GREATER MANCHESTER

DOING THINGS DIFFERENTLY FOR OUR COMMUNITIES

Greater Manchester Combatting Drugs Partnership Progress Report

January 2025

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Introduction

This report provides an overview of the work of the Greater Manchester Combatting Drugs Partnership (GM CDP). It starts by explaining how it was established and operates and then describes the intelligence functions that are commissioned through the Greater Manchester Combined Authority (GMCA). We then summarise our public health approach to drugs and alcohol, the performance of our treatment services, and our understanding of local trends and needs. The report concludes by highlighting some of our achievements and priorities for the future. GMCA and Local Authority contact details are provided at the end.

Background and Context

Combating Drugs Partnerships (CDPs) exist across England to bring together the different individuals and organisations responsible for delivering and coordinating activity to reduce drug-related harm in a local area. In Greater Manchester (GM), this is done through the GM Drug and Alcohol Transformation Board that was established in September 2021. The Board is co-chaired by Kate Green (GM Deputy Mayor for Safer and Stronger Communities) and Jon Hobday (GM Directors of Public Health Lead for Drugs and Alcohol).

The establishment of the Board was a key recommendation from the GM Drug and Alcohol External Review commissioned following the publication of Dame Carol Black's National Review of Drugs Part One in February 2020 (Part 1 of Dame Carol Black's independent review) which identified public provision for drug prevention, treatment and recovery as being not fit for purpose and called for a radical reform of leadership, funding and commissioning.

By July 2021, when Dame Carol Black's final recommendations were published in the second part of her review (Part 2), GM already had its own set of recommendations that were cognisant of, and placed us in an advanced position to respond to, what would soon become national government policy.

We were also able to build on a long history of collaboration between our 10 local authorities, NHS, probation and police services which share the same footprint.

Alongside these, the Board also has representation from Drug and Alcohol Commissioners, Community Safety, Public Service Reform, Children's Services, the GM Violence Reduction Unit, the Voluntary Sector and the Office for Health Improvement and Disparities (OHID).

Within our partnership, the commissioning of drug and alcohol services alongside service user involvement and, in the main public engagement, are the responsibility of our local authorities. The role of the Greater Manchester Combined Authority (GMCA) is to ensure that where things are done best at a local level, this happens, but where there are opportunities to join up provision and ensure that conversations and decisions can be made effectively and efficiently just once, this opportunity is taken. On occasion a local authority may also take a lead GM role; for example, Wigan manage the GM Inpatient Detoxification Allocation funded by the Department of Health and Social Care and Manchester procure and manage a Tier 4 Framework for Residential and Inpatient Facilities that is employed across GM.

The role of the Board is thus 'high level' and 'strategic' in that it has oversight of policy, performance, planning and finances but it is kept in touch with local services and issues through regular meetings facilitated by GMCA. These include Drug and Alcohol Commissioners meeting once every two weeks to coordinate activity and review performance against the GM CDP Strategic Delivery Plan, quarterly meetings with our substance misuse service providers, and quarterly meetings with partners working to help people in the Criminal Justice System with drug and alcohol issues.

GMCA Drug and Alcohol Intelligence Commissions

GMCA also commissions a comprehensive GM Drugs Intelligence System that reports to the GM Drug and Alcohol Transformation Board. It is recognised as the most comprehensive system in the country and comprises of three elements; the GM Drug and Alcohol Related Deaths Surveillance System, the GM Drugs Early Warning System, and GM TRENDS – a drug testing and research project.

The ***GM Drug and Alcohol Related Deaths Surveillance System*** is coordinated by Liverpool John Moores University's Public Health Institute (PHI). On a quarterly

basis, PHI chair panels for each of our 10 GM localities. They employ treatment records and coroners reports to provide accounts of the circumstances in which drug and 'alcohol toxicity' related deaths have occurred and confidentially shares the lessons from these across public services with the aim of reducing the likelihood of similar such deaths occurring in the future.

The ***GM Drugs Early Warning System (GM EWS)*** was piloted locally before being employed to develop national guidelines for similar alert systems. Each of our 10 local authority areas has an online Local Drug Information System (LDIS) bringing together over 900 professionals to share national and local drugs knowledge and intelligence. Drug related incidents are reviewed by a multidisciplinary GM Drug Alert Panel who support partner organisations in providing clear information for professionals and drug users and decide when it is necessary to issue public warnings.

The GM EWS works in tandem with MANDRAKE (MANchester Drug Analysis and Knowledge Exchange), a joint Greater Manchester Police (GMP) and Manchester Metropolitan University (MMU) initiative that enables drugs to be tested rapidly when incidents occur. MANDRAKE have a Home Office Controlled Drug Licence to possess, supply, and produce controlled drugs as part of its research activities, which includes the analysis of non-evidential samples for public health purposes.

The GM EWS has recently issued warnings following the detection of xylazine (a veterinary medicine known to cause sedation and death) in ketamine samples and the detection of nitazenes (potent synthetic opioids) in drugs recovered by GMP at the scene of two deaths. GMP believe that at least four nitazene related deaths have occurred in GM, as highlighted in a recent BBC article (05.09.24) which warned of both the risk from street drugs and non-prescribed 'medications' adulterated with nitazenes: [Nitazines: Warning over drugs that can kill in tiny doses - BBC News.]

In preparedness for a major incident, we have updated the Synthetic Opioid Plan for Greater Manchester, a GMP Gold command group has been established, and a resilience exercise was conducted by the GMCA Greater Manchester Resilience Unit on 30.10.24.

GM TRENDS (Greater Manchester: Testing and Research on Emergent and New DrugS) is a multi-method annual study, also delivered by MMU, which aims to provide up-to-date drugs intelligence to professionals across GM. It gathers information from a variety of sources on the latest drug market trends, including user reports on the current quality and availability of drugs and stakeholder concerns related to drug harms. GM-TRENDS also reports on the routine analysis of seized non-evidential drug samples transported by GMP for testing by MANDRAKE.

The value of the GM Drugs Intelligence System was demonstrated by GM TRENDS research which highlighted that the areas of Cheetham Hill and Strangeways, well known for trading counterfeit goods, had become central to the regional market for illicit prescription drugs often used alongside more traditional street drugs such as heroin and crack cocaine. Working with partners and the community, GMP carried out Operation Vulcan, resulting in the recovery of 2.4 million class C prescription drugs, the closure of 216 counterfeit shops, the seizure of over £500,000, 238 individual arrests, and a 62% reduction in violent crime.

Drugs – The Greater Manchester Approach

On Monday, 7 October 2024, we organised a 'Drugs – The Greater Manchester Approach' event at MMU. It was opened by the Mayor, Andy Burnham, and the Deputy Mayor, Kate Green. National perspectives were also provided by Dame Carol Black, Rachael Millar, Head of the Joint Combating Drugs Unit in the Home Office and Alison Crocket, Head of the Whole Systems Unit in the Scottish Drug Policy Division.

The event allowed over one hundred people, including those working for partner organisations, service providers, frontline practitioners and those with lived experience, to discuss emerging drug trends, the future of drug treatment, and how best to help young people at risk of drug use and exploitation.

The event also marked the public launch of the latest annual GM TRENDS drug research reports and gave people the chance to hear about the new GMP Drug Strategy which is central to our public health approach to tackling illegal drugs and

providing support and opportunities for people addicted to drugs and alcohol. A short video of the event was recorded, introduced by the Deputy Mayor.

Our approach to working in partnership to tackle drugs and alcohol, reduce deaths and help people recover from addictions is summarised below and is reflected in the new GM Police and Crime Plan which can be found at Police and Crime Plan - Greater Manchester Combined Authority.

The illegal drug market causes significant problems for the citizens of Greater Manchester – drug related crime, drug related deaths, anti-social behaviour, and the impact on addiction and mental health. GMCA and our partners are focused on solving these problems – our drug policy is pragmatic, not ideological. We want to make life better for the people of Greater Manchester. We are not simplistically tough or soft on drugs, but smart on drugs.

Our approach clearly recognises that people who seek to profit from selling illegal drugs are causing real harm to our communities, especially when violence and intimidation are used. However, not all people who use drugs cause harm to others. Nationally, there are millions of people who choose to use illegal drugs or alcohol who are struggling with mental and physical health challenges.

To deliver a GM approach to drugs we will:

1. Commit to working with GMP and our partners to disrupt organised criminal drug offenders and their drug business models, preventing them harming victims, and bringing offenders who supply illegal drugs to justice.
2. Continue our work with treatment and care services for those who are addicted to reduce deaths and help people recover.
3. Focus our law enforcement, court orders, and treatment interventions on the small minority whose drug use is associated with criminal or anti-social behaviour.
4. Be honest with the public in educating them about the risks of drug use.
5. Work with GMP to develop a new approach to those arrested for drug possession that enables police and prosecutors to apply a proportionate

response to users who do not directly harm others, dependent users, and those profiting from drug supply.

6. Continue to commission central intelligence functions regarding drugs use and drugs markets, including GM TRENDS (Greater Manchester: Testing and Research on Emergent and New Drugs), the Drugs Early Warning System and local Drug and Alcohol Related Death Panels.
7. Work with partners to reduce opiate deaths through the distribution and administration of Naloxone, encouraging GMP officers to carry this life saving medication.
8. Support GMP in enacting and implementing the new GMP Drug Strategy.
9. Work in partnership with NHS Greater Manchester to address the challenges that people with co-occurring substance misuse and mental health conditions face in accessing appropriate support. Our Co-occurring Conditions Programme will highlight, influence and support changes needed across Greater Manchester so that people with co-occurring conditions receive the right support, in the right place, at the right time.
10. Prioritise preventative and diversionary activities for young people who are most at risk of addiction and exploitation.

GM CDP Drug and Alcohol Needs Assessment

Local Combatting Drugs Partnerships must conduct a needs assessment every three years. In GM, ours is updated annually. It aligns with national strategy and local plans, reviews local drug data, identifies data gaps and provides recommendations to guide the partnership. It is also written in conjunction with the GM Strategic Drugs and Alcohol Outcomes Framework which measures our performance.

External Review Outcomes

As mentioned previously, the establishment of the GM Drug and Alcohol Transformation Board in 2021 was preceded by an external review which made recommendations on the efficient use of available resources targeted at the highest need cohorts to deliver priority outcomes. Four key cohort measures were subsequently incorporated in our GM Outcomes Framework:

1. The proportion of people in the criminal justice system with an identified substance misuse need that receive appropriate treatment.
2. The proportion of homeless people with an identified substance misuse need that receive appropriate treatment.
3. The proportion of people experiencing worklessness with an identified substance misuse need that receive appropriate treatment.
4. The proportion of children in care due to familial drug and alcohol use.

Unfortunately, despite our best efforts, we have been unable to report against these measures because of an absence of effective systems to measure prevalence both nationally and locally. Currently it is not possible to quantify the number of opiate users engaged with probation, the number of homeless people known to local authorities with a substance misuse need, the numbers of individuals who are economically inactive due to their substance misuse or the number of children in care due to familial drug and alcohol use.

Prevalence and Unmet Need

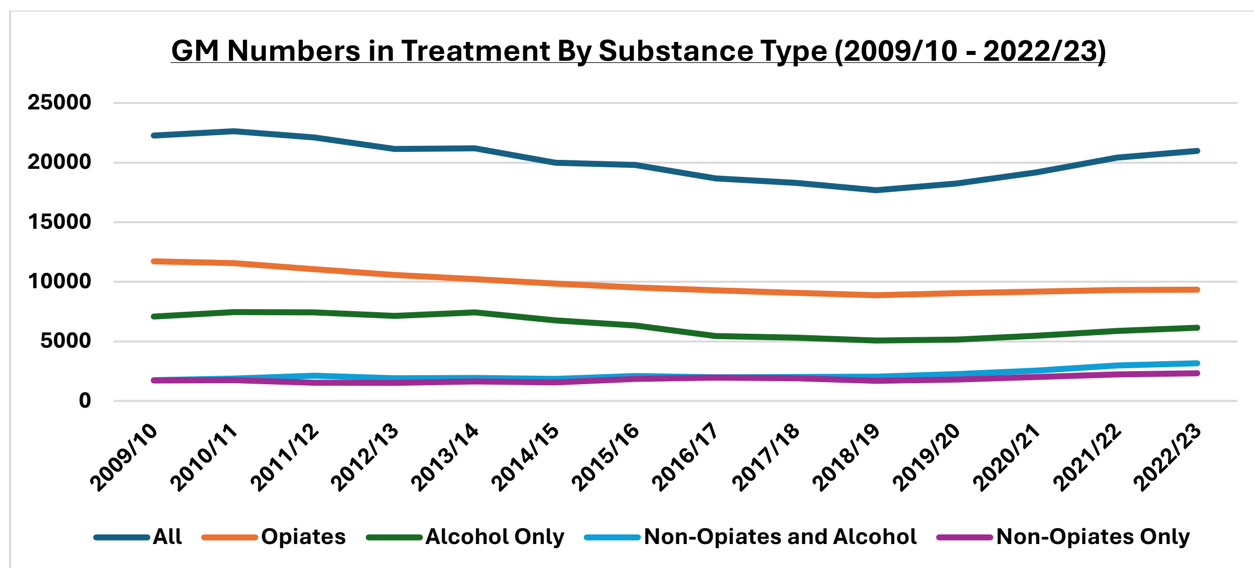
OHID employ prevalence estimates to indicate levels of unmet treatment need for people who use opiates and or crack cocaine (OCUs) and for those considered alcohol dependent. They do this by deducting the total number of people in treatment from the estimated number of users in the population as a whole.

In 2019/20, there were an estimated 22,658 OCUs in GM (12 per 1,000 population versus a national rate of 9.5). GM locality rates varied from 6 per 1,000 to 15 per 1,000 population, with nine out of ten localities above the national average (OHID, 2023). In 2022/23, estimated unmet treatment need ranged from 47% to 62% across GM, with six localities above the national rate of 57% (NDTMS, 2024a).

In 2019/20, there were an estimated 38,032 alcohol dependent people in GM (17 per 1,000 population versus a national rate of 14). GM locality rates varied from 12 per 1,000 to 23 per 1,000 population, with eight out of ten of our localities above the national average (OHID, 2024a). In 2022/23, estimated unmet treatment need for alcohol dependency ranged from 64% to 84%, with two localities above the national rate of 80% (NDTMS, 2024a).

Numbers in Treatment

In treatment, individuals are separated into four cohorts based on substance use type: Opiates, Alcohol Only, Alcohol and Non-Opiates and Non-Opiates Only.



*1 - (NDTMS, 2024a). ***Local authority counts are rounded to the nearest 5.***

A summary of the trends for individuals in treatment for substance use from 2009/10 to 2022/23 is as follows:

- Total numbers in treatment declined by 21% from 22,270 in 2009/10 to 17,760 in 2018/19, before increasing to 20,970 in 2022/23. Whilst this increase is welcome, overall numbers in treatment remain 6% lower than in 2009/10.
- Opiate numbers in treatment declined by 24% from 11,715 in 2009/10 to 8,870 in 2018/19, before increasing slightly to 9,335 in 2022/23. This remains 20% lower than 2009/10.
- Alcohol numbers in treatment declined by 28% from 7,085 in 2009/10 to 5,070 in 2018/19, before increasing to 6,155 in 2022/23. This remains 13% lower than 2009/10.
- Non-Opiates and Alcohol numbers in treatment have increased by 81%, from 1,745 in 2009/10 to 3,160 in 2022/23.
- Non-Opiates Only numbers in treatment have increased by 34%, from 1,725 in 2009/10 to 2,320 in 2022/23.
- When excluding opiates, overall numbers in treatment have increased by 10%, from 10,555 in 2009/10 to 11,635 in 2022/23.

Opiate Users in Treatment: A closer look

In 2022/23, opiate users constituted 45% of the total GM adult treatment population, making them the largest group in treatment. Approximately 70% of these individuals were male, reflecting national trends. Over half of the opiate treatment population reported that they had used crack cocaine, and around 65% of new entrants had either currently or previously injected drugs (NDTMS, 2024a).

Despite an increase in the estimated number of opiate users in the community, fewer are in treatment compared to 15 years ago. Most individuals entering treatment are not first-timers, dropout rates are high, and it would appear that the system is seeing some people repeatedly.

A recent GM analysis of young people in treatment (under 18) identified that fewer than five individuals were in treatment for opiate use in 2022/23, of which none reported any heroin use (NDTMS, 2024b). Only 4% of the GM adult opiate treatment population in 2022/23 were under 30, a significant decrease from 17% in 2009/10. Simply put, we are not seeing new cohorts of heroin users entering treatment, instead we have a growing proportion of older opiate users in treatment, often requiring more support for complex health and social issues.

This short analysis raises a number of questions: Are there really significant numbers of heroin users unknown to treatment? If there are, why are they not accessing services? And what more needs to be done to support people and keep them in treatment once they are there?

Prison Releases: Continuity of Care

Continuity of care refers to the proportion of individuals released from secure establishments with a referral to substance misuse treatment, who are successfully picked up by treatment services within three weeks of release. Whilst not able to publicly share GM continuity of care data, we can report significant improvement in continuity of care rates in recent years with all GM local authorities performing above the national average. In particular, we have worked to improve continuity of care

pathways with Forest Bank, a category B prison situated in Salford, which releases the largest number of individuals into Greater Manchester.

In GM, around two thirds of those referred into treatment are successfully picked up in the community. However, recent discussions with service providers indicate that there are some people repeatedly going through this process. We will prioritise work to establish the prevalence of this recycling and the factors contributing to this.

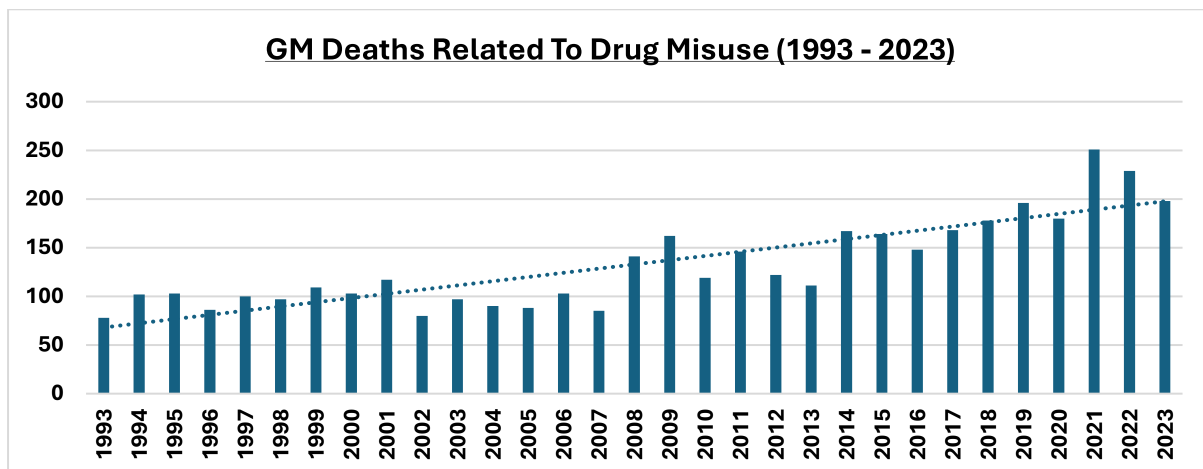
Young People Numbers in Treatment

	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan	GM	% Change From 2009/10
2009/10	180	180	275	135	255	145	95	120	90	165	1640	
2010/11	190	195	195	145	295	115	125	125	80	125	1590	-3%
2011/12	180	145	175	170	250	95	95	105	85	110	1410	-14%
2012/13	165	95	275	155	195	95	90	115	80	55	1320	-20%
2013/14	140	100	270	140	205	105	160	100	70	60	1350	-18%
2014/15	135	100	215	130	210	100	165	120	105	85	1365	-17%
2015/16	150	90	220	115	230	115	170	115	80	80	1365	-17%
2016/17	165	85	200	90	190	105	145	95	75	80	1230	-25%
2017/18	175	90	190	60	150	130	75	70	70	80	1090	-34%
2018/19	145	120	125	60	140	80	55	55	50	105	935	-43%
2019/20	120	100	185	55	150	100	105	75	55	130	1075	-34%
2020/21	110	85	150	40	125	80	85	55	55	65	850	-48%
2021/22	170	80	150	65	115	60	65	90	60	90	945	-42%
2022/23	150	95	160	125	130	60	65	115	55	100	1055	-36%

2 – (NDTMS, 2024b). ****Local authority counts are rounded to the nearest 5.***

Total numbers of young people in treatment in GM declined by almost 50%, from 1,640 in 2009/10 to 850 in 2020/21, before increasing to 1,055 in 2022/23. The recent increase of young people in treatment is welcome, however numbers remain 36% lower than in 2009/10.

Drug and Alcohol Related Deaths

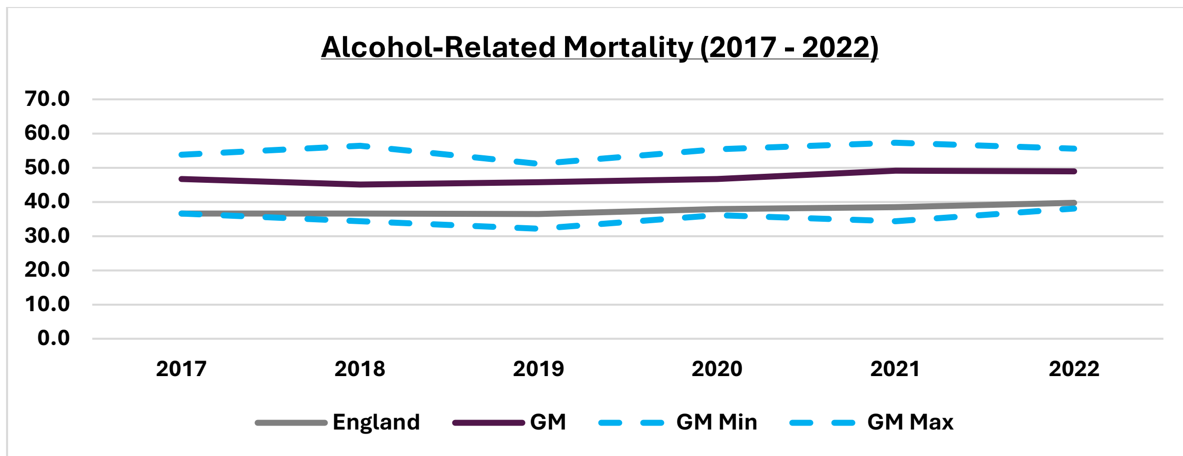


3 - ONS (2024).

Deaths related to drug misuse include all deaths caused by drug misuse, or drug poisoning from substances controlled under the Misuse of Drugs Act 1971. As information regarding specific drugs involved in deaths is not always available, these figures are expected to be underestimates. Additionally, due to delays in death registrations, it is likely that some deaths counted occurred in earlier years.

Over the past 30 years, registrations of these deaths have generally increased. GM registered deaths related to drug misuse rose from 78 in 1993 to 251 in 2021, then dropped to 198 in 2023, contrasting an overall national increase in the past three years. Despite this recent decline locally, the number of deaths related to drug misuse remains much higher than 30 years ago (ONS, 2024).

Nationally, those born between the late 1960s and early 1980s continue to have the highest rates of drug misuse deaths. Whilst local data is unavailable, the highest rate of drug misuse deaths nationally was found in those aged 40 to 49 years old in 2023. Meanwhile, almost half of drug-poisoning deaths registered in 2023 involved an opiate, and deaths involving cocaine had also risen from previous years.



4 - (OHID, 2024)

Alcohol-related mortality refers to deaths where alcohol is the main cause or is a contributing factor to the death. In GM, the alcohol-related mortality rate per 100,000 people increased from 45 in 2018 to 49 in 2022, remaining consistently higher than the national rate (OHID, 2024b). Although rates vary across GM local authorities, nine out of ten had higher rates than the national average.

GM TRENDS

GM TRENDS identifies and monitors emerging substance use trends and changes in drug markets. The findings and recommendations directly inform our needs assessment and partnership delivery in relation to service development, harm reduction, training and ongoing monitoring.

Some of the key findings of the work carried out throughout 2023/24 include:

1. Professional surveys indicated increases in the use of alcohol, nitrous oxide, pregabalin, ketamine, cocaine powder and cannabis.
2. The young person survey indicated that the most used substances in the past year were alcohol, vapes, cannabis, cannabis/THC vapes, cigarettes/tobacco, nitrous oxide, cocaine powder, ketamine, ecstasy/MDMA powder and lean.
3. The top five substances found to be of use more than the previous year were nicotine vapes, THC/cannabis vapes, cannabis, cocaine powder and alcohol.
4. Substances including THC/cannabis vapes, nicotine vapes, Xanax, cocaine powder and lean were found to be easier to buy.

5. Xanax, ecstasy/MDMA, THC/cannabis vapes, ketamine, cannabis and cocaine powder were found to have gotten stronger.
6. Reported nitrous oxide past year use in the young person survey has increased from 15% last year to 26% this year, with 42% reporting easier access, and 30% reporting the cost has increased.

During the course of the main research, subjects are selected for specific focus. This year's GM TRENDS Trend Focus Reports were on THC Vapes and Ketamine.

The ***THC Vapes Trend Focus Report*** indicates increased use of THC vapes amongst young people, particularly teenagers. Although numbers are still relatively small, there has been an increase in the number of young people reporting THC vapes as their primary substance when presenting for treatment.

THC vapes were considered more convenient and discreet than traditional cannabis, and said to provide a faster acting, more intense high. Whilst not legally available for sale in the UK, THC vapes appear to be readily accessible to young people from a range of sources including social media, shops and street-based dealers.

There has been an increasing number of reports of hospitalisation of young people experiencing adverse effects caused by vapes containing what they believed to be THC. MANDRAKE testing of vapes associated with hospitalisation often confirms the presence of synthetic cannabinoids (spice) rather than THC.

The development of awareness and harm minimisation advice, professional training and pathways to support is recommended. As is the continued testing of vapes for THC, synthetic cannabinoid levels and vitamin E acetate. Testing of other vape pen products, such as DMT vapes, is also recommended, alongside an action plan from GMP and local trading standards to target the illegal sale of products sold as THC vapes.

The ***Ketamine Trend Focus Report*** highlights that this drug has moved beyond being viewed as just a niche, post-clubbing/chillout drug. It is thought to be used increasingly at home in the way that cannabis or alcohol are used to relax whilst for

others it is being used to disassociate themselves from significant problems. It was found that ketamine is increasingly being used more regularly and by much younger people.

This increased regularity may lead to daily use of, in some cases, one gram (or even considerably more) per day. Over a prolonged period, this can lead to urological, kidney and liver damage, early intervention of which is key to maintaining bladder health and limiting damage. GPs and other medical professionals, however, are not always aware of these symptoms. This is resulting in misdiagnosis and missed intervention and referral opportunities.

'Think Ketamine', an event for health and social care professionals, was held on Wednesday 27th November 2024 at MMU, in which this report was considered. The development of a tiered approach has been recommended through from Prevention and Brief Interventions to Specialist Treatment and Inpatient Detoxification for those young people who have developed significant problems.

The full GM TRENDS 2023/24 Monitoring Cycle Report, plus each of the Trend Focus Reports, can be found at GM TRENDS.

GM Combatting Drugs Partnership Strategic Delivery Plan

This annual plan supports the delivery of the National Drug Strategy and GM local priorities. Partner organisations provide information on their planned activity and updates on progress. Here we highlight some of our other key partnership achievements during 2023/24, and current priorities in the new delivery plan for 2024/25, which have not been addressed elsewhere in this report.

Achievements 2023/24

1. Programme Challenger continued to tackle Organised Crime Groups (OCGs) where drugs are the primary threat. Internal training and programme development increased ownership at a local neighbourhood level and

provided a consistent approach across the force. Recorded activity increased from around 300 to over 700 disruptions during the year.

2. GMP established a dedicated County Lines team to respond to the threats of this model of distributing illicit drugs. The team has been further enhanced with social media investigators to help target developing online markets. The team has exceeded Home Office targets for County Line disruptions for two years in a row.
3. Drug and Alcohol Services have worked closely with the Probation Service to ensure that clients of the Probation service are able to access and receive appropriate treatment. This programme of work included staff development for both Probation and treatment services, improved information exchange, and co-working arrangements across our localities.
4. The NHS GM Integrated Care Board (ICB) continued to develop their response to Foetal Alcohol Spectrum Disorder (FASD). Approximately 1,700 staff attended training during 2023/24 to enable better understanding and identification of FASD. Also, a new operational policy on FASD has been ratified and the roll out started, for NHS maternity providers across GM.
5. A programme of work on Co-occurring Conditions (substance misuse and mental health) was established by the NHS GM ICB and GMCA. The Big Life Group were commissioned to support the planning and implementation of this work across our localities.
6. GM commissioners and GMCA met on a two-week cycle, discussing key commissioning issues and undertaking detailed reviews of specific topics (e.g. numbers in treatment) and considering national commissioning quality standards. Regular reporting for GM authorities is compiled by GMCA to help inform which areas of delivery to focus on.

Priorities 2024/25

1. A GM reducing alcohol harm strategy will be developed by NHS GM ICB with the support of other organisations. The strategy will be evidence based and co-produced with a wide range of stakeholders.
2. The GM Co-occurring Conditions programme will deliver regular local partnership meetings, develop staff training for understanding and assessing

co-occurring conditions, and establish a GM network for joint training, supervision, ‘buddying’ across services, and sharing best practice.

3. GM commissioners will work collaboratively to increase treatment capacity and improve treatment quality, responding to national Commissioning Quality Standards and the GM Outcomes Framework.
4. GM Probation Service Homeless Prevention Team will support the development of accommodation solutions for clients who are homeless and have a substance misuse need.
5. GM Probation Service will evaluate the current Integrated Rehabilitation Services, including the drug and alcohol element, to support future planning of service delivery.
6. GMCA will work with local authorities to develop good practice guidelines between Complex Safeguarding and Young People’s Treatment Services.

How to get involved

If you would like to know more about our work at the GMCA, please contact: alice.hannan@greatermanchester-ca.gov.uk

To find out about your local services and what’s going on in your area to support people with addictions please contact:

District	Email
Bolton	kev.malone@bolton.gov.uk
Bury	publichealth@bury.gov.uk
Manchester	lindsay.laidlaw@manchester.gov.uk
Oldham	julian.guerriero@oldham.gov.uk
Rochdale	PublicHealthTeam@Rochdale.Gov.Uk
Salford	Nicky.herne@salford.gov.uk
Stockport	START@stockport.gov.uk
Tameside	publichealth.enquiries@tameside.gov.uk
Trafford	grace.cook@trafford.gov.uk
Wigan	DAAT@wigan.gov.uk