

**North East Derbyshire District Council**

**Cabinet**

**8 July 2015**

**Mental Health Services Scrutiny Review**

**Report No LR/02/15-16/PH of Councillor Mrs L Robinson, Portfolio Holder  
with Responsibility for Community Safety and Health**

This report is public

1. **Purpose of the Report**

- 1.1 That Cabinet note the content of the report and agree the action plan attached at **Appendix 1.**

2 **Report Details**

- 2.1 The purpose of this report is to consider the officer response, to the Healthy Communities and Wellbeing Scrutiny Committee's Review of Mental Health Services which took place in April 2015.

- 2.2 The findings, conclusions and recommendations of the Mental Health Task Force which met on 1 June 2015 consisted of a range of officers (including Rykneld Homes) which considered the recommendations of the Scrutiny report and also explored what further measures could be undertaken to address Mental Health issues by the District Council.

- 2.3 The officer response is set out in the action plan, which details proposals of how to address each of the recommendations made by the Scrutiny Panel.

- 2.4 The recommendations set out in the scrutiny report are as follows:

- 2.4.1 That the Council set up a task force with relevant partners to formulate a policy setting out a proactive approach to Mental Health within the organisation.

- 2.4.2 That the action plan resulting from the policy sets out how the Council will achieve this including the issues raised in this report on:

- Awareness of mental health conditions;
- Training of staff and members;
- Support available for employees;
- Mechanism for identifying people with mental health conditions failing to respond to contact from the Council.

2.4.3 That a progress report on the implementation of the policy and action plan be provided to the relevant Scrutiny Committee within six months. The full scrutiny report is included in **Appendix 2**

### **3 What does the Council currently do?**

3.1 Although the statutory responsibility for Mental Health Services is a County Council and Public Health function the District Council has a very positive impact on reducing Mental Health issues within local communities and this provision should not be underestimated. These services need to be considered in the context of the Scrutiny Review and proposed action plan.

3.2 Poor mental health can be a symptom of many factors such as long term stresses (e.g. social/financial exclusion, unemployment, neighbour disputes) or unexpected events (e.g. a bereavement, relationship breakdown, victim of crime, sudden homelessness).

3.3 Although not usually involved in the delivery of clinical provision (Health Referral Scheme excepted) the Council plays a major part in addressing many of the causes of mental health within local communities. Indeed many of these services help to minimise the **incidence** of poor mental health for many residents. Some examples are set out below:

3.4 Financial Exclusion issues are a major challenge in the current economic climate and the Council works with a number of agencies including the CAB, Unemployed Workers Centre, Law Centre and Credit Union to provide advice and direct services to the local community. This mitigates some of the stresses related to this particular issue. Over 13,000 NED residents annually benefit from these services and poor mental health is recognised as a key symptom faced by customers. Examples from CAB and other partners the Council support are outlined below:

- “Access to appropriate advice around benefits, debt, employment, housing etc. helps release stress which often leads to other serious health issues” (CAB)
- “Over two-thirds of our clients have said that our services have reduced their stress and anxiety as well as assisting them to stay and settle in their accommodation” (Law Centre)
- “Suicide Awareness Training aims to provide front line workers and volunteers with the skills and knowledge to support people at risk of suicide. Debt has a massive impact on people’s health, both physical and mental health” (Rural Action Derbyshire).

3.5 Worklessness is often a cause of financial exclusion and the Council takes a significant lead in reducing this, either through core funded programmes such as the Working Communities Project or through external resources such as Ambition and Talent Match. The Council also facilitates grants to businesses to help them grow and increase employment such as BNED LEADER. This helps to reduce the mental health issues related to unemployment.

3.6 The Council provides grants to 21 Older People’s and Luncheon Clubs which enables regular social interaction for otherwise less engaged residents in the

District. Support to the Core budget of Links CVS ensures that all constituted local voluntary and community groups can access support and guidance in how to bid for funding and develop their management structures, whilst Links also help people establish new groups. This enables many people (over 345 in 2013/14) to participate in groups which add value to their lives and by extension improve their mental health.

- 3.7 In terms of mental health affected by relationship issues, the Council supports Relate as a prevention to issues and also provides grants to organisations such as Derbyshire Domestic Violence and Sexual Abuse Service to provide services which support children and young people living with domestic abuse. Maintaining independence in the home is a recognised worry for many people and the Council supports this through adaptations facilitated by the Handy Van Service or through Rykneld Homes depending on the housing tenure.
- 3.8 Although the District is traditionally a low-crime area, the fear of crime has often been a priority for residents and the Council leads the development of initiatives with partners to minimise the incidence of crime and also “target hardening” households to give greater peace of mind in the community.
- 3.9 The Council currently undertakes training across a range of areas that can affect residents’ mental health. Some examples of this training include:

| Date                             | Training                           |
|----------------------------------|------------------------------------|
| December 2014 – Various Sessions | Mental Health Training (internal)  |
| January to March 2015            | Safeguarding Training              |
| October 2014                     | Suicide Awareness Training         |
| June 2014                        | Adult Care (DCC)                   |
| February 2015 – Various Sessions | Mental Health Training (DCC)       |
| March 2015                       | Autism and Asperger Training (DCC) |
| Annually                         | Equality and Diversity Training    |

- 3.10 Referral scripts are utilised within the contact centre and there have been instances where specific specialised staff have been assigned to members of the public to assist with intensive needs.
- 3.11 One such example was a gentleman that wanted to move in to the NEDDC area, who suffered with schizophrenia. The contact centre worked with housing to obtain a discretionary fund from DCC. Referred him to the credit union for a loan, the British Legion for additional funding and support, food bank requests were made for him and his family. The advisor worked with the gentleman to complete

the required documentation for the DWP. This particular case took time and care over several months but he is now settled within the NEDDC area and is happy with his day to day life.

#### **4 What does the Council currently do for employees?**

4.1 There are various schemes and policies that the council operate to promote mental wellbeing within the employee group these include:

- Stress awareness sessions
- Internal mental health awareness for employees and managers.
- Safeguarding
- Suicide awareness
- Adult care
- Child protection
- Autism and Asperger awareness
- Equality and diversity
- Counseling services
- Occupational health
- 1:1 discussions and meetings
- Appraisals
- Work/life balance policies
- Generous leave entitlement
- Return to work options
- Redeployment
- Amended/adjusted duties for temporary periods
- Ongoing support from managers/HR

4.2 HR could potentially increase support for mental health issues within the workplace. However, depending on the level of activity this is likely to have some budget and possibly resource implications.

4.3 Counselling can also be offered through HR to employees where it is appropriate. Normally where it is recommended by the GP and supported by an employee's line manager. Though it should be noted that this can very often be provided free of charge via the GP and is likely to be more joined up with the overarching health provision for the employee via this route.

#### **5 Legal and Human Resources issues**

5.1 There are concerns over one of the scrutiny recommendations in terms of data protection and data sensitivity. This relates to the recommendation on "Identifying a mechanism for identifying people with mental health conditions failing to respond to contact from the Council".

5.2 To ask individuals if they have any mental health issues is considered to be sensitive personal data. If an individual informs us they have mental health issues we can record this on our systems but we cannot share this data unless we have their specific consent or we believe they are in danger of harm. It would therefore be extremely difficult for the Council to follow up on residents who make no contact

based on an assumption that we would want to then ask if they have mental health issues. Staff could only follow up on those that have declared a condition with us.

5.3 With regard to the recommendation referred to above there are significant resource implications to implement such a system that cannot be accommodated within current staffing levels and current skill sets. Specialist clinical training would be required to make such assessments.

5.4 If Cabinet are minded to explore the recommendation a budget will need to be established for a feasibility study, an initial amount of £10,000 is proposed. Cabinet should be aware that implementation costs on an annual basis may be substantial.

## **6 Conclusions and Reasons for Recommendation**

6.1 The recommendation is for Cabinet to agree the actions identified in the action plan (please refer to **Appendix 1**) and consider if they wish to pursue further feasibility work on the Scrutiny recommendation as set out in 4.3 and 4.4 of this report.

## **7 Recommendations**

7.1 That Cabinet approve the actions identified in the Action Plan attached as **Appendix 1** to this report.

7.2 That Cabinet consider if they wish to pursue the feasibility study and set a budget of £10,000 to progress this.

## **8 Decision Information**

|  |     |
|--|-----|
| <b>Is the decision a Key Decision?</b><br>(A Key Decision is one which results in income or expenditure to the Council of £50,000 or more or which has a significant impact on two or more District wards) | No  |
| <b>District Wards Affected</b>   | N/A |
| <b>Links to Corporate Plan priorities or Policy Framework</b>  | N/A |

**9 Document Information**

| Appendix No   | Title   |
|---|---|
| 1   | Mental Health Action Plan                           |
| 2   | Overview and Scrutiny Mental Health Services Report |
| <p><b>Background Papers</b> (These are unpublished works which have been relied on to a material extent when preparing the report. They must be listed in the section below. If the report is going to Cabinet (NEDDC) or Executive (BDC) you must provide copies of the background papers)</p> |   |
|   |   |
| Report Author   | Contact Number                                      |
| Paul Hackett (Joint Executive Director, Transformation)   | 01246 217543  |

AGIN 9(b) (CAB 0708) Mental Health Scrut Rvw/AJD





- Amended/adjusted duties for temporary periods
- Ongoing support from managers/HR

It is envisaged that the previously proposed actions will build a greater depth of understanding around mental ill health which will in turn improve the application of the above existing support.

**Mechanism for identifying people with mental health conditions failing to respond to contact from the council**

Having considered the above recommendation of the Healthy Communities and Wellbeing Scrutiny group, officers have determined that the recommendation cannot be fully implemented for a number of reasons;

- From a data protection point of view we are not allowed to ask individuals if they have any mental health issues as this is sensitive personal data. If an individual informs us they have mental health issue we can record this on our systems but we cannot share this data unless we have their consent or we believe they are in danger of harm. It would therefore be difficult for us to follow up on people who make no contact based on an assumption that we want to then ask if they have mental health issues. We could only follow up on those that have declared a condition with us.
- From a human resource perspective it is clear that we do not have capacity to chase non respondents when considering how

|  |  |   |                     |                |  |
|--|--|---|---------------------|----------------|--|
|  |  | <p>many mail outs the council actually undertake. For example, during the period 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015 the council sent out over 14,000 requests for information for Council Tax and Benefits. In addition to this the council sent out 17,000 Council Tax Reminders, 5,500 Council Tax Summonses and nearly 4,000 Liability Orders - over 40,000 documents last financial year. A large number of those contacts fail to respond for varying reasons.</p> <ul style="list-style-type: none"> <li>• Finally, from an expertise perspective, we do not have sufficient knowledge and resource to engage at this level – our role, similar to that of safeguarding, is to sign post and refer to specialist agencies.</li> </ul> <p>However, mechanisms and expertise do exist to a degree within our organisation which do support the identification and recognition of those who may be suffering from mental ill health;</p> <ul style="list-style-type: none"> <li>• VARM – NEDDC are signed up to DCC's Adult Safeguarding Board's <b>Vulnerable Adults Risk Management Process</b>. The council has nominated officers leading on VARM. The purpose of VARM is a multi agency approach to working with people at risk of harm to themselves or others due to their lifestyle or behaviours. This may include people with mental health conditions which have yet to be diagnosed. Routine visits by outreach officers such as environmental health and housing staff will often pick up on issues and are able to refer to VARM.</li> </ul> | <p>Vario<br/>us</p> | <p>Ongoing</p> |  |
|--|--|---|---------------------|----------------|--|

|   |   |  |     |        |  |
|---|---|--|-----|--------|--|
| 7 | That a progress report on the implementation of the policy and action plan be provided to the relevant Scrutiny Committee within six months | It is proposed to report back to Scrutiny six months following Cabinets consideration of this report | PNH | Jan 16 |  |
|---|---|--|-----|--------|--|

NORTH EAST DERBYSHIRE  
DISTRICT COUNCIL

OVERVIEW AND SCRUTINY

MENTAL HEALTH SERVICES

APRIL 2015

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## **Chairs Foreword**

With great pleasure I am pleased to present the report of The Healthy communities and Wellbeing scrutiny looking into Mental Health services within the Council. I would like to take this opportunity to thank panel members, Cllrs Antcliff, Austin, Huckerby, Oxspring, B Ridgway, Skinner and Windle.

Can I also extend thanks to Sue Broadhead, our Scrutiny Officer, who has worked tirelessly to co-ordinate all professional officers of the Council and the Rykneld Homes team and I also wish to recognise the contribution made by all of the aforementioned.

Members of the panel have recognised and noted strengths within the Council which includes genuine care for customers from staff of front of house services. It is pleasing to see that our Council has a reasonable level of understanding of methods of signposting and also partner agencies.

May I congratulate Rykneld Homes who gave a comprehensive report to scrutiny and who impressed on the panel their robust knowledge and understanding of the area, key lessons that could be shared and extended through to NEDDC staff and colleagues.

The panel felt that although we are not the first line of support for people suffering mental health conditions that very often the Council front line staff will be the first contact for many of our residents requiring extra support with issues with mental health particularly welfare and benefits advice and issues with housing and customer services.

The panel would like to recommend that a task force is arranged to support policy making and also that training should be actioned as a matter of course. Training is recognised by the panel as the most significant part of raising staff awareness and this should be enshrined within policy.

I therefore hope that the recommendations contained within the report are accepted and the council will commit to helping to raise standards for very vulnerable members of the district.

Kindest regards  
Cllr Tracy Reader

## **Review Panel**

The review panel comprised the following members:

|                         |                               |
|-------------------------|-------------------------------|
| Councillor T Reader     | (Labour) – Review Panel Chair |
| Councillor P Antcliff   | (Conservative)                |
| Councillor J Austen     | (Labour)                      |
| Councillor C D Huckerby | (Conservative)                |
| Councillor D Oxspring   | (Conservative)                |
| Councillor B Ridgway    | (Labour)                      |
| Councillor D Skinner    | (Labour)                      |
| Councillor J Windle     | (Labour)                      |

## **1. Recommendations**

- 1.1 That the Council set up a task force with relevant partners to formulate a policy setting out a proactive approach to Mental Health within the organisation.
- 1.2 That the action plan resulting from the policy sets out how the Council will achieve this including the issues raised in this report on:
  - Awareness of mental health conditions;
  - Training of staff and members;
  - Support available for employees;
  - Mechanism for identifying people with mental health conditions failing to respond to contact from the Council.
- 1.3 That a progress report on the implementation of the policy and action plan be provided to the relevant Scrutiny Committee within six months.

## **2. Introduction**

- 2.1 At its meeting on 26<sup>th</sup> September, 2014 the Healthy Communities and Well Being Scrutiny Committee agreed to undertake a review of Mental Health Services.
- 2.2 The Committee thought it timely to review this area as there had been a number of cases highlighted recently of gaps in organisations with regard to Mental Health. As a District Council it was felt that many of our services have important impacts on Mental Health which may not be immediately obvious or the prime focus of the service but nevertheless can add value. These include Housing and Community Support, Leisure and Active Lifestyles, Revenues and Benefits and Financial Inclusion Activities.

## **3. Scope of Review**

- 3.1 The review aimed to:
  - Establish the level of training being provided to staff to help them identify and support service users with mental health conditions;
  - Consider how the Council ensures that people are treated in a non discriminatory way;
  - Raise awareness of mental health conditions and the Council's role in supporting people using the Council's services;

- Identify any appropriate improvements the Council could make in this area.

#### **4. Method of Review**

- 4.1 The review panel met on five occasions to consider the scope of the review, key issues they wanted to discuss and key people they wished to interview.
- 4.2 Evidence was gathered in a variety of ways including written sources and interviews with a range of officers especially those working on the front line which included Customer Services, Leisure, Rykneld Homes, Housing, Revenues and Benefits and Financial Inclusion Activities. The portfolio holders for Community Safety and Health and Housing Strategy and Social Inclusion were also interviewed.

#### **5. Evidence and Research**

- 5.1 A number of documents were provided to the review panel for consideration. This included a variety of examples of training courses, with both direct and indirect links to Mental Health, which staff had attended. Details are provided below:

- No Health without Mental Health: implementation Framework – Department of Health;
- The Time to Change Organisational Pledge;
- Mental Health Training;
- Derbyshire Suicide Prevention Stakeholder Event;
- Carer Awareness Training Session for Staff Managing Employee Stress;
- Equalities Training;
- Welfare Reform Training;
- Credit Union Training;
- Overview of Derbyshire County Council Adult Services;
- Age Concern Leaflet;
- Women’s Aid Leaflet – Counselling for Women;
- Talking Mental Health Derbyshire Leaflet;
- Derbyshire First Contact Signposting Scheme;
- Staff Guidance note for signposting in Contact Centre;
- Staff Guidance for Contact Centre staff on Understanding Mental Health Problems;
- Safeguarding Training;
- Financial Action Advice – Derbyshire;

- Conflict Resolution and Negotiation Skills;
- Article from The Mirror Newspaper;
- Report of review panel member from a recent Mental Health Course;
- Website links.

## 6. **Key Findings**

### 6.1 **Strengths**

- 6.1.1 The review panel heard consistent evidence that demonstrated genuine care for customers from staff dealing with vulnerable people. One example provided was where a customer visiting reception was confused and appeared to have a mental health issue but had come to the wrong Council. The officer personally accompanied them to Chesterfield Borough Council as they were having difficulty understanding. Other examples were provided of officers making extra effort where it was clear this support was needed. Rykneld Homes advised the review panel that they have arrangements in place to liaise directly with long standing cases they know about. They also employed tenant liaison officers to provide a link with the community. With regard to employment of contractors they endeavoured to set standards during the induction period of how to deal with vulnerable tenants. Reference was also made to the Councils recent mental health initiative with the armed forces.
- 6.1.2 There appeared to be a reasonable level of understanding amongst staff that they were not mental health experts but they had a role in signposting. Rykneld Homes, the Homelessness Section and the Contact Centre all provided a guidance sheet on organisations people could be signposted to. Organisations highlighted included Mind, Rethink, Sane, Samaritans, NHS Direct, GP's, Citizens Advice Bureau, Welfare Rights, Derbyshire County Council's safeguarding team and support workers working in the field. Evidence was also provided of people taking advice and sharing information. One example given was the actions the officer would take should they think someone was suicidal. Revenues stated they had acted as advocates and intermediaries on behalf of some of their customers. The Contact Centre also has scripts available for some issues. However, this understanding was less clear in some areas.
- 6.1.3 General awareness of mental health conditions was variable. Rykneld Homes provided a large amount of information that

suggested good understanding of this area and initiatives taking place. Supporting statements included participation in Mental Health Awareness Week, community involvement teams aware of local initiatives and liaison with a support group for carers of people with mental health issues. The manager stated that their Health and Wellbeing Champions also have links with national groups. The Homelessness Officer at North East Derbyshire District Council advised the review panel that the section had regular contact with mental health workers. The nature of the job helped the team build up the necessary knowledge they needed to work in an area where mental health issues were often present. Again there was recognition of the importance of seeking further advice if in any doubt about the best course of action to take.

- 6.1.4 Several stakeholders commented on training they had attended being of a good quality and informative. Comprehensive documentary evidence was provided from the Contact Centre and Rykneld Homes of courses that had been available for staff on mental health. This was supported by verbal corroborating evidence from other sections of the Council including Homelessness and Revenues. Training provided was a mixture of internal and external courses with attendance sometimes mandatory but on the whole voluntary. Where a limited number of staff attended the course most stakeholders stated the information was cascaded down to the rest of the office at their team meetings.
- 6.1.5 With regard to staff support the majority of stakeholders referred to Occupational Health and the Counselling Service available to staff. Several knew of colleagues who had used this service. The Council had provided several stress awareness sessions for staff that had been well received. The benefits of sharing the stresses within teams working in areas affected by mental health issues were also raised by officers. Managers mentioned their role in recognising possible signs of problems and the role of colleagues. This peer support plus having a supportive manager were considered very important. Leisure along with others talked of having an open door policy for staff. Sickness monitoring and one to ones were also raised as methods to help highlight any issues. Rykneld Homes informed the panel of a number of initiatives they have linked to health and well being of staff including classes on site for yoga, walking Wednesday and a Staff think tank. The importance of the working environment in which staff work was also raised as a factor in looking after staff health and wellbeing both by Rykneld Homes and the portfolio holders for the Council.

## 6.2 Areas for Improvement

- 6.2.1 It was apparent that there was no corporate policy or guidance on this area. Whilst some frontline services had developed their own guidance notes this was not consistent across the organisation. It was suggested that the Council should have a policy on Mental Health which was embedded across the organisation, co-ordinated by an appropriate resource such as Human Resources. The Council's Safeguarding Policy was highlighted as a comparative document that seeks to ensure the Council fulfils its responsibilities. It was felt that the Council needed to ensure that it had good links with the mental health team and was engaging and identifying where it was appropriate for it to intervene. It was proposed that a Task force should be set up with appropriate partners to help formulate the policy/guidance and resultant action plan that addresses the areas for improvement set out below.
- 6.2.2 Whilst several of the stakeholders interviewed had a reasonable level of awareness others were less well informed. The review panel concluded that the organisation would benefit from a co-ordinated approach to raise general awareness of staff on Mental Health and how to recognise issues. Suggestions put forward included the use of pop ups on computers and more publicity about the building, briefings at managers forums.
- 6.2.3 One issue raised on several occasions was training. Levels of training appeared appropriate in some areas but not across the board. Those who had attended courses felt they had been of a good standard but the majority of the stakeholders raised the issue of staff resource and available training budget. There was a perception that given the current climate there was limited budget for training. This was queried by some managers but the general response from officers was that training was often limited to one or a small number of the team due to insufficient resource whether staff or budget. There was evidence that attendees attempted to ensure that knowledge was shared across the team but the overall impression given was that attending in person was better. Another consideration raised was how we classify training. Some training was made mandatory but the majority was voluntary. There was a feeling that the balance in this area was not always correct and would benefit from a corporate overview. The awareness and training in this area for members was also highlighted. The portfolio holder suggested that training should be given yearly with at least something in the induction period. This was felt important due to the regular contact elected members had with their communities.

- 6.2.4 Support for staff through the use of the Council's provision of a Counselling service and access to Occupational Health was recognised and appreciated by stakeholders. However, awareness of this facility was variable and usually was offered by managers when they became aware it was needed by member of staff. It was suggested that its availability needed to be advertised more widely to staff, perhaps through a note on employees wage slip. The health and wellbeing of staff was also raised in relation to the importance of working environment. Staff had previously had the use of a Health and Well Being room at the Council House and various activities were provided as part of the internal Health and Wellbeing policy. This was no longer the case but was particularly relevant with the move to the new Council Offices.
- 6.2.5 One area of concern was where frontline services dealing with large amounts of customers failed to identify that a person was not responding due to a mental health issue. The Chair of the Panel provided a newspaper article that highlighted a real life example of this. It highlighted a case where a customer had committed suicide as they were unable to cope with the financial situation they found themselves in. A number of letters had been sent from the Council in the article trying to resolve the issue but unfortunately the outcome had been tragic. The review panel felt it was easy to understand how this situation could have arisen. However, they felt that as a Council we need to identify a suitable system/mechanism to spot people not responding to forms who may be having a mental health issue and need more personal attention. It was recognised that this would require resource to be available within the system to allow for this but the review panel thought that a targeted response was essential where people were experiencing a mental health issue.

## **6 Conclusions**

- 6.1 The review panel heard views from a wide selection of stakeholders during the review. They concluded the level of awareness of mental health across the organisation was varied. There were some areas for further improvement. These were centred on the Council developing a corporate policy to ensure that it was taking a proactive approach to fulfilling its responsibilities in this area.

## **7 Stakeholders Engaged During the Review**

|                           |   |
|---------------------------|---|
| Lucy Gebbie               | Head of Corporate Services                                      |
| Carl Griffiths            | Private Sector and Housing Options                              |
| Councillor Michael Gordon | Portfolio Holder  |
| Lee Hickin                | Assistant Director – Leisure                                    |
| Anna Kendal               | Customer Services   |
| Jane Kirkwood             | Housing Options Officer   |
| Kelly Massey              | Active and Healthy Lifestyles                                   |
| Tania Morrell             | Human Resources   |
| Steve Pintus              | Associate Director of Public Health                             |
| Councillor L Robinson     | Portfolio Holder  |
| Ian Spencer               | Revenues and Benefits Manager                                   |
| Heather Summers           | Head of Community Involvement and Customer Care (Rykneld Homes) |