

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 21 July 2016

**Subject:** Health and Wellbeing Update – Part 1

**Report of:** Strategic Director for Adult Social Services

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**Summary**

This report provides Members of the Committee with an overview of developments across Health and social care.

**Recommendations**

The Health Scrutiny Committee is asked to note the contents of this report.

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**Wards Affected: All**

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

**None**

## **1. Update on the Care Act**

- 1.1 The Care Act 2014 continues to reshape how adult social care is provided both locally and nationally. Manchester has continued to implement a raft of changes that have arisen as a result of the statutory guidance and can be broadly summarised as follows.
- 1.2 A new national eligibility criteria for citizen assessments – instead of a locally-set eligibility thresholds, all local authorities in England are now required to use the national eligibility criteria. This is a 3 part test: does the person have a physical or mental impairment or illness? Does the person have needs within the 10 set domains, and, finally, is there a **significant** impact on wellbeing?
- 1.3 Carers are now entitled to a statutory assessment in their own right – prior to the Care Act, carers identified themselves and the offer was a one-off cash payment issued annually; this led to carer's wider needs not being addressed and help provided to, for example, prevent carer breakdown. Much work has been completed with carers and the new offer which Scrutiny has been involved with. We are currently revisiting the Carer's suite of leaflets to ensure they are Care Act compliant with refreshed information and advice.
- 1.4 Work around older and disabled people in HMP Manchester is also a new feature of the Care Act. The numbers of prisoners we have assessed is very low, however, we have been able to identify eligible people who benefit from either daily care and support or small equipment to meet their particularly disabilities. Commissioners continue to work well in partnership with the Governor and his staff at the prison
- 1.5 Our Social Workers and other care assessors have completed a large number of Care Act e-learning modules to equip them with the knowledge to meet our statutory accountabilities. They have also benefited from University Masterclasses on the Care Act and the Programme Lead is undertaking a Certificated Course on Care Act Implementation to ensure that we remain abreast of latest guidance and good practice standards
- 1.6 Significant work has also taken place around the adults safeguarding arena to ensure that the Care Act is woven through adult safeguarding policies and practice. This work is now completed and we are fully compliant.
- 1.7 There remains a small number of actions to implement around the Care Act. This includes new duties around Information and Advice and a Self Serve portal. This work is expected to be completed around the Autumn time and will be beneficial to both Manchester residents and also staff working in adult social care

## **2. All Age Disability**

- 2.1 The All-Age Disability Strategy has been regularly reported to the Communities Scrutiny Committee and has spanned 2 years. This work started with asking disabled people, their families and also VCS groups

(Disabled People’s Organisations) about what was working well and what wasn’t working well in terms of being a disabled citizen living in Manchester. Over the past two years, the Strategy has been in production to ensure it was developed by disabled citizens and representative of their views.

2.2 Cllr Tracey Rawlins, Lead Member for Communities Scrutiny and Disability has overseen the development of the Strategy, which was signed off at a recent Scrutiny meeting.

2.3 Copies of the strategy and the covering report can be found here:  
[http://www.manchester.gov.uk/meetings/meeting/2857/communities\\_and\\_equalities\\_scrutiny\\_committee](http://www.manchester.gov.uk/meetings/meeting/2857/communities_and_equalities_scrutiny_committee)

2.4 Please contact Zoe Robertson in Adult Social Care for further information.

### **3. Vaping in Public Places – New Guidance from Public Health England**

3.1 On the 6<sup>th</sup> July, Public Health England published new framework advice for businesses and employers to help them create their own policies on the use of e-cigarettes. There are now 2.8 million e-cigarette users in the UK and there is a need for appropriate policies in public places and workplaces.

3.2 PHE’s new framework helps organisations create e-cigarette policies that will support smokers to quit and stay smokefree, while managing any risks specific to their setting.

3.3 The framework acknowledges that workplace environments vary greatly and there is no one-size-fits-all approach; a factory or warehouse is a very different setting to a nursery school, with different considerations to make. It sets out 5 important principles for an approach based on the current knowledge of e-cigarettes.

3.4 Public Health England state that :“The evidence is clear that vaping is much less harmful than smoking and that e-cigarettes are helping many smokers to quit. This new framework will encourage organisations to consider both the benefits and the risks when developing their own policies on e-cigarettes. Different approaches will be appropriate in different places, but policies should take account of the evidence and clearly distinguish vaping from smoking.”

3.5 In contrast to the known harm from exposure to secondhand smoke, there is currently no evidence of harm from secondhand e-cigarette vapour and the risks are likely to be extremely low. There is also no evidence so far that e-cigarettes are acting as a route into smoking for young people.

3.6 Following extensive stakeholder engagement, PHE created the framework advice to give organisations 5 principles that will help guide the creation of a vaping policy that is right for them, covering the following considerations:

- Make clear the distinction between vaping and smoking.

- Ensure policies are informed by the evidence on health risks to bystanders.
  - Identify and manage risks of uptake by children and young people.
  - Support smokers to stop smoking and stay smokefree.
  - Support compliance with smokefree law and policies.
- 3.7 PHE’s framework advice has been published to coincide with a national stakeholder symposium on e-cigarettes and their role in tobacco harm reduction, held jointly with Cancer Research UK.
- 3.8 Smoking is the country’s number one killer, causing nearly 78,000 deaths each year in England. While the long-term effect of e-cigarettes is unknown, and they are not completely risk-free, the current evidence indicates that they are significantly less harmful than smoking tobacco and are helping smokers to quit. Organisations need to consider the comfort of all colleagues, smokers, non-smokers and vapers, and show consideration when creating their vaping policies.
- 3.9 PHE is committed to carefully monitoring the evidence on e-cigarettes as it emerges and to communicating it so that policymakers and the public have the information they need to make informed decisions.
- 3.10 In Manchester smoking is also the number one killer and the Public Health Team is currently developing a refresh of the Manchester Tobacco Control Policy which will incorporate this guidance and be issued later this year.