target (37%) since 2017/18:

- 37.2% in 2016/17
- 35.9% in 2017/18
- 33.4% in 2018/19

London Context - The majority of London boroughs show recycling levels that are stagnant or have decreased for the same time period. Where London borough recycling rates have increased this has mainly been due to a change made in the way waste and recycling is collected. This has been a driver for LBE to implement major changes to the services.

### **Action Plan**

On 4 November 2019, the collection service was changed from a fortnightly collection of <u>mixed</u> garden and food (free) to a paid for, fortnightly garden collection and a <u>separate</u> weekly food recycling service.

On 2 March 2020, the service changed from a weekly collection of refuse and weekly collection of dry recycling to alternate weekly collections. This means refuse one week and dry recycling is collected on the alternative weeks. Additionally, investment has been put into communications (£100k per annum) and two additional resident engagement officers have been made to support these changes.

The plan is that once the physical/ operational changes are embedded (normally 3-6 months) a series of behavioural engagement and communications would be deployed to support and change resident behaviour to increase recycling across the borough.

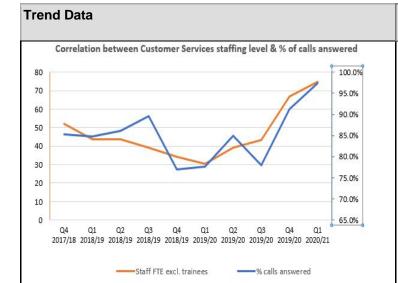
However, implementation of the service change was disrupted by Covid-19 and the subsequent impact from lockdown on 23<sup>rd</sup> March. Temporary changes were made to the service in response to these impacts; both to tackle reduced staff numbers and the increased waste and recycling generated by the majority of the population being instructed to stay at home.

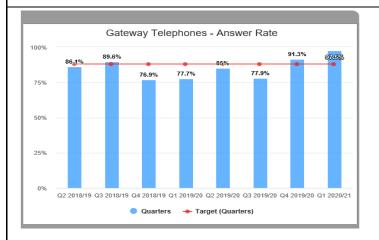
A communications campaign and Resident Engagement and Education work to reduce waste and recycle will now start in September 2020 to coincide with children going back-to school. The introduction of alternate weekly collections of refuse and dry recycling supported with education will result in resident behavioural change and consequently will improve recycling performance.

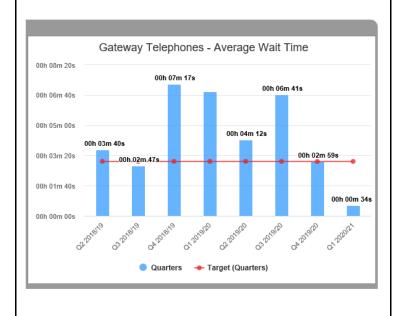
In addition, a Reuse and Recycling Plan (RRP) was

Trend Data	Commentary
	approved in July 2019 and sets out LBE's commitment to a range of measures that will increase recycling performance. Key measures include working with businesses to reduce single use plastics and developing a strategy for improving recycling at flatted properties. The RRP runs until 2022.
	Timescale for Improvement
	It is anticipated that quarters 3 and 4 (2020/21) will improve compared to quarters 3 and 4 (2019/20), which will align with the launch of the resident engagement work and removal of temporary measures e.g. collecting refuse side waste, that were put in place to tackle the impacts of Covid-19.
	The annual NI192 figure will take longer to see an improvement in the figures due to the impact of Covid-19 on quarters 1 and 2 (2020/21). It is anticipated that the positive impact expected in 2020/21 will be delayed until 2021/22.
	We must be conscious that in light of Covid-19 many more people are and will remain working from home which is a significant change from where we started with our modelling of waste generated data and this will need to be kept under constant review to understand if it changes any of our original assumptions and figures.

# Action Plan Subject: Telephony and Customer Services Lead Director: Executive Director Resources







### Commentary

Customer Services is currently measured on how many customer calls and webchats are answered, as well as how long customers wait and level of customer satisfaction.

Call answer rates and wait times are determined largely by whether there are enough staff to meet the demand.

This correlation is illustrated in the first chart.

The next three charts demonstrate the impact of the additional staff which were recruited to address service demands; these staff were in place and trained resulting in the significantly improved performance in Q4 2019/20 and continued into the 2020/2021 financial Year.

The Answer Rate is now showing at 97.5% which is well above the 80% target

The Average Wait time is a 2-year low of 34 Seconds, well below the 3-minute target

99.5% of all calls were answered within 5 minutes which again is well above the 90% Target

In terms of Call Volumes there was a 5.4% reduction in call volume in comparison to the same period last year.

Customer Satisfaction with Web chat continues to increase and is now at 77.3%. this is below the 85% target

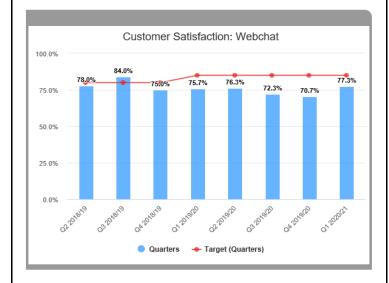
Web chats have seen a 146% increase in volume in comparison to April-June 2019

### Webchat improvements

Training - The first session was held on 14<sup>th</sup>
 August for 6 staff. A further session will take
 place in September. Content included how to
 respond to chats, classifying chats and quality
 and performance. Experienced members of
 staff contributed with key ideas that can help
 improve the service. These include
 researching queries to put ourselves in the
 customers' shoes and feeding back issues

### **Trend Data**

# Customer Services: % of Calls Answered within 5 Minutes 89,933% 92% 82,9% 69,167% 69,167% Ow Q2 2018/19 Q3 2018/19 Q4 2018/19 Q1 2019/20 Q2 2019/20 Q3 2019/20 Q4 2019/20 Q1 2020/21 Quarters Target (Quarters)



### Commentary

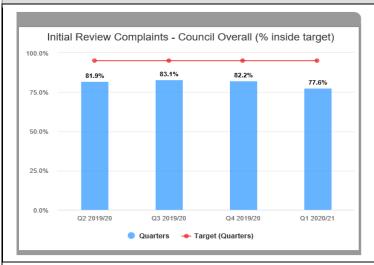
with the website. Whilst staff were unable to carry out face to face duties, a programme of cross training took place on webchat.

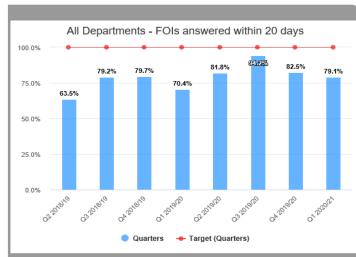
- Questionnaires A new customer satisfaction survey was introduced in mid-June comprising 4 questions to be rated from one to five stars. These relate to the ease of use, professionalism, pace of the chat and whether the response fully answered the questions asked. A fifth question allows for further comments and areas of improvement as free text. This final question has allowed us to make improvements such as systematically offering the customer a copy of the transcript.
- Audit and feedback The management team are carrying out regular auditing of webchat and feeding back to staff.

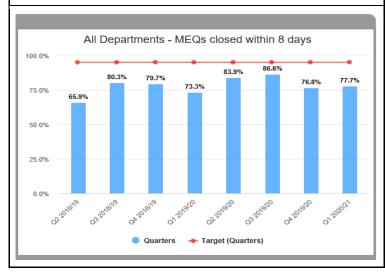
As a result of these initiatives we are already seeing improvements in satisfaction levels which will be reflected in the next quarter's results. As an indication, July's data showed a satisfaction level of 85.6% which is above the corporate target of 85%.

# Action Plan Subject: Complaints, FOI's and Complaints Lead Director: Director of Law and Governance

### **Trend Data**







### Commentary

The charts to the left show the current performance for Freedom of Information Requests (FOIS), MEQS and Complaints. The red line relates to the target.

Please note that the performance across these areas was directly affected by the Covid Pandemic. Staff across the council were redeployed into the Community Hub and the Councils associated response. This had a large and direct impact on these figures as staff were asked to prioritise this work and were unable to meet the corporate response times. This was discussed and raised as part of the GOLD meetings. There was also changes to processes during the last quarter due to COVID, in that we stopped sending weekly reports and formal reports as it was recognised that the pandemic work needed to be prioritised.

### **Summary**

**Complaints - Initial reviews** a drop on Q4 of 4.6%. Performance is below the 95% target.

**FOIS:** For Quarter 1 for FOIs, performance was 79.1% below the 100% target.

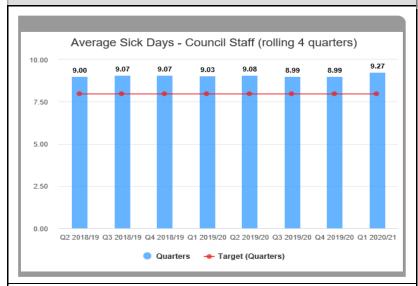
Additional analysis is being undertaken to look at trends in terms of commonly asked questions and requests

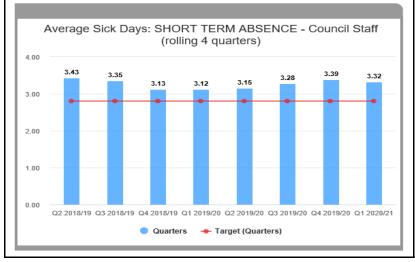
**MEQs:** Quarter 1 for MEQ's performance was 77.7% answered in 8 working days against a target of 95%. This is a slight rise in performance from Quarter 4.

## Action Plan Subject: Sickness Absence

### Lead Director: Director of Human Resources & Organisational Design

### **Trend Data**





### Commentary

Please note the following definitions for the purposes of this report.

**FTE:** Full Time Equivalent is the hours worked by one employee on a full-time basis.

**Average FTE Days**: This is the number of FTE working days lost to sickness absence divided by the number of FTE employees in the Service.

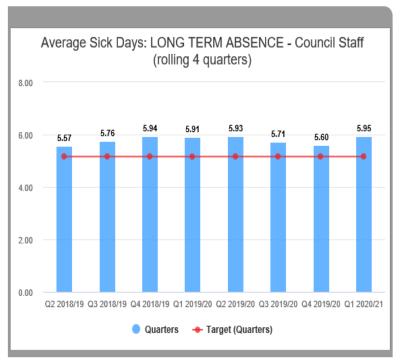
Sickness absence includes sickness relating to or due to Covid-19. Over 30% of Sickness in April-June 2020 was related to Covid and as such there was an increase in sickness rates

Whilst Covid has had an impact on sickness figures, the increase in Q1 is also due to the insourcing of the cleaning contract and IWE.

Compared to the same period last year sickness levels are similar in the CEX and People Department, lower in the Resources Department and higher in the Place Department.

Following the TUPE transfer of the cleaning service the Place department inherited 8

# Trend Data Commentary



long-term sickness absence cases. The new managers in this service have been trained on the Council's sickness process and with HR support, these are now being proactively managed through Council processes.

Short-term absence has increased during Q1. Several Covid-19 short-term absence cases have been recorded which will contribute to this increase

The rolling 8 quarters for sickness absence up to Quarter 1 (April – June 2020 is in the chart on the left-hand side. Current Council wide performance is above target with 9.27 FTE days being lost to sickness every year. The target is 7.96 FTE days lost which was the London average in 2018/19.

The annual target relates to 0.66 days per FTE per month and 1.99 FTE per quarter. The departmental breakdown of sickness for Quarter two shows the following:

Average Sick Days per FTE for the **Chief Executive's Directorate** is 1.59 which is below the 1.99 target

Average Sick Days per FTE for the **Resources Directorate** is 1.33 which is below the 1.99 target and a big improvement on Quarter 4

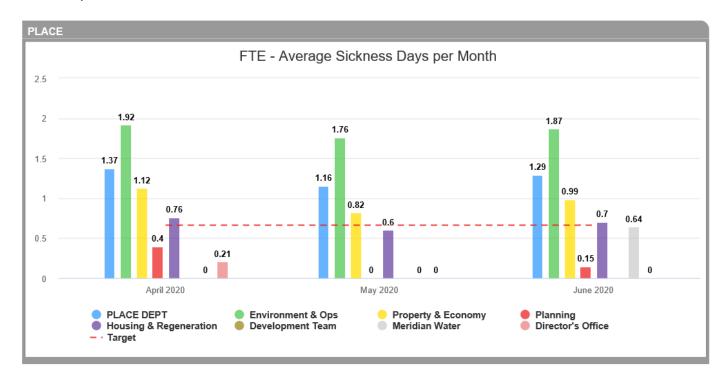
Average Sick Days per FTE for the **People Directorate** is 1.55 which is below target and is an improvement Quarter 3

Average Sick Days per FTE for the **Place Directorate** is 3.82 which is above the 1.99 target

it should be noted that the Place department has a large manual workforce where sickness absence levels does tend to be higher. This trend is not just within Enfield Council and is typical within this workforce category.

Indicator	Q1 2019/20	Q2 2019/20	Q3 2019/20 Value	Q4 2019/20	Q1 2020/21		Annual Target
	Value	Value		Value	Value	Target	2020/21
erage Sick Days per FTE per Month - ief Executive's	1.51	1.29	1.67	1.58	1.59	1.99	7.96
erage Sick Days per FTE per Month - sources	2.14	1.94	1.84	1.81	1.33	1.99	7.96
rage Sick Days per FTE per Month - ple	1.85	1.63	1.53	2.03	1.55	1.99	7.96
rrage Sick Days per FTE per Month - ce	2.52	201	3.18	3 39	3.82	1.99	7.96

The following chart shows a breakdown in Sickness per month between April and June across the Place Department.



### Environment & Operational Services

Sickness levels have increased in Environment & Ops following the outbreak of Covid-19. Front-line service workers are unable to work with Covid-19 symptoms and do not have the ability to work remotely if they are symptomatic. During Q1 several staff have reported sick due to Covid-19 related symptoms, shielding and anxiety.

In this service there are a few long-term cases due to cancer and muscular skeletal issues. There have been some delays to treatment to resolve some of these cases due to Covid-19 and delays to planned surgery. All cases are being proactively managed with the local managers and some staff have now returned to work. Updates are reported to the Sickness Board. During April to June, 3 ill-health retirements have been processed and there has been one death in service.

### Property & Economy

Sickness levels in Property & Economy have increased following the insourcing of cleaning. A few long-term sickness cases transferred to the Council with no record that they had been managed through a process. These cases are now being proactively managed. In addition to this, there are four long-term sickness cases in other parts of this service that are being proactively managed through the Council's Absence & Attendance process. These cases have been exacerbated by Covid-19.

### Housing & Regeneration

Sickness levels in Council Housing have now stabilized.

In Q1 fifteen members of staff reported sick due to Covid-19 related reasons.

Additional Analysis and Further Actions:
The following shows a comparison of sickness levels at Q1 last year (April-June 2019) compared to this year April – June 2020) across the Council. The big increase is in Covid related sickness Sickness relating to Stress and Depressions has seen a healthy reduction.

Siekness Category	FTE Day	ys Lost	% FTE Days Lost		
Sickness Category	Q1 2020-21	Q1 2019-20	Q1 2020-21	Q1 2019-20	
Anxiety/stress/depression/other psychiatric					
illnesses	1156.20	1397.67	16.46%	24.15%	
Asthma	14.25	5.00	0.20%	0.09%	
Back problems	441.33	275.00	6.28%	4.75%	
Benign and malignant tumours, cancers	301.00	226.17	4.28%	3.91%	
Blood disorders (e.g. anaemia)	16.39	12.75	0.23%	0.22%	
Burns, poisoning, frostbite, hypothermia	19.00	4.17	0.27%	0.07%	
Chest & respiratory problems - exclude nose					
& throat problems, asthma, cold, cough, flu)	113.38	119.10	1.61%	2.06%	
Cold, Cough, Flu - Influenza	53.97	168.69	0.77%	2.91%	
Covid-19	2118.32	-	30.15%	-	
Dental and oral problems	13.50	25.61	0.19%	0.44%	
Ear, nose, throat (ENT)	36.01	151.41	0.51%	2.62%	
Endocrine / glandular problems (e.g. diabetes,					
thyroid, metabolic problems)	62.94	-	0.90%	-	
Eye problems	21.89	164.00	0.31%	2.83%	
Fatigue Syndromes	64.33	19.47	0.92%	0.34%	
Gastrointestinal problems (e.g. abdominal					
pain, gastroenteritis, vomiting, diarrhoea) -					
exclude dental and oral problems	222.32	299.46	3.16%	5.17%	
Genitourinary & gynaecological disorders -					
exclude pregnancy related disorders	63.28	325.53	0.90%	5.62%	
Headache / migraine	86.46	93.15	1.23%	1.61%	
Heart, cardiac & circulatory problems	208.74	178.59	2.97%	3.09%	
Hospital / Investigation	67.89	455.37	0.97%	7.87%	
Infectious diseases	92.04	231.61	1.31%	4.00%	
Injury, fracture	218.77	485.51	3.11%	8.39%	
Nervous system disorders - exclude					
headache/migraine	113.00	92.00	1.61%	1.59%	
Other known causes (nec) - not elsewhere					
classified	114.00	96.53	1.62%	1.67%	
Other musculoskeletal problems - exclude					
back problems- include neck problems	865.87	671.35	12.33%	11.60%	
Pregnancy related disorders	33.14	63.61	0.47%	1.10%	
Skin disorders	3.53	55.30	0.05%	0.96%	
Unknown causes / Not specified	503.65	170.28	7.17%	2.94%	
Grand Total (exc Self Isolation)	7025.20	5787.34	100.00%	100.00%	
Self-Isolation	2234.39	-	24.13%	-	
Grand Total	9259.59	5787.34	100.00%	-	

- Staff that have reached trigger points for sickness are reviewed by the services and cases of long term absence or frequent occurances are being actively managed. Managers of these staff are being supported by HR.
- HR and Knowledge & Insight are working closely together, and management sickness absence reports are provided to all Directors on a monthly basis.
- HR Advisers will continue to have regular review meetings Directors and managers to ensure there is an agreed action plan for each case.
- Long term sickness absence cases over 100 days will be revisited and an action plan developed.