

SCRUTINY REVIEW OF DRUG AND ALCOHOL REHABILITATION PROVISION IN EAST LANCASHIRE



REPORT OF THE HEALTH AND SOCIAL CARE SCRUTINY PANEL

Councillor membership –

2015/16	2016/17
Nawaz Ahmed	Marjorie Adams
Smith Benson	Wayne Blackburn
Wayne Blackburn	Ken Hartley (Leader)
Ken Hartley (Leader)	Noel McEvoy
Asjad Mahmood	Ken Turner
Noel McEvoy	Sheila Wicks
Graham Roach	
Christian Wakeford	

What we wanted to do

We wanted to identify the drug and alcohol rehabilitation services in East Lancashire.

How we did it

We gathered information from those who commission treatment and from those who deliver the treatment in the area.

What we found out

- Drug and alcohol misuse are key determinants of health inequalities and levels of crime.
- Pendle alcohol related indicators are significantly worse than England.
- Pendle also has a significantly higher rate of opiate and/or crack use compared to England.
- Lancashire County Council is the responsible commissioner for drug and alcohol treatment in local communities.
- In 2016, new contracts were awarded for both adult and young people's treatment services.
- Adult treatment services are delivered under the Inspire brand.
- Young people's treatment services are provided by the charity Young Addaction and offers support up to the age of 25.
- Many of the treatments involve community based delivery, which minimises the impact on those requiring treatment.
- Pendle has been shown to rely heavily on neighbouring boroughs for the provision of facilities to tackle the long-term problems.
- Residential rehabilitation for those requiring specialist support is provided at locations in Burnley and Gisburn.

Where we go from here

- We will seek the support of the Scrutiny Management Team to bring the lack of facilities for those suffering the effects of substance abuse, based within the borough itself, to the attention of Full Council.
- We will also ask that the Council's contact centre and other relevant staff continue to assist in signposting the options available to those who require drug and alcohol treatment.
- A light touch review will be carried out at a future date.

HEALTH AND SOCIAL CARE SCRUTINY PANEL

SCRUTINY REVIEW OF DRUG AND ALCOHOL REHABILITATION PROVISION IN EAST LANCASHIRE

1. INTRODUCTION AND TERMS OF REFERENCE

- 1.1 The Health and Social Care Scrutiny Panel of 2015/16 agreed to include a review of drug and alcohol rehabilitation provision in East Lancashire in its work programme.
- 1.2 The review began in January, 2016 and, following the first meeting, it was accepted that due to its size, the review could not be completed within the 2015/16 municipal year.
- 1.3 The review was therefore carried forward for further work by the 2016/17 Panel members.
- 1.4 The Terms of Reference for the review were as follows:

1. To identify the drug and alcohol rehabilitation services available in East Lancashire.
2. To review current provision of services and to identify any issues for delivery and future development of these services.
3. To establish what work is carried out in schools to educate young people on the dangers of drug and alcohol addiction.

- 1.5 We wanted to know if the residents of East Lancashire have easy access to rehabilitation services and facilities relating to misuse of drugs or alcohol.

2. METHOD OF REVIEW

- 2.1 We began by gathering statistics on alcohol and drug misuse in Lancashire.

2.2 We noted the work of the Community Safety Partnership in dealing with substance misuse following a presentation to the Scrutiny Management Team, of which we are all members.

2.3 We sought evidence from Lancashire County Council who commission treatment that is delivered from venues in all the main towns and cities in Lancashire.

2.4 We received presentations and/or information from Inspire Integrated Substance Misuse Service (East Lancashire); Youngaddaction Lancashire; Acorn Recovery Projects/Calico; and Holgate House.

3. OUR FINDINGS

3.1 Drug and alcohol misuse are key determinants of health inequalities and levels of crime.

3.2 The Government estimates that the national social and economic cost of Class A drugs is £15 billion and of alcohol misuse, £21 billion per year.

3.3 The current National Drug Strategy (NDS) (a new updated strategy is awaiting publication) has four main themes –

- tackling supply and drug related crime
- preventing harm to children, young people and families affected by drug misuse
- delivering effective treatment services
- developing public information campaigns

3.4 At the start of our research we learnt

that –

- Approximately 7,000 people in Lancashire were problem drug users
- Approximately 8,000 children in Lancashire lived in households with parents or carers who were substance misusers
- Tens of thousands of people were drinking at harmful or hazardous levels
- Each year over 7,000 adults and nearly 1,000 young people received specialist help for a primary drug or alcohol problem in Lancashire

3.5 Over the course of the review, this latter figure of adults receiving specialist help for a primary drug or alcohol related problem reduced to approximately 6,500.

LANCASHIRE COUNTY COUNCIL

3.6 Under the Health and Social Care Act (2012) Lancashire County Council (LCC) is the responsible commissioner for drug and alcohol treatment in local communities.

3.7 There has been significant change in East Lancashire in 2016, as new contracts have been awarded by LCC for both adult and young people's treatment services as of 1st April.

Adult Treatment Service

3.8 As at February, 2016, statistics featured in the latest Health Behaviours Joint Strategic Needs Assessment (JSNA) revealed that Pendle alcohol related indicators are significantly worse than England.

3.9 57% of respondents to a survey said that they drank alcohol; a fifth were regular binge drinkers; and 16% were classed as increasing, or higher risk drinkers.

3.10 The figures also revealed that Pendle has a significantly higher rate of opiate

and/or crack use compared to England.

3.11 From the questionnaire, 4% of respondents had used drugs in the past 12 months, with 80% using cannabis; 36% using cocaine; and 10% using heroin.

3.12 There are also high rates of self-reported use of other recreational/club drugs.

3.13 Prior to 1st April, 2016, the prime provider of adult treatment services was **Crime Reduction Initiatives (CRI)**, delivered by **Inspire**, an integrated recovery service.

3.14 The contract had been in place since April 2010, under which, in Pendle:

- They had delivered 480 brief interventions to the Pendle community
- 450 service users had completed a detox, resulting in an 85% completions rate
- 1,000 service users had exited treatment in a successful way
- Accommodation had been found/housing made safe for 20 service users
- 40 clients had been supported into paid employment
- A further 20 clients had been supported into engaging in voluntary work

3.15 As at February 2016, Inspire was actively supporting 350 service users in structured treatment within the Pendle community.

3.16 11% of their Pendle caseload was from the Black and Minority Ethnic (BME) community.

3.17 Figures at that time showed that 95% of clients who reported injecting when

beginning treatment had stopped injecting at planned exit.

3.18 100% of clients had stopped shoplifting at the time of their planned exit.

3.19 Not all exits from treatment were as planned and are highlighted as follows:

	Planned	Unplanned
Opiate	44%	11%
None Opiate	85%	None
Alcohol	87%	1%

The remaining number were transferred to other areas, in-patient rehabilitation centres or prison.

3.20 Inspire are leaders in adapting the Community Delivery Model of working, with the following examples:

- Opening of the Ehsaas centre, a community café in Brierfield, which helps the Asian community tackle the taboo subject of substance misuse
- Specialised groups for women and mental health
- Service user celebration events
- Specific group interventions for service users from Eastern European communities
- Weekly outreach with community police
- Actively supporting Pendle Community Safety Partnership (CSP) and Anti-Social Behaviour Risk Assessment Conference (ASBRAC)

3.21 From the 1st April, 2016, the service has continued to be delivered under the Inspire brand.

3.22 However, CRI is now **Change Grow Live (CGL)**.

3.23 CGL act as a prime provider and sub contract Red Rose Recovery, Emerging Futures, SHE/INCAS and

the Work Company under the Inspire brand.

3.24 The contract is for a maximum seven years including possible extensions.

3.25 The new adult service will deliver many of the same interventions as the previous contract; however the delivery model is changing significantly.

3.26 The new contract is structured around three broad areas –

- Wellbeing, prevention and early help (including harm reduction interventions, family support, mutual aid and housing support)
- Treatment (including clinical interventions such as prescribing and psychosocial support)
- Recovery development and support (including family and carer support, working with recovery communities, building recovery in communities, volunteering and peer mentoring)

3.27 To accommodate efficiency savings and minimise the impact on those requiring treatment, their families and local communities, the delivery will be more community based, with less reliance on buildings.

3.28 Under the old contract there were five bases, which were located in Burnley, Accrington, Rawtenstall, Clitheroe and Nelson.

3.29 The new model reduces this to two Hubs, located in Burnley and Accrington with a proposed 75% of interventions being in the community such as children centres; housing providers; libraries; entertainment venues; luncheon clubs; gyms; faith settings; GP surgeries; pharmacies; community centres; and supermarkets.

Community Venues

3.30 Prior to the commencement of the new service, a caseload breakdown exercise was carried out by postcode to identify specific areas of access and need, resulting in the following locations being established:

- Nelson – Wellbeing Centre for 1-1, Pod, Groups and clinic room
- Nelson – Goitside Mission for Pods and Groups
- Brierfield – Ehsaas Café for Groups, Pods, 1-1 and computer access
- Colne – Citadel for 1-1, Pod and Groups
- Agreed use of Barnoldswick and Earby Health Centres on request to see patients at the surgery

3.31 At the time of our meeting in February, 2016, work was ongoing with other venues across Pendle, in particular the Earby and Barnoldswick locality.

3.32 This has been kept under review, resulting in some changes to venues being used. The situation as of December 2016 was as follows:

- **Monday:** Medical clinics at Yarnspinner's Health Centre and groups at Newfield
- **Tuesday:** 1-1s and groups at Railway Street
- **Wednesday:** Groups at Newfield
- **Thursdays:** Meetings
- **Friday:** Medical clinics at Yarnspinners Health Centre and 1-1s and groups at Railway Street
- **Saturday:** Corner Café Brierfield 10.00 a.m. to 1.00 p.m.

3.33 Red Rose Recovery work out of Brierfield Corner Café each week offering a range of social support and activities. This is supported by CGL Inspire staff on a Saturday.

3.34 Open access assessments are available all week via contacting the service.

3.35 Nelson Library is also proving to be a well-liked and well-used access point for initial assessment appointments for new service users. This will be replicated at Colne Library in the New Year.

3.36 A 1-1 room at Number 1 Market Street is also available on a weekly basis.

3.37 Unfortunately, Colne Citadel building has proved to be unsuitable.

3.38 Negotiations are also taking place with regard to a number of other venues in the locality, in particular Grassroots Family Centre at St Phillips, Nelson.

3.39 A Digital Engagement Strategy has been developed which has seen an increase in service users using social media to make contact with the service.

3.40 This includes family members who have contacted the service for advice and support via Web Chat on the charity's main website.

3.41 The Inspire Training Programme which was launched on 25th August, 2016 offers a number of free courses ranging from alcohol and drug awareness to Novel Psychoactive Substance (NPS) use and harm reduction.

3.42 As part of the training offer, Inspire will be working with employers within East Lancashire and offering workplace wellbeing training for employees looking at the impact of alcohol use on sickness, absence etc.

3.43 Training is also being given to the Council's call centre staff in supporting and signposting people with substance misuse issues.

3.44 As part of a regular update to the Pendle Community Safety Partnership, in December 2016 it was noted that there had been an increasing number of non-opiate drug users accessing the service.

3.45 This is viewed as extremely encouraging as it is felt that this may be as a result of working in community venues with fewer stigmas associated with seeking support.

3.46 Further referrals to Inspire have come by way of a pilot project with North West Ambulance Service.

3.47 The project in September 2016 targeted drug and alcohol users following ambulance call outs.

3.48 It involved paramedics and ambulance personnel screening all patients for alcohol and drug use and was aimed at anyone aged 18+ who had capacity and consents to the referral.

3.49 This has gone some way to addressing the issue of large numbers of people being admitted for drug and alcohol use but not later accessing Inspire services. This particularly applies to users of NPS.

Young People's Treatment Service

3.50 Prior to 1st April, the young people's treatment service in East Lancashire was provided by **Early Break**.

3.51 The service is now provided by **Youngaddaction**, a charity who sub contract The Children's Society and Positive Prospects.

3.52 Their contract is also for a maximum seven years including possible extensions.

3.53 The new young peoples contract is countywide and replaces the previous

three locality based contracts (North, East and Central Lancashire).

3.54 The new service offers support up to the age of 25, where it was previously 21.

3.55 This provides significantly improved choice for young adults and ensures a better matching of support.

3.56 The new young people's contract is structured in a similar way to the adult contract, with a model as follows:

youngaddaction
Lancashire

NEW MODEL FOR SUBSTANCE MISUSE SERVICES IN LANCASHIRE
For all young people under 25 years old - From April 1st 2016

Early Intervention and Prevention	Therapeutic and Medical Provision	Participation and Community Engagement
<ul style="list-style-type: none"> • One-to-one support • Group work <p>Interventions include:</p> <ul style="list-style-type: none"> • Information, advice and guidance in relation to substances • Smoking cessation • Nutritional and healthy lifestyles advice • Hidden harm • Sexual health • Emotional health and wellbeing • Outreach and diversionary activities 	<ul style="list-style-type: none"> • One-to-one support • Group work • Psychosocial approaches • Pharmacological interventions • Mutual Aid <p>Focus areas</p> <ul style="list-style-type: none"> • Clinical / prescribing • Looked-after children • Housing • Education • NEET • Criminal justice • CSE • Young parents • Sexual health • Emotional health and wellbeing • Outreach and diversionary activities 	<ul style="list-style-type: none"> • Family Focus • Community engagement supporting volunteers, peer educators and students • Recovery groups and links into mutual aid • Training and awareness sessions • CSE provision via The Children's Society • Publicity and social media

Email: lancashireinfo@addaction.org.uk
Twitter: @VAddLancs
Facebook: www.facebook.com/YoungAddactionLancs

3.57 The previous young people's service focussed on those already using substances.

3.58 As illustrated in the chart above, work is now carried out over three strands, from early intervention through to prescribing and support in recovery.

3.59 Their work is mainly conducted in one to ones, using a variety of psychosocial interventions.

3.60 They also conduct group work for young people and professionals around drugs and alcohol and take part in outreach, engaging young people in their own environment.

3.61 This includes work in primary and secondary schools.

- 3.62 The topic is already covered by many teachers who are in a position to pick up on signs of alcohol and/or drug use in their students.
- 3.63 However, additional support is provided by Youngaddaction who respond to requests to give presentations to students where possible.
- 3.64 A fortnightly drop-in service is also provided at Burnley College.
- 3.65 It is noted that there has been an increase in requests to talk to year six students on e-cigarettes.
- 3.66 The charity receives referrals from a variety of sources, including self; parents; schools; hospitals; and criminal justice.
- 3.67 If needed, they have access to prescribing for those who require pharmacological interventions by way of the charity's own doctor who holds a clinic three times per week.
- Nitrous Oxide
- 3.72 Work is ongoing in dispelling myths about the term 'legal high'.
- 3.73 Over the last few years, the term 'legal high' has been replaced by 'novel psychoactive substance' (NPS).
- 3.74 Both these terms relate to synthetic cannabinoids (dried herbs soaked in solvents and chemicals designed to mimic the effects of cannabis).
- 3.75 Prior to 6th April, 2016 some of these drugs had been banned by the UK government and were therefore no longer legal.
- 3.76 However, they continue to be sold illegally and in packaging that is aimed at the younger age group.
- 3.77 The introduction of the Psychoactive Substances Act on 6th April, 2016 now means that the production, distribution, sale and supply of new NPS in the UK is prohibited.

Changing Landscape

- 3.68 At the time of our research, the most commonly consumed illicit drug in the UK was cannabis.
- 3.69 80 – 90% of this was grown in this country.
- 3.70 It is a hybrid from the cannabis consumed in the 1960s, with an increased element of the psychoactive chemical THC (Tetrahydrocannabinol) and an absence of the anti-psychotic element CBD (Cannabidiol).
- 3.71 Other issues include –
- Performance Enhancing Drugs (PEDS) and steroids, which are widely used amongst young males in East Lancashire.
 - Novel Psychoactive Substances /Legal Highs
- 3.78 It will also capture substances that, although not new, are psychoactive; have been used as intoxicants for many years; and are not harm free.
- 3.79 The ban also extends to the sale of nitrous oxide for human use.
- 3.80 Although illegal, the sale of NPS continues and therefore information on the possible health issues associated with NPS/legal highs and advice on harm reduction is still provided by Youngaddaction.
- 3.81 Work is also ongoing with regard to nitrous oxide use.
- 3.82 As at August 2016, outreach work was being carried out in South Ribble with the help of funding from the Police and Crime Commissioner.

3.83 In addition, work is actively taking place with local supermarkets in training staff to challenge sales of products containing nitrous oxide canisters when thought to be for human use.

3.84 It is proposed to focus work on PEDS over the next two years.

3.85 LCC also commission a range of providers to deliver specialist support for those requiring an inpatient detox from drugs or alcohol and those requiring intensive therapeutic support following a detox, in both residential and community settings.

3.86 These services are sometimes referred to as 'tier 4 services' and are located both within and outside Lancashire's borders.

3.87 They are accessed either via community services or specific LCC social workers.

Acorn Recovery Projects

3.88 One such service is provided by Acorn Recovery Projects (Acorn).

3.89 Acorn is part of the Calico Group and is a charity that provides a range of recovery services for those breaking free from drug, alcohol and other addictions.

3.90 They provide help in finding immediate substance recovery as well as emotional, social, lifelong recovery.

3.91 As with other services, the model of delivery changed in April 2016. From this date a new stand-alone model has been in operation.

3.92 Prior to this, the service worked in partnership with Inspire.

3.93 Although no longer in partnership, liaison with other organisations is still a

key factor in the work that is carried out.

3.94 Acorn's recovery programmes range from helping those in active addiction, to skills training for those in recovery.

3.95 The programmes include tier three community programmes and tier four residential rehabilitation as follows:

- **Reduction and Motivation Programme (RAMP)** – provides a safe environment for those in active addiction to explore their problems, its impact on them and others, and the life changes they need to make to achieve real, lifelong recovery.
- **Ummah RAMP** – helps overcome the barriers around addiction within minority communities and to combat the associated stigma.
- **Family RAMP** – helps relatives of clients in recovery learn more about the issues they are dealing with and how to effectively support their loved one.
- **Dependency, Emotional, Attachment Programme (DEAP)** – explores addiction at a personal level and supports people to deal with unresolved issues. It is available to those who have achieved abstinence (even if this is just a day) and are motivated to maintain long-term recovery.
- **Skills training for people in recovery (STAR)** – a structured, post-treatment programme which helps people in early recovery identify and gain a range of skills which can help them gain employment and regain their independence with confidence. STAR is delivered as part of a 20 week rehabilitation programme (weeks 12-20) and can also be delivered separately.
- **Healthy Eating and Responsible Thinking (HEART)** – covers important aspects of weight

management, but mainly focuses on the underlying psychological factors of obesity and weight management.

- 3.96 The tier three RAMP has been delivered in prisons in two hourly sessions, two days per week, over a 12 week period.
- 3.97 The tier four DEAP also runs over 12 weeks and is provided on a full time basis in a rehabilitation facility.
- 3.98 In April 2016, Acorn opened a new residential addiction treatment centre, a tier four facility, on Bank Parade in Burnley.
- 3.99 The DEAP is one of the treatments provided at the facility, in addition to –
- 1-1 counselling
 - Trauma focus groups
 - Attachment Theory concepts explored in group therapy sessions
 - Psychodrama exercises
 - Aftercare group work
 - Family RAMP
- 3.100 The property has six single bedrooms, four bathrooms, two fully equipped kitchens, dining room and communal areas and is staffed 24 hours a day.
- 3.101 Acorn staff have a wealth of experience working with addiction and substance misuse, as 85% are in recovery themselves.
- 3.102 Many graduates also go on to volunteer in the local community.
- 3.103 Acorn also provides supported housing for up to two years.
- 3.104 This ‘move-on’ housing provides a secure place to continue recovery whilst further developing independence.

3.105 Each house is well situated close to a network of other people in recovery and supported by access to ongoing recovery programmes and placement counsellors on call.

3.106 As at August 2016 supported housing in East Lancashire was provided in Burnley, Accrington and Waterfoot.

Holgate House

- 3.107 A further tier four facility is Holgate House Residential Rehabilitation Unit.
- 3.108 Holgate House is situated in Gisburn, close to the River Ribble and supports and empowers service users in achieving on-going abstinence from drug and alcohol dependency.
- 3.109 It was established in 2000 and has expanded from a seven bedded facility to now being able to accommodate up to 22 individuals.
- 3.110 In 2015, Holgate House opened its second residential unit within the same grounds.
- 3.111 Both units contain fully fitted kitchens, en-suite bedrooms, modernised lounges and dining areas with access to the communal area.
- 3.112 They are staffed 24 hours a day by a team with a shared wealth of experience working with individuals overcoming issues with addiction.
- 3.113 The staff also consists of people in recovery and volunteer support.
- 3.114 A range of approaches are used to enable personal growth and development of service users and to allow them to develop positive coping strategies to ensure on-going recovery.

3.115 The range of approaches include –

- 1-1 Counselling
- Motivational Interviewing Techniques
- Personalised Treatment Planning
- Group-work
- Person-Centred Care
- Cognitive Behavioural Therapy
- Relapse Prevention Planning
- 12 Step Programme

3.116 They also promote healthy eating and provide support with the development of living skills and overall wellbeing and provide a clear and supported pathway into the community.

3.117 Holgate House also provides a structured day-care facility which encompasses connection with the wider community through the promotion of mutual aid groups, Red Rose Recovery and Lancashire User Forum (LUF).

3.118 Part of a second stage treatment includes the provision of recovery homes, which promote independent living.

3.119 They aid further development within a local community, connecting further into volunteering, education and helping service users realise their full potential.

3.120 There are a total of four recovery houses within the Colne area, which accommodate up to 16 service users.

3.121 Each property is fully contained with four bedrooms in each.

3.122 People can attend after care for as long as needed, allowing for on-going support and maintenance of support networks.

Future project

3.123 In December 2016, planning permission was granted for a residential drug and alcohol rehabilitation unit in Barrowford.

4. CONCLUSIONS

4.1. Our research shows that Pendle does not compare well with England with regard to alcohol related indicators and opiate and/or crack use and it is acknowledged that this puts extra pressure on resources.

4.2. However, we recognise that that there is vital work taking place around early intervention and prevention.

4.3. We note that the young people's treatment service provides a fortnightly drop in service at Burnley College and would like to see this replicated at Nelson and Colne College.

4.4. Similarly, we would like to benefit from funding from the Police and Crime Commissioner for outreach work on nitrous oxide use as carried out in South Ribble.

4.5. The review has established that there is significant help for those that require help in breaking free from drug, alcohol and other addictions and their relatives.

4.6. However, due to the complexity of the problem, and lack of any one organisation having overall responsibility for treatment, the signposting of assistance is often obscure and remains hidden from the general public.

4.7. Along with most areas of health and social care provision, this sector has been the subject of a high degree of change over the past few years. The development of Sustainability and

Transformation Plans and the amalgamation of budgets between health and social care give cause for concern that yet more change will be imposed on this sector over the next few years.

- 4.8. We have noted that the commissioning authorities rely heavily on the voluntary sector to provide effective solutions.
- 4.9. Pendle has also been shown to rely heavily on neighbouring boroughs for the provision of facilities to tackle the long-term problems.

5. RECOMMENDATIONS

- 5.1. That the Health and Social Care Panel note and accept the contents of this report and recommends that it be submitted to the Scrutiny Management team for consideration and further action.
- 5.2. Recognising the degree of change within the health and social care provision resulting from the development of the Pennine Lancashire Sustainability and Transformation Plan, this topic be brought back to the Panel for light touch review at a future date, when those plans become reality.
- 5.3. That the Panel recommends Scrutiny Management Team to request that the Council's contact centre and other relevant staff continue to assist in signposting the options available to those who require drug and alcohol treatment.
- 5.4. That the Panel seeks the support of the Scrutiny Management Team to bring the lack of facilities for those suffering the effects of substance abuse, based within the borough itself, to the attention of Full Council and in doing so press the County Council to ensure satisfactory access for Pendle residents to treatment and support facilities.

Key to acronyms

ASBRAC -	Anti-social Behaviour Risk Assessment Conference
BME -	Black and Minority Ethnic
CBD -	Cannabidiol
CGL -	Change, Grow, Live
CRI -	Crime Reduction Initiatives
CSP -	Community Safety Partnership
DEAP -	Dependency, Emotional, Attachment Programme
HEART -	Healthy Eating and Responsible Thinking
JSNA -	Joint Strategic Needs Assessment
LCC -	Lancashire County Council
LUF -	Lancashire User Forum
NPS -	Novel Psychoactive Substances
NDS -	National Drug Strategy
PEDS -	Performance Enhancing Drugs
RAMP -	Reduction and Motivation Programme
STAR -	Skills training for people in recovery
THC -	Tetrahydrocannabinol

**The Leader and Members of the 2016/17 Health and Social Care Scrutiny Panel
(Councillors M. Adams, W. Blackburn, K. Hartley (Leader), N. McEvoy, K. Turner & S. Wicks)**

February, 2017