



**WIRRAL
INTELLIGENCE
SERVICE**

Wirral JSNA: Carers

Wirral Intelligence Service

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Wirral JSNA: Carers

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Background to JSNA – Joint Strategic Needs Assessment

What is a JSNA?

A Joint Strategic Needs Assessment, better known as a JSNA, is intended to be a systematic review of the health and wellbeing needs of the local population, informing local priorities, policies and strategies that in turn informs local commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough.

Who is involved?

Information from Council, NHS and other partners is collected and collated to inform the JSNA and this reflects the important role that all organisations and sectors have (statutory, voluntary, community and faith) in improving the health and wellbeing of Wirral's residents.

About this document

This JSNA section looks to contain the most relevant information on the topic and provides an overview of those related key aspects

How can you help?

If you have ideas or any suggestions about these issues or topics then please email us at wirralintelligenceservice@wirral.gov.uk or go to <https://www.wirralintelligenceservice.org/>

Version Number	Date	Authors
1.0	March 2018	Hannah Cotgrave, Wirral Intelligence Service, Wirral Council Carol Jones, Adult Social Care, Wirral Council Matthew Ray, Wirral Intelligence Service, Wirral Council Jack Font, Wirral Intelligence Service, Wirral Council John Highton, Wirral Intelligence Service, Wirral Council

Content overview

Abstract	Summary of adult Carers, both self-reported and known to services, in Wirral.
Intended or potential audience	External <ul style="list-style-type: none">Wirral Council - Wirral CCG - Wirral Partnership Internal <ul style="list-style-type: none">Department Management TeamsWider Public Health DepartmentAdult Social Care and others
Links with other topic areas	<ul style="list-style-type: none">DementiaOlder PeopleYoung CarersSocial IsolationLong-term conditionsVeterans (Military and Ex-Service Personnel)Black, Asian and Minority Ethnic GroupsLearning Disabilities

Key findings

- Data from Census 2011 shows that Wirral has a higher proportion of self-reported Carers compared to England and the North West
- Overall, 12.6% of the adult population in Wirral self-reported as providing at least 1 hour of unpaid care per week, or over 40,000 residents
- Greasby, Frankby & Irby ward has the highest proportion of self-reported Carers (15.3%), with Birkenhead and Tranmere having the lowest (9.9%) according to Census 2011 but had the lowest rate of Carers known to Adult Social Care
- Conversely Seacombe ward has had a low rate of self-reported Carers according to Census 2011 but had the highest rate of Carers known to Adult Social Care
- In Wirral overall, 26.5% of self-reported Carers stated they provided at least 50 hours of unpaid care
- Pensby & Thingwall had the highest proportion of Carers (39.0%) providing at least 50 hours of unpaid care per week, compared to Rock Ferry, where 16.4% provided 50+ hours of unpaid care
- In Wirral, self-reported health status declines as the number of unpaid care hours increases
- Between Census 2001 and Census 2011, the number of Carers aged between 25-49 years has declined both locally and nationally
- Local projections estimate that there are 41,765 Carers in Wirral in 2018, which could increase to 42,644 by 2028
- The 2018 projections estimate that 17,723 of these Carers will be aged 65+ with 75% of these providing 50+ hours of care
- In Census 2011, 22,000 Carers reported that they combined care responsibilities with employment; 13,000 working full time
- For most BAME groups, Wirral has higher rates than England and the North West; lower rates include Carers from Asian/Asian British and Black/African/Caribbean/Black British groups
- Wirral's overall BAME Carer rate as per the Census 2011 was 88.4 per 1,000 residents aged 18+
- Claughton ward has the highest BAME Carer rate in Wirral (126.4 per 1,000) compared to Birkenhead & Tranmere ward (60.0 per 1,000)
- GP recording has improved annually with 8,103 Carers now recorded by GP practices in January 2018 though still much less than numbers recorded in Census 2011
- There are 4,822 Carers known to Adult Social Care in Wirral (January 2018), 4564 of whom reside in Wirral. This gives a Wirral rate of 18 per 1,000 residents aged 18+
- Carers aged 50-69 years make up 47.5% of adult Carers known to Adult Social Care in Wirral
- Seacombe ward has the highest rate of Carers known to Adult Social Care (23.96 per 1,000)
- Carers providing physical support account for 49.3% of Carers known to Adult Social Care in Wirral
- Wirral Carer's Survey 2016/17 shows that 75% of respondents felt they did not have enough control over their daily life
- Wirral has a lower proportion of Carers who feel they have been adequately involved in discussions around the person they care for, compared to England; 67.6% compared to 70.6%
- Carers have a number of unique issues that affect their ability to care including: not always receiving adequate support for their health needs; employment and unemployment problems; range of care needs they must support; isolation in their caring role with specific groups with specific needs such as: young Carers, BAME Carers, LGBT Carer needs, those former armed service members and increasing demands as Carers get older

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What do we know?

Why is this important?

Census 2011 data revealed that the number of Carers increased from 5.2 million to 5.8 million in England and Wales between 2001 and 2011. The greatest rise has been among those providing over 20 hours care – the point at which caring starts to significantly impact on the health and wellbeing of the Carer, and their ability to hold down paid employment alongside their caring responsibilities. It is anticipated that the number of Carers will increase to 9 million by 2037.

A wealth of evidence identifies that there are significant risks associated with caring and keeping healthy and well. The risks are associated with a variety of issues from the physical strain of lifting and moving people, the emotional stress of providing around the clock care, through to social isolation and being unable to find employment.

Irrespective of background, gender and age it is usually the condition of the cared-for person that has the most impact on the health and wellbeing of the Carer. Conditions such as mental health problems, dementia, learning disabilities, physical and sensory impairments and substance misuse contribute to increased use of health and social services, and increased social isolation for both the Carer and the cared for person.

Such circumstances also affect the quality of care given, due to the increased burden they place on the Carer. High levels of stress and low levels of perceived wellbeing are common amongst Carers. Young Carers (aged under 18) can experience difficulties in school, feelings of loneliness and isolation, and report feeling stigmatised by teachers and their peers.

The greatest opportunities to improve Carers' quality of life are through improving early identification, assessment and support, with recognition of the huge value that Carers provide to health and social care. A key aspect of this is providing joined up support from Health and Social Care. Demand for Health and Social Care support is expected to rise over the next 20 years, due to a range of factors including an ageing population, and an increase in the number of people living with a limiting life long illness or disability.

In addition to resources on the [Carer section](#) of the website, further information related to Carers can be found in other sections including [adults with learning disabilities](#), [dementia](#) and [adult mental health](#) or see [Appendix 3](#)

Facts, figures and trends (Wirral and beyond)

Definition of Carer

[Carers Trust \(2017\)](#) define a 'Carer' as "anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support".

The [Care Act 2014](#), which came into force in April 2015, sets out Carers' legal rights to assessment and support. Local authorities have a duty under this Act to proactively identify, assess and look at how they can meet the needs of Carers, including the Carers of citizens who are not receiving social care support. The Act requires local authorities and Clinical Commissioning Groups (CCGs) to work to bring together Health and Social Care services to provide tailored support for citizens.

The Act relates mostly to adult Carers – people aged 18 and over who are caring for another adult. This is because young Carers (aged under 18) and adults who care for disabled children can be assessed and supported under children's law.

However, regulations under the Act allow the government to make rules about looking at family circumstances when assessing an adult's need for care, which means, for example, making sure the position of a [young Carer](#) within a family is not overlooked.

The Act also contains new rules about working with young Carers or adult Carers of disabled children to plan an effective and [timely move to adult care and support](#).

Benefit of Care Act recognition

Previously, Carers did not have a legal right to receive support, although local authorities could provide support at their discretion. This meant that the ability to have an assessment and access a range of support varied depending on where you lived.

The Care Act gives local authorities a responsibility to assess a Carer's need for support, where the Carer appears to have such needs. This replaced the law which said the Carer must be providing "a substantial amount of care on a regular basis" to qualify for an assessment.

This means more Carers are now able to have an assessment. The local authority will assess whether the Carer has needs and what those needs may be. This assessment will consider the impact of caring on the Carer.

It will also consider the things a Carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the Carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially.

If both the Carer and the person they care for agree, a combined assessment of both their needs can be undertaken.

Carer Numbers: National

Table 1: Number and proportion of Carers, by ethnicity, Wirral, North West & England, 2011

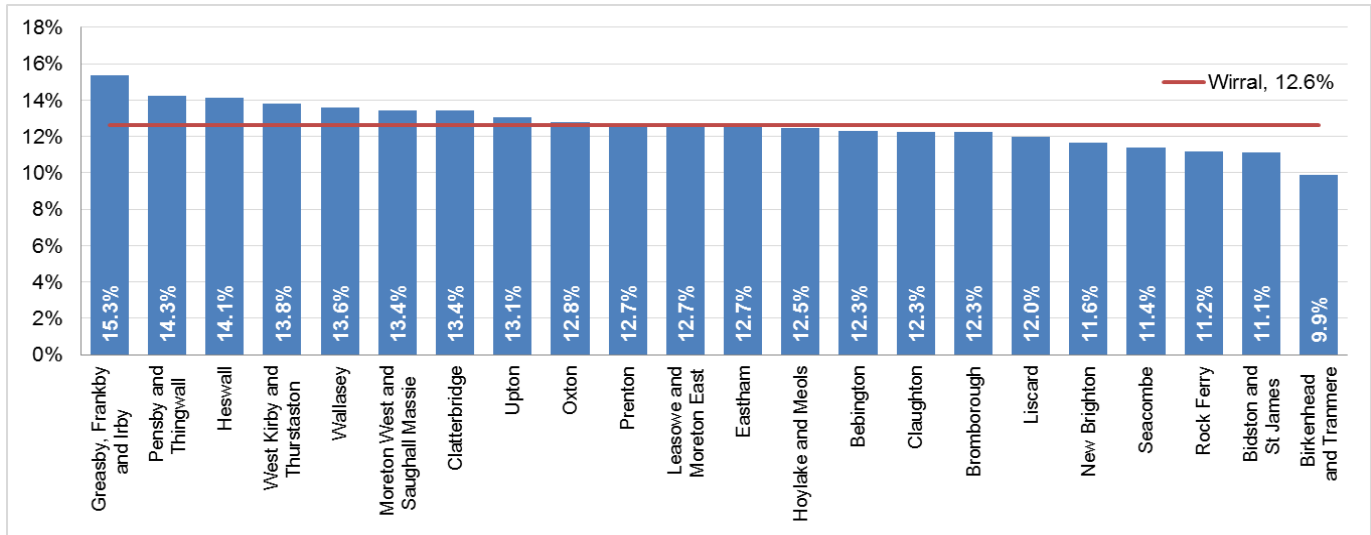
Population and self-reported Carer indicators	Wirral	North West	England
Number of residents	319,783	7,052,177	53,012,456
Number of self-reported Carers	40,340	781,972	5,430,016
Population proportion (%) of self-reported Carers	12.6%	11.1%	10.2%

Source: Census 2011 via Office for National Statistics ([ONS](#))

As can be seen in Table 1, the proportion of Wirral self-reported Carers compared to overall population is at 12.6% which is higher than North West areas at 11.1% and England at 10.2%

Carer Numbers: Wirral

Figure 1: Proportion of residents who are self-reported Carers, by Wirral ward, 2011



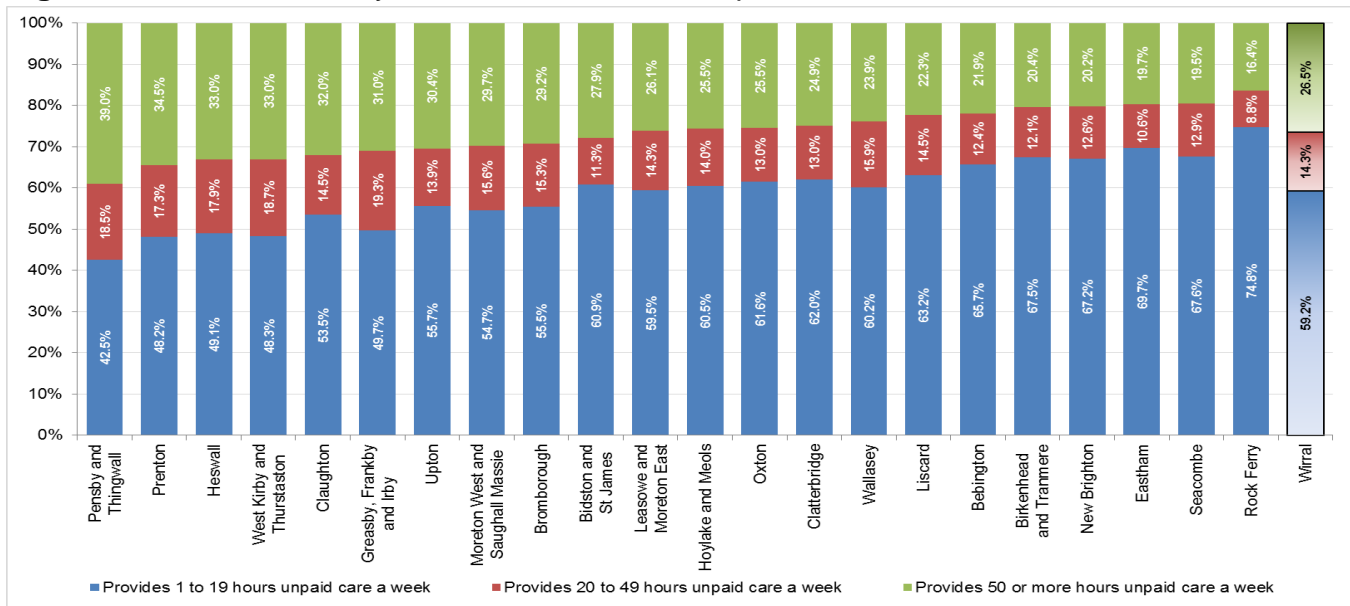
Source: Census 2011, via [NOMIS](#)

Notes: Graph formulated by Wirral Intelligence Service based. Population is used is also based on Census 2011 data.

In Figure 1 the self-reported Carer numbers in Census 2011 are provided at Ward level and suggest that:

- Greasby, Frankby & Irby Ward has more self-reported Carers at 15.3% than Wirral average at 12.6%
- Wards also significantly above Wirral average are Pensby & Thingwall and Heswall
- Birkenhead & Tranmere has the lowest rate of self-reported Carers at 9.9% compared to Wirral average of 12.6% with Bidston St. James (11.1%), Rock Ferry (11.2%) and Seacombe (11.4%) also lower than Wirral average

Figure 2: Wirral Carers, by ward and hours of care provision, 2011



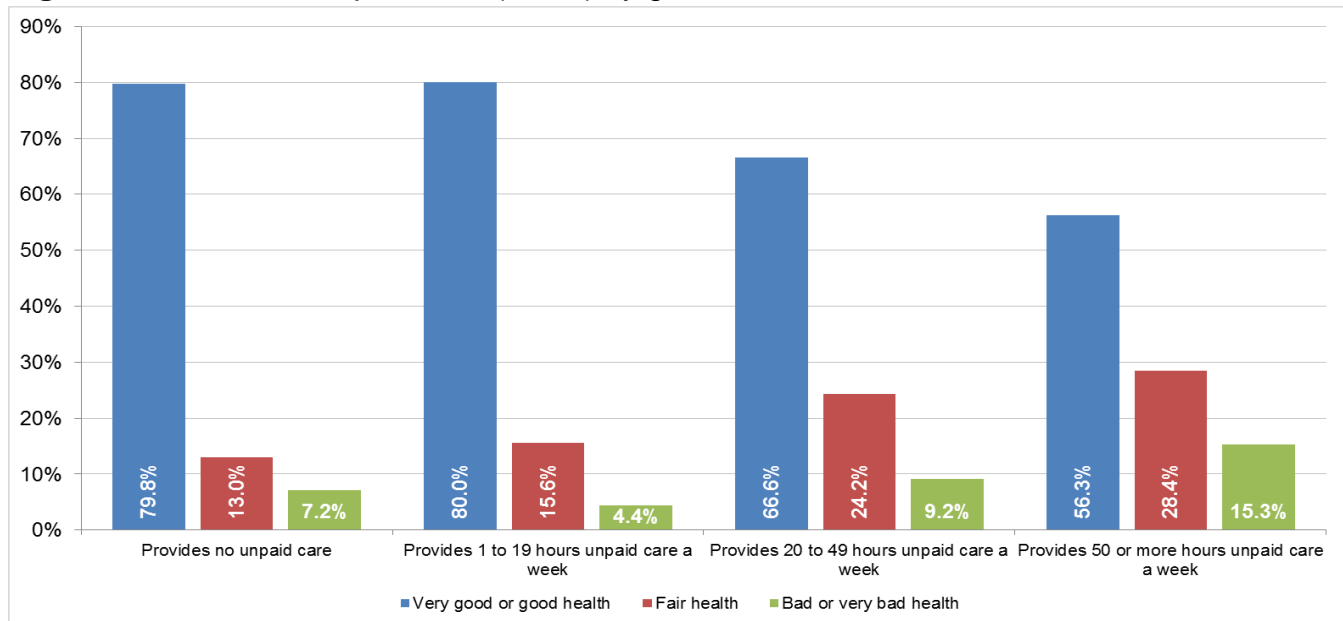
Source: Census 2011 via [ONS](#)

Notes: Graph formulated by Wirral Intelligence Service

As Figure 1 and 2 show, the ward with the largest proportion of Carers (15.3%) is Greasby, Frankby & Irby; with 31.0% of Carers providing 50+ hours of unpaid care. Birkenhead and Tranmere has the lowest proportion of self-reported Carers (9.9%), however, 1 in 5 Carers in this ward provide 50+ hours of unpaid care.

Pensby & Thingwall ward has the largest proportion of Carers providing 50+ hours of unpaid care at 39.0%, with Prenton (34.5%) and Heswall (33.0%) following. The proportion of Wirral residents that provide care is 12.6% with 26.5% of these (or around 1 in 4) providing at least 50 hours of unpaid care. These figures are also presented as a map in [Appendix 1](#).

Figure 3 Provision of unpaid care (hours) by general health, Wirral Carers, 2011



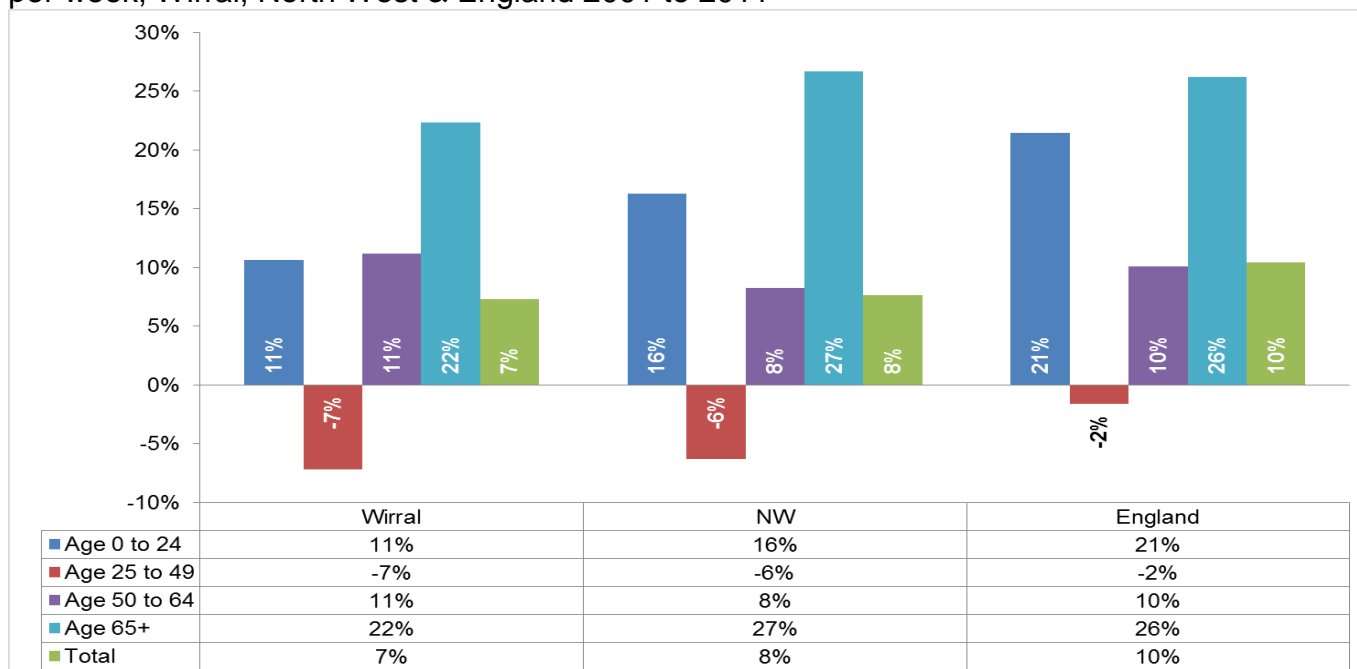
Source: Census 2011 via [ONS](#)

Notes: Graph formulated by Wirral Intelligence Service

Figure 3 shows that the level of general health reported by a Carer decreases with the increasing amount of care hours provided, i.e. 80.0% of Carers who provide 1-19 hours of support reported “very good or good health” compared to 56.3% of Carers who provide 50+ hours of support.

Carer Numbers: Wirral - Census 2001 and 2011

Figure 4: Percentage change in the number of Carers providing at least 1 hour of unpaid care per week, Wirral, North West & England 2001 to 2011

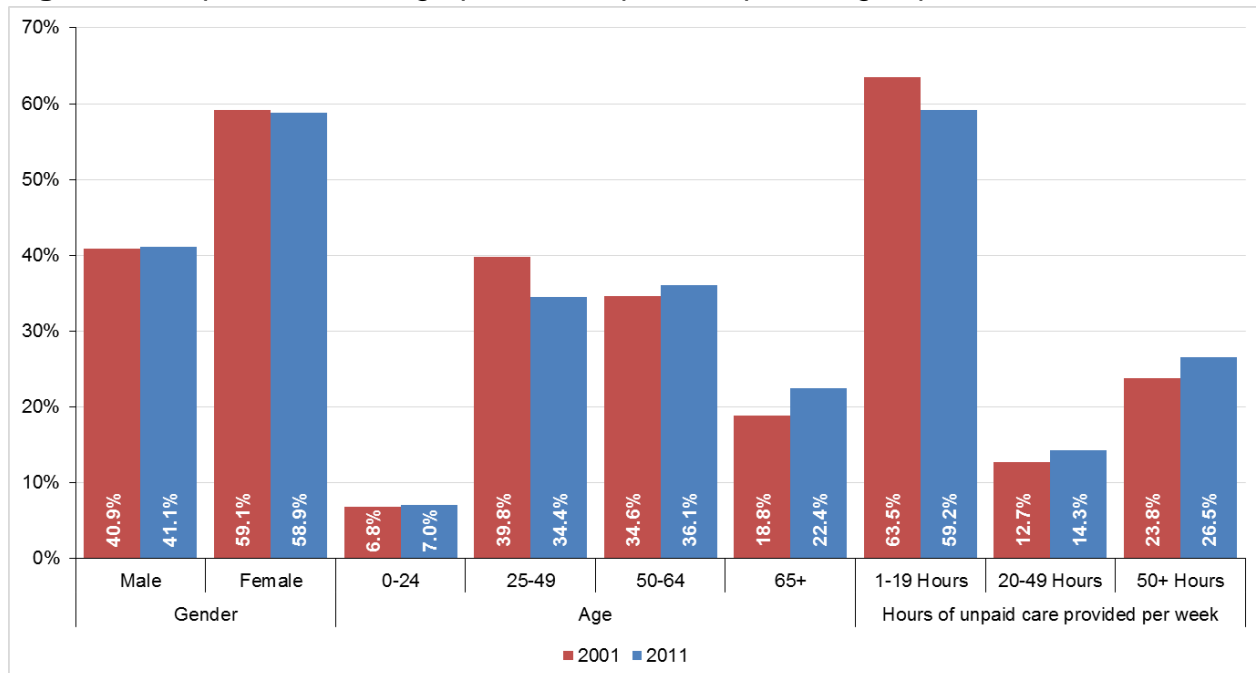


Source: Census 2001 and 2011 via [ONS](#)

Notes: Graph formulated by Wirral Intelligence Service

As can be seen from Figure 4, the number of Carers in Wirral has increased in all age groups between 2001 and 2011 Census, except those aged 25-49, which has seen a decrease of 7% in Wirral. This is also reflected at North West and England level, both seeing increase in all age groups except 25-49 (-6% and -2% respectively).

Figure 5: Proportional demographics of all persons providing unpaid care, Wirral, 2001 and 2011



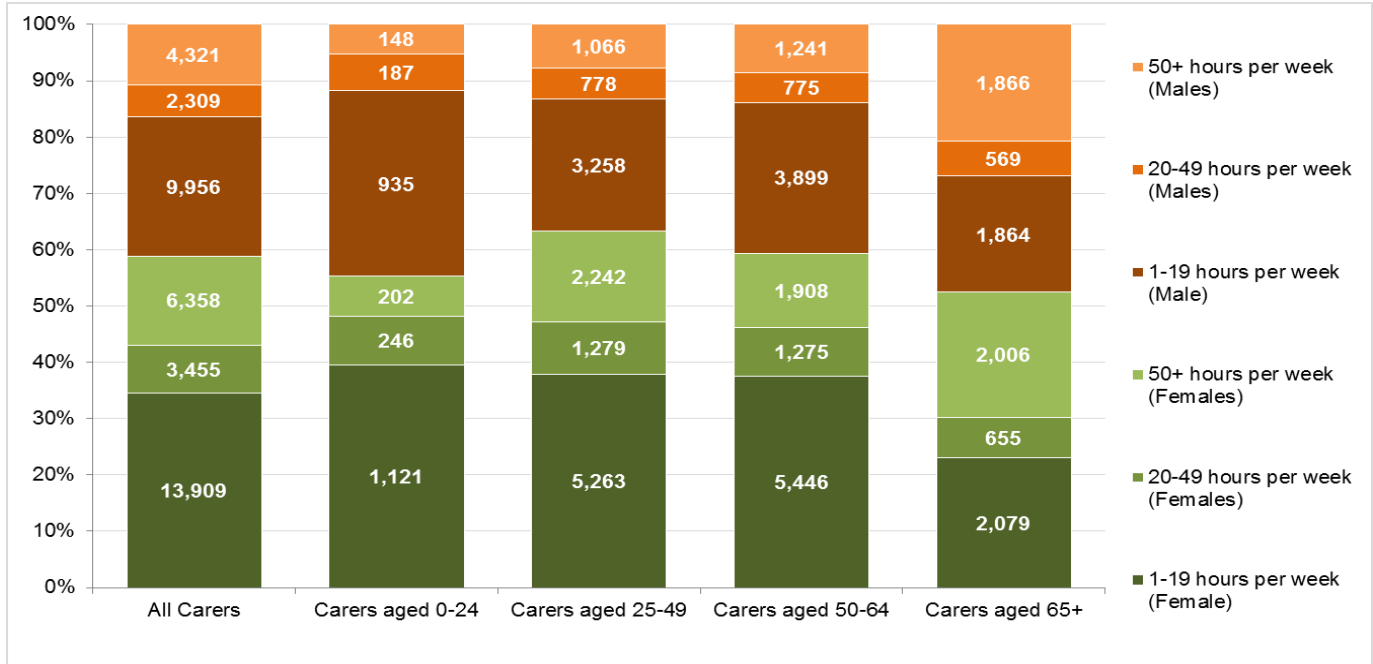
Source: Census 2001 and 2011 via [ONS](#)

Notes: Graph formulated by Wirral Intelligence Service based upon Census 2011 data

Figure 5 compares a range of demographic aspects of unpaid between the 2001 and 2011 Census.

- Male and female Carers have remained very similar in terms of percentage split with just 0.2% change between 2001 and 2011
- A drop in Carers between those aged 25-49 in 2011 with increases in age groups 50-64 and 65+ age groups by 2011
- With the overall number of Carer increasing by 7% between 2001 and 2011 (see Figure 4) the number of self-recorded hours has increased with less people providing 1 – 19 hours (63.5 to 59.2%) and more providing 20-49 and 50+ hours of caring

Figure 6: Number of Carers by age, gender and number of care hours provided, Wirral, 2011



Source: Census 2011 via [ONS](https://www.ons.gov.uk)

From Census 2011 in Figure 6:

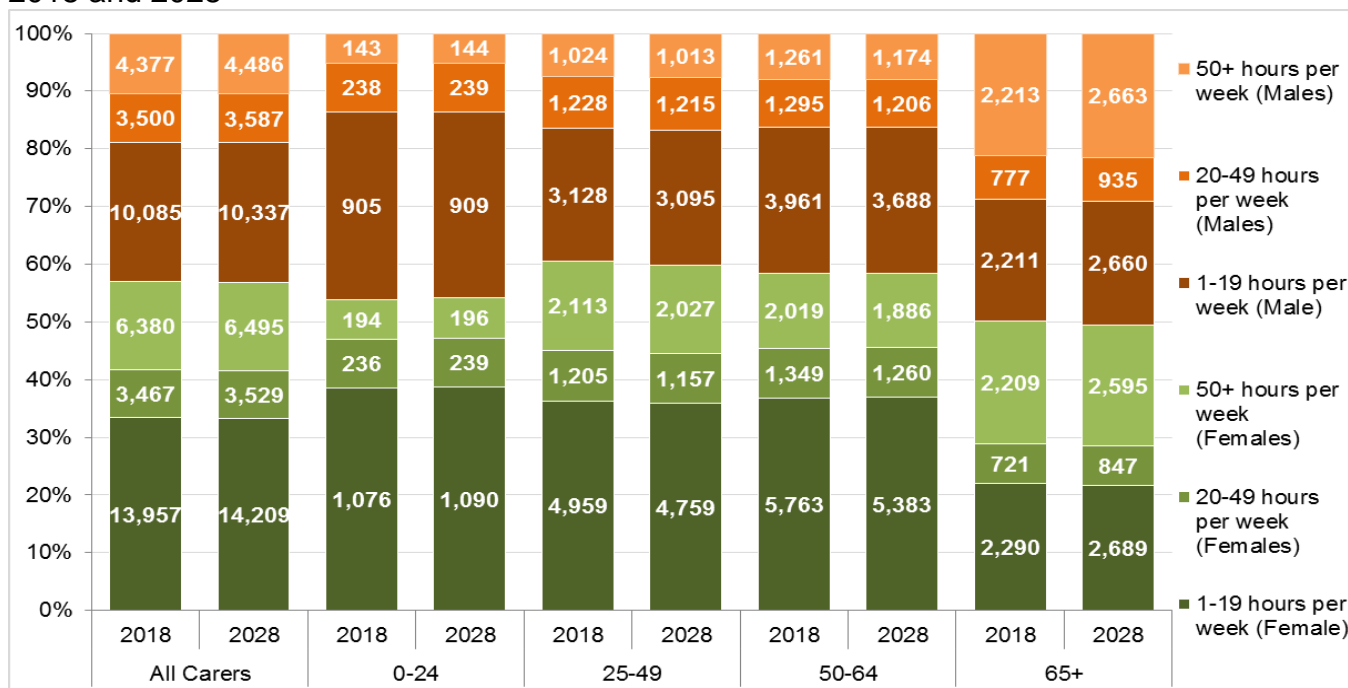
- Wirral has a total of 40,308 self-reported Carers
- With 23,722 female Carers and 16,586 male Carers
- 23,865 Carers provide between 1 and 19 hours of unpaid caring a week with similar proportions of hours when considered by age band
- Over 9,000 residents, aged 65+, self-report providing 50+ hours of caring every week
- Those males (1,866) and females (2,006) aged 65+ provide a disproportionate amount of care above 50+ hours when compared to other age groups as do females aged 50 – 64 (1,908)

Note: the Census was completed in 2011 but remains the most comprehensive reporting of caring roles yet it is likely to be an underestimation and have increased since that time.

Carer Numbers: Wirral - Projected

It is possible to estimate the number of future Carers based on age, gender and care hours provided per week. Using 2011 data as a baseline, the rate for each demographic group (e.g. male Carers aged 0-24 providing 50+ care hours per week) can be calculated and applied to future population projections for that age group for both 2018 and 2028. The figures below have been calculated using this methodology but may not be 100% accurate as the rates do not take into account other variables such as an increase people with long term conditions.

Figure 7: Projected number of Carers by age, gender and number of care hours provided, Wirral, 2018 and 2028



Source: Census 2001 and 2011 via [ONS](#)

Notes: Graph formulated by Wirral Intelligence Service

Based on these data sets and assumptions, as Figure 7 suggests that between 2018 and 2028:

- there could be 41,765 Carers of all ages living in Wirral in 2018
- this equates to approximately 13% of the projected 2018 population
- by 2028 the number of Carers of all ages living in Wirral is projected to be 42,644 or a 2% growth between 2018 and 2028

Projected Carer numbers as hours spent caring

The impact of caring on the Carer is partly dependent on the number of hours spent caring. Other factors might include whether or not a Carer is in employment, and for older Carers in particular there is an impact on health. The educational, social and personal development opportunities of young Carers may also be affected.

Based on 2011 Census data projected forward to 2018, in Wirral we can estimate that:

- **17,723 people of all ages** are caring for more than 20 hours per week and 10,757 of those are estimated to be caring for more than 50 hours per week
- for **Carers aged 0 to 24, 19% spend 20 hours or more per week caring** with 42% of those spending 50 hours or more per week caring
- for **Carers aged 25 to 49, 41% spend 20 hours or more per week caring** with 56% of those spend 50 hours or more per week caring
- for **Carers aged 50 to 64, 38% spend 20 hours or more per week caring** and 55% of them spend 50 hours or more per week caring
- for **Carers aged 65 and over, 57% spend 20 hours or more per week caring** and 75% of them spend 50 hours or more per week caring

Carers in the Workplace

England

The 2011 Census found that three million people in England combine work with caring responsibilities for a disabled, ill or frail relative or friend:

- males are more likely to be in work (in employment or self-employed) than females; 13.4% of male carers and 12.6% of female carers
- males are also more likely to work full time than females; 11.0% of male carers compared to 6.4% of female carers

Wirral

The 2011 Census found that there were an estimated 22,000 people in Wirral combine work with caring responsibilities for a disabled, ill or frail relative or friend (approximately one in seven workers in the Wirral). Of this 22,000:

- males are slightly more likely to work (in employment or self-employed) than females; 12.6% compared to 12.3%,
- male carers are also more likely to work full time than females; 10.5% compared to 6.3%

Table 2: Proportion of self-reported carers by economic status, Wirral & England, 2011

Area	Sex	Proportion of self-reported Carers (%)			
		Economically Active	In employment/ Self-Employed	Full Time	Part Time
Wirral	Male	14.0%	12.6%	10.5%	2.1%
	Female	13.4%	12.3%	6.3%	6.0%
England	Male	14.8%	13.4%	11.0%	2.4%
	Female	13.6%	12.6%	6.4%	6.2%

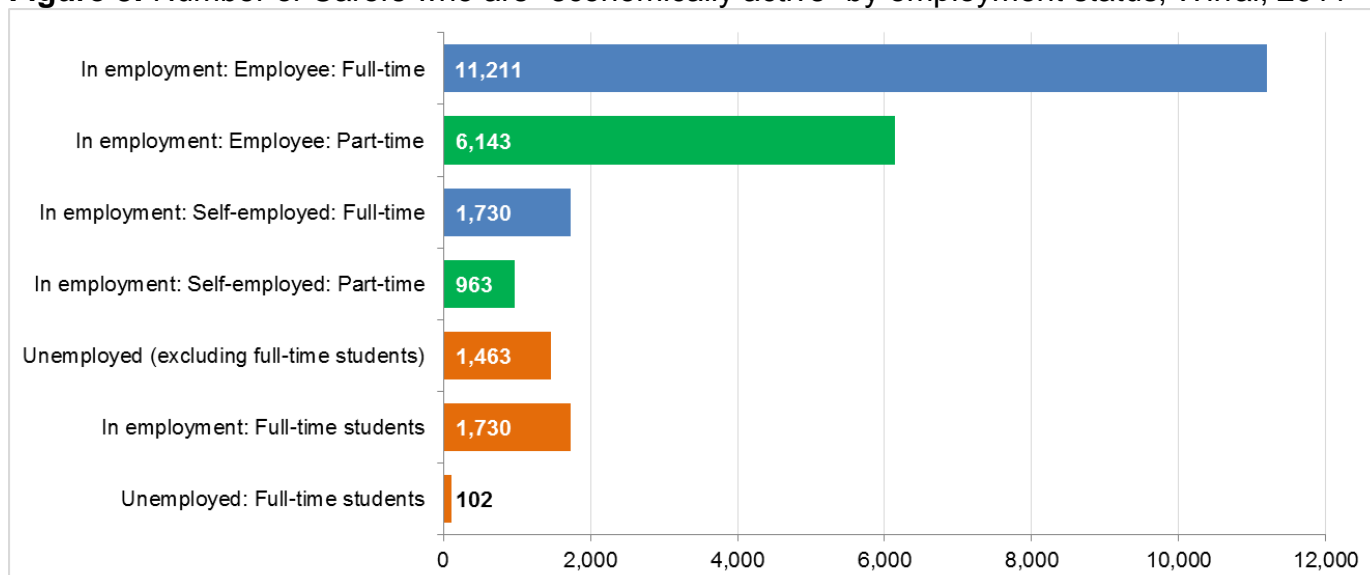
Source: [NOMIS](#), 2017

In the [Wirral Carers Survey 2016/17](#) 172 people were asked questions regarding employment. 107 of the 172 (62%) of the respondents said that they were retired or had to retire themselves to support the person they were caring for. This is in line with estimates that the large majority of Carers are aged 50+. 16 of the 172 (9%) Carers responded that that they were employed full time whilst also caring. 20 of the 172 (12%) Carers responded that they were employed part time. Only 6 of the Carers responded with being self-employed (3%). Being self-employed can be even more challenging for Carers, since they may have nothing to fall back on, such as a company sickness policy, in the event of taking time off for their caring duties so it is no surprise that these are such low numbers. The remainder of those that answered the survey were not in paid work – however, this will include a small proportion of Carers who undertake voluntary work.

[Supporting Working Carers report](#) was produced in June 2017 by Association for the Directors of Adult Social Services (ADASS). The report, produced in collaboration with the ADASS Yorkshire & Humber and the North West regions, highlights the business case for supporting working Carers and the tips give practical suggestions which employers can put in place to make sure employees are well supported.

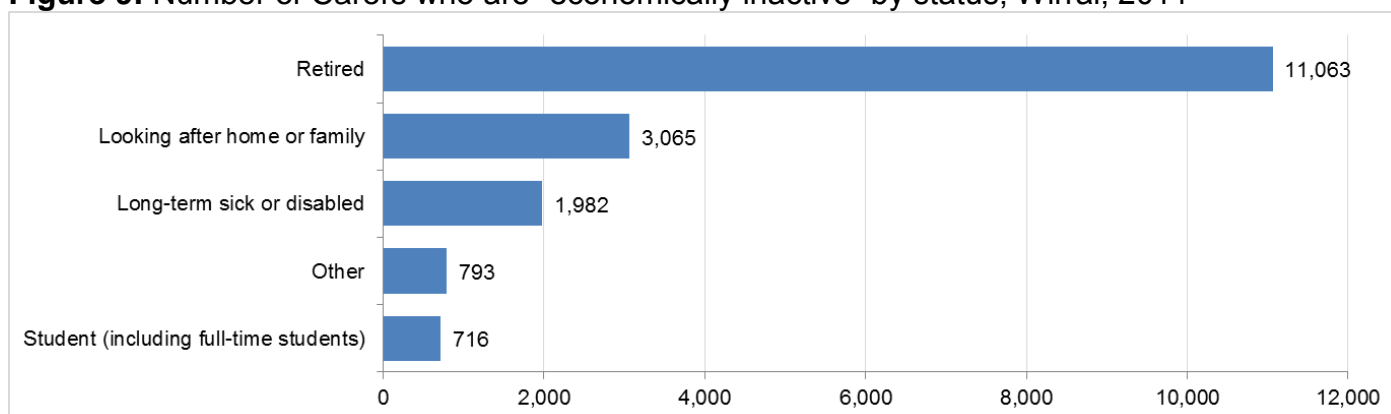
The 2011 Census captured data on Carers who are economically active (see Figure 8 below), which means that they are either working (even if only an hour or two per week) or unemployed, but actively seeking and available to start work. The economically inactive group (see Figure 9 below) are those that remain. Please note that categories are self-defined.

Figure 8: Number of Carers who are “economically active” by employment status, Wirral, 2011



Source: [NOMIS](#), 2017 for Census 2011

Figure 9: Number of Carers who are “economically inactive” by status, Wirral, 2011



Source: [NOMIS](#), 2017 for Census 2011

Black, Asian and Minority Ethnic (BAME) Carers

Table 3 shows the comparative population numbers for Wirral, North West and England for overall population and Carer population

Table 3: Number and proportion of Carers, by ethnicity, Wirral, North West & England, 2011

Population and self-reported Carer indicators	Wirral	North West	England
Number of residents	319,783	7,052,177	53,012,456
Number of self-reported Carers	40,340	781,972	5,430,016
Population proportion (%) of self-reported Carers	12.6%	11.1%	10.2%
Number of White British residents	303,682	6,141,069	42,279,236
Number of White British self-reported Carers	38,916	711,198	4,648,974
Population proportion (%) of White British self-reported Carers	12.8%	11.6%	11.0%
Proportion of White British self-reported Carers as a % of all Carers	96.5%	90.9%	85.6%
Number of BAME residents	16,101	911,108	10,733,220
Number of BAME self-reported Carers	1,424	70,774	781,042
Population proportion (%) of BAME self-reported Carers	8.8%	7.8%	7.3%
Proportion of BAME self-reported Carers as a % of all Carers	3.5%	9.1%	14.4%

Source: Census 2011 via Office for National Statistics ([ONS](#))

Table 3 highlights:

From the 2011 Census over 40,000 Wirral residents reported having some form of caring responsibility:

- there were 1,424 Carers from a Black, Asian and Minority Ethnic group (BAME)
- this equated to 8.8% of the BAME residents self-reporting a caring responsibility and higher when compared to 7.8% in North West and 7.3% for England relative to their respective BAME population numbers
- the self-reported number of Carers amongst BAME groups when compared to overall Wirral Carer population is then just 3.5% were for North West it was 9.1% and England 14.4% and this is accounted for with Wirral having a lower number of BAME residents in comparison to North West and England

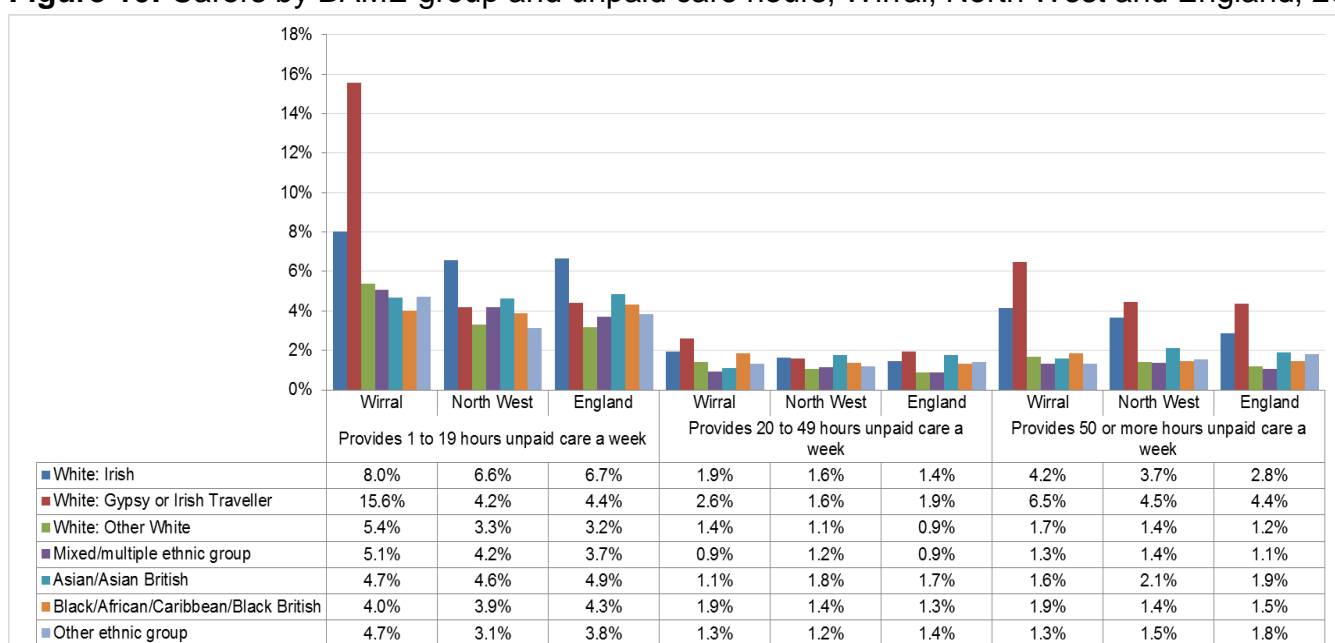
Based on the 2011 Census and population projections, Table 4 suggests that Wirral's self-reported BAME Carer population is 1,424 (or 3.5% of the total Carer population). The BAME group that makes up the largest majority of BAME Carers is Asian/Asian British with 379 though proportionally this group is underrepresented. There are 377 White Irish self-reported Carers, which is proportionally higher than expected.

Table 4: Estimated BAME and BAME Carer populations by Ethnic Group, Wirral, 2011

Ethnic Group	BAME Population		Number of self-reported BAME Carers	
	(n)	(%)	(n)	(%)
White: Irish	2,667	16.6%	377	26.5%
White: Other	3,807	23.6%	335	23.5%
Mixed/Multiple Ethnic Group	3,286	20.4%	240	16.9%
Asian/Asian British	5,116	31.8%	379	26.6%
Black: African, Caribbean, Black British	695	4.3%	54	3.8%
Other ethnic group	530	3.3%	39	2.7%
Wirral BAME population	16,101		1,424	
Wirral population	319,783		40,340	
BAME population proportion	5.03%		3.51%	

Source: [NOMIS](#), 2017 for Census 2011

Figure 10: Carers by BAME group and unpaid care hours, Wirral, North West and England, 2011



Source: [NOMIS](#), 2017 for Census 2011

Figure 10 shows the comparison of Carers as a proportion of the BAME population, between Wirral, North West and England.

- The “White: Gypsy/Irish Traveller” population in Wirral has the largest proportion of self-reported Carers providing any number of unpaid care hours. However, it should be noted that this population is very small (only 19 self-reported as Carers in the Census 2011) and so small fluctuations in the population and/or Carer population for this BAME group would result in substantial changes in proportion
- Generally Wirral BAME populations are providing a greater proportion of 1-19 hours care when compared to North West and England
- For 20-49 and 50+ hours they are generally comparable to North West and England with the exception of White Irish and White: Gypsy/Irish Traveller provide a greater number of 50+ hours of caring

Table 5: Estimated BAME population and BAME Carers by Wirral Ward

Ward	BAME Population	BAME Carer Population	BAME Carer Rate per 1,000
Cloughton	831	105	126.4
Pensby and Thingwall	460	56	121.7
Greasby, Frankby and Irby	487	57	117.0
Clatterbridge	512	56	109.4
Oxton	835	85	101.8
New Brighton	922	91	98.7
Heswall	653	63	96.5
Rock Ferry	820	79	96.3
Wallasey	587	55	93.7
Bebington	683	63	92.2
Hoylake and Meols	723	66	91.3
West Kirby and Thurstaston	764	69	90.3
Prenton	735	63	85.7
Liscard	768	65	84.6
Moreton West and Saughall Massie	476	40	84.0
Eastham	410	34	82.9
Upton	764	58	75.9
Bidston and St James	836	62	74.2
Leasowe and Moreton East	648	48	74.1
Seacombe	846	62	73.3
Bromborough	659	46	69.8
Birkenhead and Tranmere	1,682	101	60.0
Wirral	16,101	1,424	88.4

Source: [NOMIS](#), 2017 for Census 2011

It is estimated in Table 5 when comparing the geographic location of BAME groups and Carers, from Census 2011 data, that:

- Cloughton has the highest rate at 126.4 Carers per 1,000 BAME residents, but with Birkenhead & Tranmere ward having the lowest rate across all 22 wards at 60.0 Carers per 1,000 BAME residents
- Cloughton is also the ward with the highest number of BAME Carer residents with 105, and this is slightly higher than Birkenhead and Tranmere with 101
- Despite a similar number of BAME Carers the substantial difference in rates is because Birkenhead and Tranmere Ward has the highest proportion of BAME residents (n=1,682)

It is likely that these figures represent only a fraction of Carers in BAME communities. There may be familial expectations of caring in some cultures, where caring is seen as a normal function of the family, the Carers may not self-identify and therefore may not receive support, advice or Carer’s assessments to help them as Carers and those they care for.

For further information on the BAME population in Wirral please follow the link: <https://www.wirralintelligenceservice.org/jsna/black-asian-minority-ethnic-groups/> and/or see [Appendix 3](#).

Armed Forces Carers

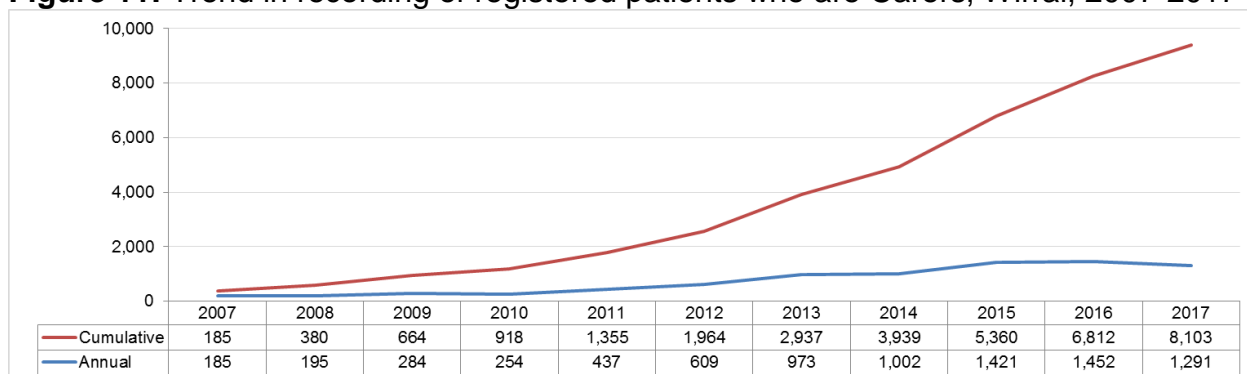
Previously, local estimates were produced using an Office for National Statistics (ONS) report, which in turn had used the Adult Psychiatric Survey. More recently, the 2015 Annual Population Survey (APS) now includes questions for veterans, allowing more up to date estimates to be produced. According to the 2015 APS 72% of veterans aged 65 and over were estimated to have a long term health condition compared with 66% of non-veterans. Furthermore, 40% of veterans aged 16–64 were estimated to have a long term health condition compared with 35% of the non-veteran population. In more specific detail, of veterans who were reported to have at least one long term health condition; 34.4% were reported to have heart, blood pressure and circulation problems such as CVD, 33.1% were reported to have problems with their legs or feet and a final 32.0% were reported to have problems with their back or neck. A 2017 [report on Military Veterans](#) was recently published on the [Wirral Intelligence Service](#) website. This site also provides a range of information that is also listed relevant to Carers in [Appendix 3](#).

Carers of veterans may face additional challenges. For example, veterans may have musculoskeletal injuries, hearing loss in a younger age group, Post-Traumatic Stress Disorder, common mental health disorders and/or alcohol and substance abuse. In addition, there may be a higher incidence of post-natal depression for armed forces wives, and children whose parents have been deployed may have a higher risk of behavioural problems, stress, anxiety and depression.

Adult Carers known to GPs in Wirral

Between 2007 and 2017 there were 8,103 Wirral residents recorded as being a Carer by their GP surgery. This gives an average Wirral rate of around 12.6 Carers per 1,000 residents registered with a GP practice.

Figure 11: Trend in recording of registered patients who are Carers, Wirral, 2007-2017



Source: Wirral CCG, 2018

Note: Since 2007 several GP practices have merged and data has been combined where possible. Data also excludes those patients where it has been recorded that they are no longer a Carer and therefore data only reflects those still “active”.

As Figure 11 shows, the number of Carers being identified by GP practices has improved; figures have increased annually, with an exception in 2017 where a small decrease occurred. Figure 11 also shows the cumulative number of Carers recorded by GP practices over the same period. At 31st December 2017, the number of recorded Carers still “active” was 8,103 people.

It should be noted that the current figure of 8,103 recorded Carers may not be accurate as numbers for each year have been cumulatively calculated and can therefore not take into account recording errors and that simply Carers may not be identified by practices. For example, people who were recorded as being a Carer in 2007 may not still be performing the role but their GP records have not been updated.

Data included within Figure 11 also excludes those people caring for a person who is terminally ill as this role may only be temporary or carried out for a short period.

Table 6: Rate of registered patients recorded as being a Carer by practice, Wirral, 2007-2017

Practice Code	Practice Name	Rate per 1,000
N85005	Eastham Group Practice	30.71
N85025	St Hilary Group Practice	26.81
N85018	The Villa Medical Centre	23.02
N85009	Commonfield Road Surgery	19.55
N85633	Church Road Medical Practice	19.18
N85040	Moreton Health Clinic	18.80
N85643	Prenton Medical Centre	18.25
N85017	Cavendish Medical Centre	17.69
N85002	Marine Lake Medical Practice	17.06
N85007	Heswall And Pensby Group Practice	15.37
N85634	Vittoria Medical Centre	15.26
N85028	Moreton Cross Group Practice	15.13
N85032	Greasby Health Centre	14.33
N85016	Riverside Surgery	13.86
N85048	Moreton Medical Centre	13.57
N85024	Somerville Medical Centre	13.49
N85012	St Georges Medical Centre	13.36
N85057	Teehey Lane Medical Centre	13.20
N85020	St Catherine's Surgery	12.96
N85015	Devaney Medical Centre	12.82
N85044	Claughton Medical Centre	12.58
N85051	Sunlight Group Practice	11.94
N85008	West Wirral Group Practice	11.83
N85013	Upton Group Practice	11.77
N85046	Hoyle Road Medical Centre	11.39
N85617	Spital Surgery	10.58
N85019	Whetstone Lane Med Centre	10.42
N85027	Central Park Medical Centre	10.41
N85023	Manor Health Centre	10.40
N85006	Civic Medical Centre	10.39
N85648	Blackheath Medical Centre	10.32
N85047	The Orchard Surgery	9.67
N85629	Egremont Medical Centre	9.38
N85625	Miriam Medical Centre	8.55
N85052	Grove Road Surgery	8.15
N85616	Liscard Group Practice	8.03
N85038	Vittoria Medical Centre	7.78
N85014	Townfield Health Centre	7.62
N85003	Allport Surgery	7.46

Practice Code	Practice Name	Rate per 1,000
N85054	Kings Lane Medical Practice	7.36
N85620	Grove Medical Centre	5.92
N85022	Holmlands Medical Centre	5.88
N85037	Heatherlands Medical Centre	5.87
N85034	Parkfield Medical Centre	5.53
N85031	Gladstone Medical Centre	5.47
N85053	Field Road Health Centre	5.24
N85001	TG Medical Centre	4.78
N85640	Leasowe Primary Care Centre	4.33
N85021	The Hamilton Medical Centre	4.21
N85059	Hoylake & Meols Medical Centre	2.88
Y02162	Woodchurch Medical Centre	2.02
Wirral		12.59

Source: Wirral CCG, 2018

Note: Since 2007 several GP practices have merged and data has been combined where possible. Data also excludes those patients where it has been recorded that they are no longer a Carer and therefore data only reflects those still "active".

Rates have been calculated using the cumulative figure of "active" Carers for each practice against the registered population as at April 2017. As the table shows, Eastham group practice has the highest rate of registered Carers, 30.71 per 1,000, which is more than twice as high as the Wirral rate. In comparison, Woodchurch Medical Centre has the lowest rate of Carers, 2.02 per 1,000, which is 10 Carers per 1,000 lower than the Wirral rate.

Adult Carers known to Adult Social Care in Wirral

In January 2018, there were 4,822 individual Carers known to and/or accessing support from Adult Social Services in Wirral. The average age of all adult Carers known to Adult Social Care in Wirral is 63.6 years, with those aged 50-69 accounting for nearly half (47.5%).

Table 7: Rate of Carers (aged 18+) known to Adult Social Care, by Wirral ward, January 2018

Ward	Carers aged 18+	Population aged 18+	Rate per 1,000
Seacombe	276	11,519	23.96
Leasowe and Moreton East	245	11,189	21.90
Bebington	250	12,281	20.36
Pensby and Thingwall	216	10,657	20.27
Bidston and St James	226	11,467	19.71
Prenton	222	11,420	19.44
Upton	240	12,730	18.85
Eastham	214	11,389	18.79
Hoylake and Meols	199	10,730	18.55
Moreton West and Saughall Massie	208	11,296	18.41
Rock Ferry	197	10,905	18.07
Cloughton	208	11,622	17.90
Bromborough	216	12,213	17.69
West Kirby and Thurstaston	176	10,209	17.24
Greasby, Frankby and Irby	194	11,345	17.10
Wallasey	204	12,053	16.93
Clatterbridge	193	11,661	16.55
New Brighton	194	12,047	16.10
Birkenhead and Tranmere	187	12,291	15.21

Ward	Carers aged 18+	Population aged 18+	Rate per 1,000
Liscard	180	12,331	14.60
Heswall	157	10,875	14.44
Oxton	162	11,379	14.24
Wirral	4,564	253,609	18.00
<i>Non-Wirral Residents</i>	258	NA	NA

Source: Wirral Adult Social Care, 2018 and ONS, 2017

Note: The population data used is mid-2016 estimates (ONS)

As Table 7 shows, Seacombe has the highest rate of adult Carers known to Adult Social Care in Wirral (nearly 24 Carers per 1,000 residents) compared to Oxton, which has the lowest rate (around 14 Carers per 1,000 residents). Wirral average is 18 Carers per 1,000 residents, with exactly 11 wards having a higher and lower rate of adult Carers. These figures are also presented as a map in [Appendix 2](#).

Referring back to Figure 1 (page 8) it is estimated that Greasby, Frankby & Irby ward has the highest rate of Carers, however, the rate of Carers known to Adult Social Care for this ward is lower than the Wirral average. In contrast to this, Figure 1 shows Seacombe ward to have had a fairly low rate of Carers, but comes out highest in those known to Adult Social Care (Table 7). Due to the time difference in these sets of data, it is difficult to interpret these results; however, it could be argued that more work is required in wards such as Greasby, Frankby & Irby to encourage appropriate Carers to engage with social care services.

Carers known to Adult Social Care by Care Reason

Table 8: Carers (aged 18+) known to Adult Social Care, by care reason, Wirral, January 2018

Carer Role	Carers (18+) known to Adult Social Care	
	(n)	(%)
Physical Support - Access and Mobility Only	1,310	26.5%
Physical Support - Personal Care Support	1,129	22.8%
Learning Disability Support	892	18.0%
Mental Health Support	792	16.0%
Support with Memory and Cognition	254	5.1%
Sensory Support - Support for Visual Impairment	219	4.4%
Missing data	148	3.0%
Social Support - Support to Carer	88	1.8%
Social Support - Support for Social Isolation / Other	62	1.3%
Social Support - Asylum Seeker Support	36	0.7%
Other support	22	0.4%

Source: Wirral Adult Social Care, 2018

Note: The total number of Carers exceeds the figure of 4,822 provided earlier as some individuals will care for multiple people

Table 8 shows that the majority of Carers known to Adult Social Care provide physical support (49.3% combined), with learning disability support (18.0%) and mental health support (16.0%).

Wirral information for North West Association of Directors of Adult Social Services (ADASS) Carers Services and Commissioning Stock Take 2016/2017 asks - *Services provided to the cared for person can also meet assessed needs of the Carer - How many Carers in your area are supported in the following ways?* With the results suggesting the following:

- by the provision of day support or day activities for the cared for person – **number 1592**
- by the provision of overnight care for the cared for person – **number 787**
- by other means – **number 1591 Receive Direct Payments**

Providing care – Physical Support

As Table 8 shows 26.5% (n=1,310) and 22.8% (n=1,129) of Carers known to Adult Social Care have the Carer role (or primary support reason) of physical support; Access & Mobility Only and Personal Care Support respectively. Providing physical support can cover a wealth of conditions, such as hearing and visual impairments, frailty and physical disabilities.

The Physical Support subgroup “Access & Mobility Only” involves tasks allowing the cared for person to live as independently as possible. Examples include:

- assistance getting in and out of bed/chairs
- assistance getting up and down stairs

The Physical Support subgroup “Personal Care Support” involves more intensive support and is described in the Community Care Statistics 2015-16: Supporting Information ([NHS Digital](#), 2016) as follows:

1. Physical assistance given to a person in connection with:
 - a. Eating or drinking (including the administration of parenteral nutrition)
 - b. Toileting (including in relation to menstruation)
 - c. Washing or bathing;
 - d. Dressing
 - e. Oral care
 - f. The care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist)
2. Where needed the prompting and supervision of a person to do any of the types of personal care listed above, where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.

Providing Care – Learning Disability Support

Table 8 shows that 18% (n=892) of Carers known to Adult Social Care in Wirral, provide Learning Disability Support.

Carers of people with learning disabilities are often parents or other relatives of a learning-disabled individual, who may now be an adult. These Carers often face a life-long caring role as the life expectancy of people with learning disabilities has increased significantly, and more people with learning disabilities are now expected to outlive their parents. The average age of Carers known to Adult Social Care who provide Learning Disability Support is 62.3 years in Wirral.

As the person with learning disabilities ages, their needs, and the needs of their ageing parent, may lead to mutual caring situations. Often in such families the Carer and the person with learning disabilities only come to the attention of Adult Social Care when a crisis occurs, for example, when the Carer or adult person with learning disabilities becomes ill, or physically incapacitated, or is suffering from dementia. In order to offer support, it's important to identify this hidden population of Carers before a crisis occurs. [Mencap's housing report \(2012\)](#) states that 83% of Carers whose son or daughter lives with them have not planned for when they are no longer able to deliver care. The report goes on to state that even older Carers are not planning for the future, with 56% of Carers aged over 70 whose son or daughter lives with them having not planned for when they are no longer able to care.

Wirral has a higher number of Carers of people with a learning disability than in other parts of the country, owing to the historically and disproportionately high learning disability population. The 2011 Census suggests that there are approximately 5,932 citizens in Wirral that have learning difficulties ([ONS](#), 2017). However, more recent numbers show that only 2,200 are known to GPs in Wirral as at 2016/17 (all ages, [PHOF](#), 2017).

Providing Care – Mental Health Support

The Public Health Outcomes Framework ([PHOF, 2017](#)) state that in 2014/15 there were an estimated 49,165 adults (aged 16-74) suffering from a common mental health disorder in Wirral. It should be noted that these estimates have several caveats, further information on these can be found [here](#) in the PHOF indicator definition.

Common mental health disorders, also called neurotic disorders, include conditions such as anxiety and depression. The [Adult Psychiatric Morbidity Survey 2014](#) describes such disorders as causing marked emotional distress and interfering with daily functions, but rarely effect insight or cognition.

Although the above figures in Table 8 do not specify whether support is provided to those with Common Mental Disorders or more severe mental illnesses, there are just under 800 Carers known to Wirral Adult Social Care who will be providing support to people with severe and enduring mental health issues.

According to the Community Care Statistics 2015/16 ([NHS Digital, 2016](#)), support can be provided in a range of different ways:

1. Support with living independently in their own home, or having support to improve their home
2. Support to go out, (perhaps with a personal assistant)
3. Support to keep them motivated
4. Someone to confide in, so they could talk over problems
5. Support to travel independently

Wirral has 16% of Carers providing that care for someone with a mental health condition (see Table 8). Such Carers can be reluctant to discuss their role due to the stigma still attached to mental health. Mental health conditions can fluctuate, are often misunderstood, and can cause considerable emotional distress to Carers. The issues of confidentiality and information-sharing between mental health professionals and Carers are difficult and complex to resolve as healthcare staff have a duty to both patients and Carers not to disclose confidential information. Please see [Carers and Confidentiality](#).

Parent/Carers of children with some forms of disability

[Wirral JSNA Learning Disability section \(2015\)](#) suggests there are almost 8,000 children known to schools in Wirral with special educational needs and/or a disability (SEND) then through school action plus, a statement, SEN support or Education Health Care Plans. Many parent Carers report struggling to access services for their child, lengthy processes and negative experiences, become disengaged from services so don't seek support for themselves, dependent on condition of child they may face a lifelong role.

Local, Community and Stakeholder views

This [Survey of Adult Carers in England, 2016/17](#) is distributed to local residents by local authorities annually in order to gauge opinions and views about life as a Carer.

This report is then reported back as part of central government statutory returns, but it is in the process of reviewing the responses to develop a document to inform our future policy, procedures and processes that support Carers across the borough.

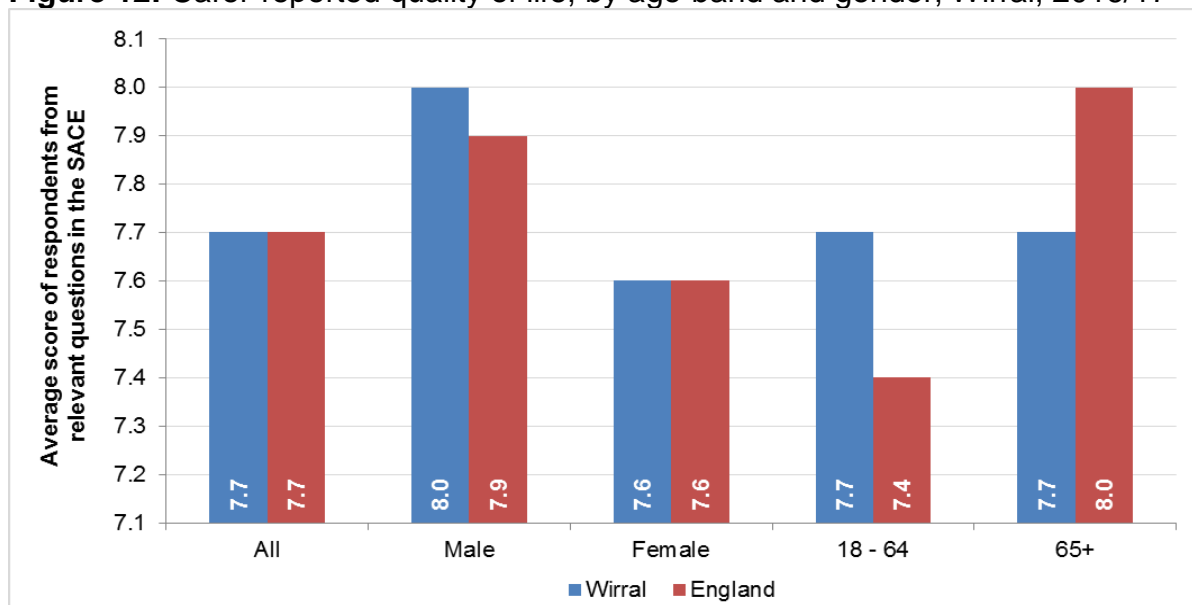
[This report](#) provides results of the 2016/17 latest North West Carers Survey that includes Wirral data and information.

What are we achieving?

The Adult Social Care Outcomes Framework (ASCOF) 2016/17

The below charts (Figs 12 - 16) show the results of the Survey of Adult Carers in England 2016/17.

Figure 12: Carer-reported quality of life, by age-band and gender, Wirral, 2016/17



Source: [NHS Digital](#), 2017

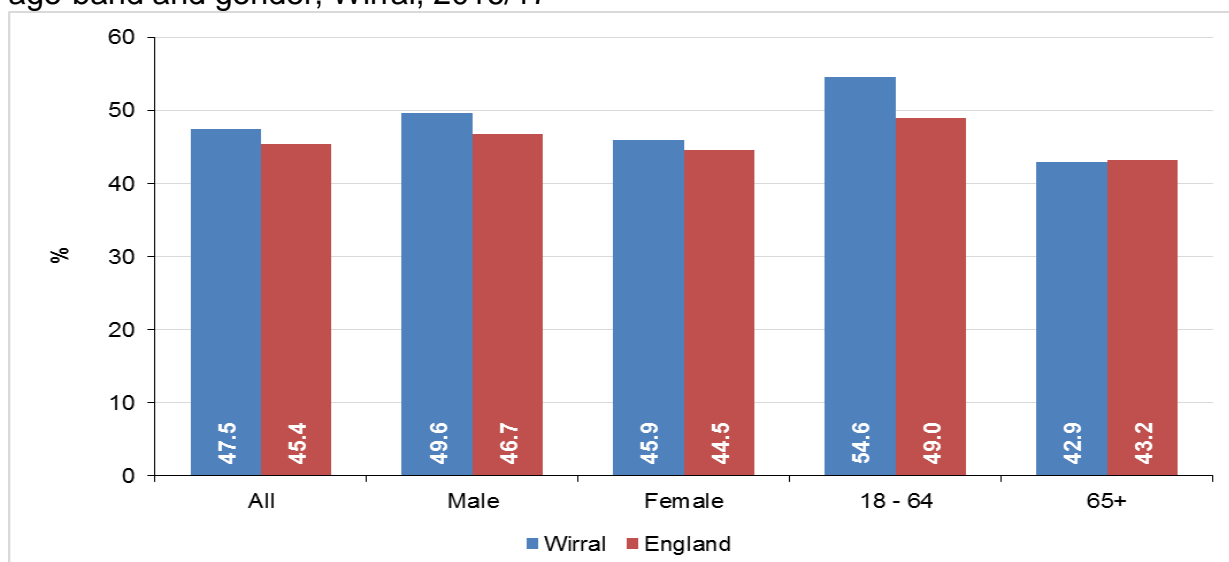
Note: These data consists of 440 Wirral respondents

The Carer quality of life is calculated on a range of responses to the Carers Survey, including how they are able to spend their time, how much control and social contact they have, their health and balancing a life outside of caring.

Figure 12 suggests that:

- Wirral male Carers have a higher reported quality of life than England overall
- Those Wirral Carers aged 18 – 64 have a higher reported quality of life than England overall
- Those Wirral Carers aged 65+ have a lower reported quality of life than England overall

Figure 13: Wirral Carers who reported that they had as much social contact as they would like by age-band and gender, Wirral, 2016/17



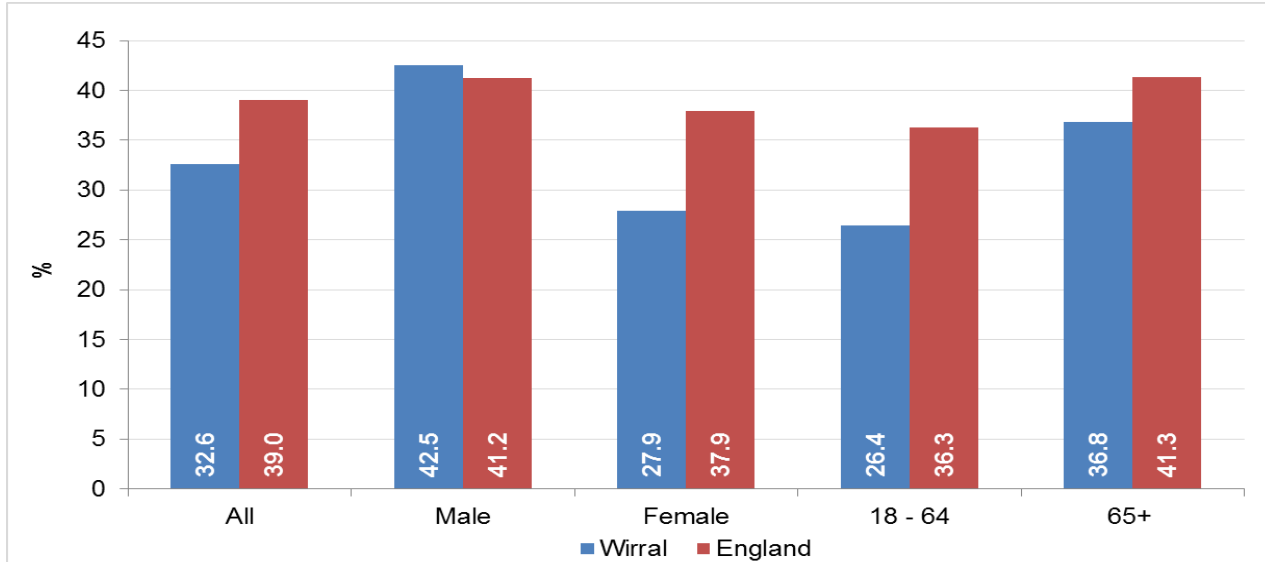
Source: [NHS Digital](#), 2017

Notes: These data consists of 465 Wirral respondents

Figure 13 suggests that:

- In nearly all cases Wirral Carers (Male, Female, Aged 18-64) report that they have as much social contact as they would like
- Those Wirral Carers aged 65+ have a very similar level of social contact as they would like when compared to England overall

Figure 14: Overall satisfaction with social services of Carers by age-band and gender, Wirral, 2016/17



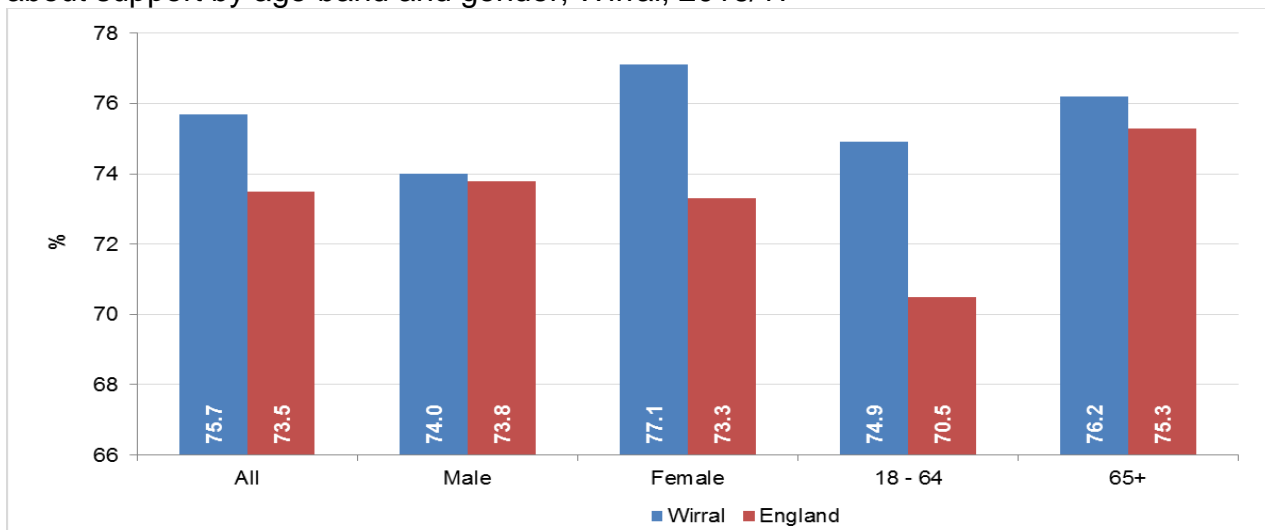
Source: [NHS Digital](#), 2017

Notes: These data consists of 390 Wirral respondents

Figure 14 suggests that:

- Wirral male Carers have a slightly higher level of overall satisfaction with social services (42.5%) than England male Carers overall (41.2%) and considerably higher than Wirral female Carers (27.9%)
- Wirral female Carers have a considerably lower levels of overall satisfaction with social services (27.9%) than England female Carers overall (37.9%)
- Those Wirral Carers aged 18 – 64 and 65+ have lower levels of overall satisfaction with social services (26.4% and 36.8% respectively) than England Carers aged 18-64 (36.3%) and 65+ (41.3%)

Figure 15: Proportion of people who use services and Carers who find it easy to find information about support by age-band and gender, Wirral, 2016/17



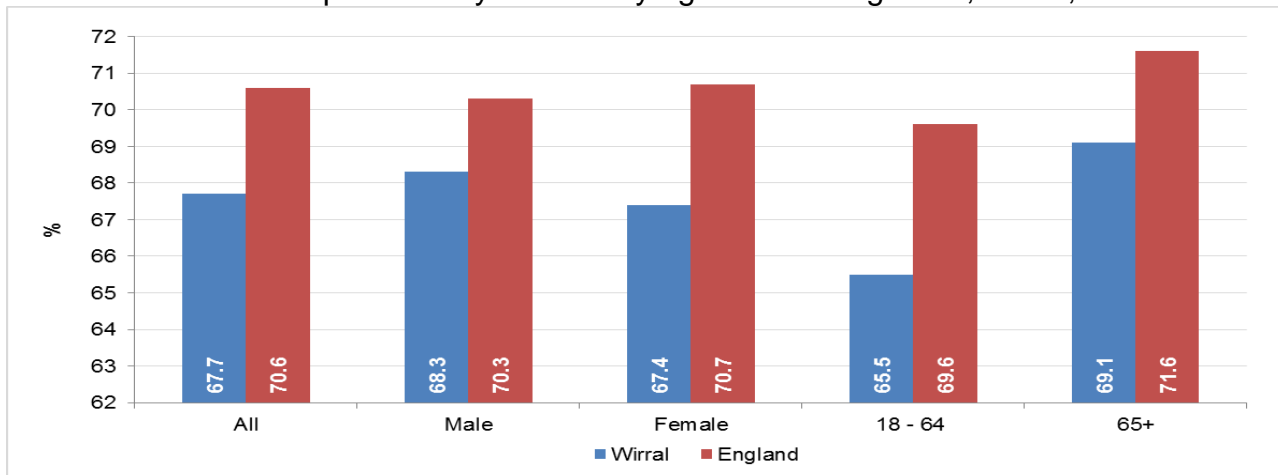
Source: [NHS Digital](#), 2017

Notes: These data consists of 315 Wirral respondents

Figure 15 suggests that:

- When asked about services they use, Wirral Carers overall find it easy to find information about available support (75.7%) compared to England Carers overall (73.5%)
- Satisfaction levels of those who use services and Carers who find it easy to find information are better for Wirral for all categories (Male/Female/Aged 18-64 and 65+) than England overall

Figure 16: The proportion of Carers who report that they have been included or consulted in discussions about the person they care for by age-band and gender, Wirral, 2016/17



Source: NHS Digital, 2017

Notes: These data consists of 330 Wirral respondents

Figure 16 suggests that overall, Wirral Carers, who were asked if they have been included or consulted in discussions about the person they care for, had lower levels of satisfaction than England overall and similar was across all categories (male/female/those aged 18-64 and 65+) though within 4% of England at worst.

What is this telling us?

Wirral has a significant number of Carers, across age-bands and parts of the area, providing many hours of unpaid and sometime unrecognised or unsupported care for a significant number of residents. Careful planning and appropriate service provision can support Carers to continue their caring roles whilst also minimising any unnecessary impact of services through inappropriate referrals when the right support is not forthcoming. Carer numbers look set to increase in coming years and so coordinated planning and support will be vital.

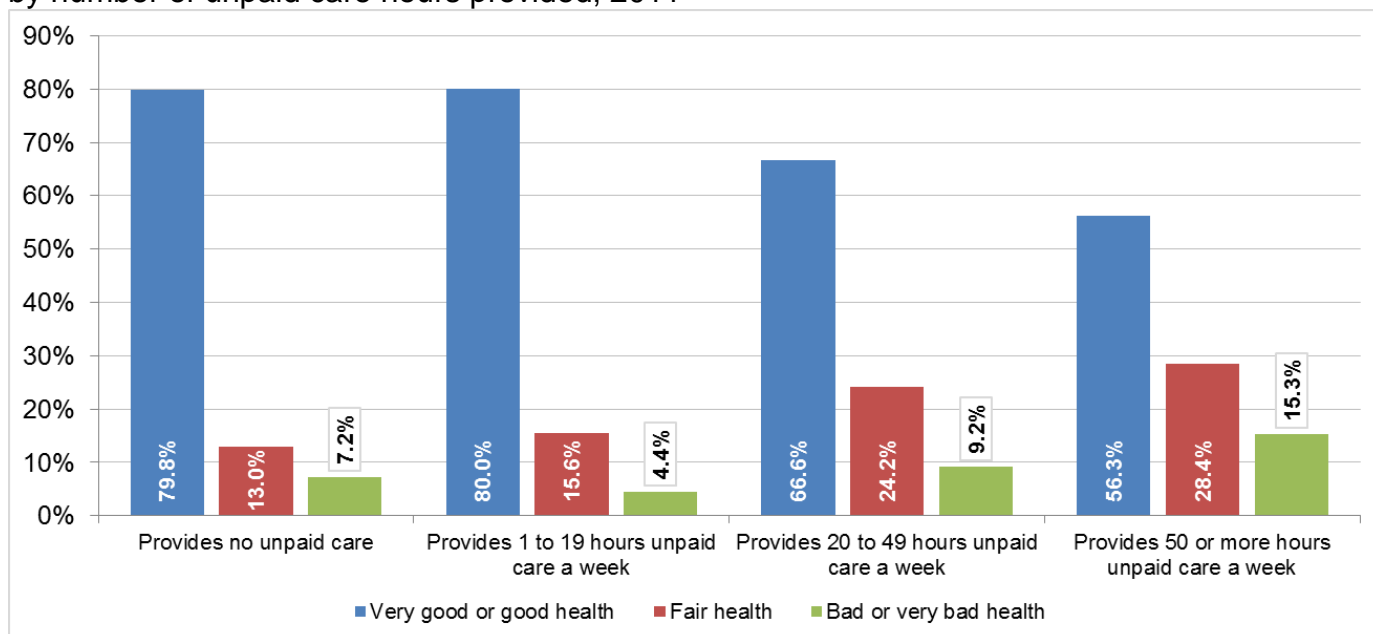
Key issues and challenges

Please see [Appendix 3](#) for JSNA sections that relate to Carers and Caring

Carers Self-Reported perception of Health: Older Carers and more hours

It is clear from the 2011 Census that the general health of Carers deteriorates incrementally with the increasing hours of care provided. In Figure 17, 5.2% of Carers reported their own health as 'not good' and this rose to almost 16% among those caring for more than 50 hours a week.

Figure 17: Wirral Carer's self-reported perception of health (as a % of the total in each category), by number of unpaid care hours provided, 2011



Source: Census 2011 via [ONS](#), 2017

Isolated Carers

The majority of Carers remain hidden to health and social care services, in schools and places of employment. Identification and recognition of Carers, as well as understanding their role and needs will help to support Carers, of all ages, and prevent social isolation and/or them having to give up work to continue providing care.

Irrespective of background, gender and age it is usually the condition of the cared-for person that most impacts on the health and wellbeing of the Carer. Conditions such as mental health problems, dementia, learning disabilities, physical and sensory impairments and substance misuse contribute to increased use of health and social services and increased social isolation for both the Carer and the cared for. Such circumstances also affect the quality of care given, due to the increased pressures they place on the Carer (see [Appendix 3](#) for other related JSNA sections).

Working Carers or Carers forced into unemployment

There is an increased focus on issues relating to Carers who are in employment and balancing their caring responsibilities alongside working. Due to changing demographics – people living longer with ill health and long term conditions – there is an increase in the number of people in work that have caring responsibilities for a relative, friend or neighbour outside of their working hours. Employers are being encouraged to develop Working Carer Friendly policies that support Carers to continue to work; avoiding people feeling forced in to giving up work to continue to provide care. Carers who feel that there is no other alternative but to give up work because of their caring role can experience financial difficulties. There is also economic impact to the wider economy and to employers themselves (see pages 9 & 10 [Supporting Working Carers Report](#)). (See [Appendix 3](#) for other related JSNA sections)

[Carers UK's The State of Caring 2017](#) survey and the Caring & Family Finances Inquiry (Feb 2014) evidenced that many Carers of working age feel forced to give up work to care and after a period of absence many find it difficult to return to the labour market. The State of Caring survey in 2011 found that of Carers who had given up work or reduced their working hours to care, a fifth were £10-15k a year worse off and a further fifth were losing £15-20k annually. Many older working Carers aged 55-64 years of age were likely to lose at least £30k a year ([ADASS, 2017](#)).

Young Carers

Different groups of Carers can have different experiences and needs. Young Carers can experience substantial physical, emotional or social problems, and encounter difficulties in school and elsewhere ([SCIE, 2005](#)). The amount and type of care that young Carers provide can vary greatly, and does not predict how far the health or wellbeing of each young Carer may be affected. (See [Appendix 3](#) for other related JSNA sections)

In addition, young Carers have significantly lower educational attainment at GCSE level, and are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19 ([Children's Society, 2013](#)).

Young Carers are less likely to be identified and subsequently supported by mainstream services. Clear pathways of support need to be promoted between children and adult social care services, as well as health and educational bodies. ([See Young Carers section on Wirral Intelligence Service website](#))

Caring for someone suffering with substance misuse

It is estimated that 2% of the population experience addiction within the family at some time ([Nottingham JSNA, 2017](#)). The contribution of families and their role in treatment and/or detox is recognised but due possibly due to the stigma surrounding drug or alcohol use, Carers of people with substance misuse issues do not tend to engage with Carer support services or Carers assessments, only with substance misuse services.

There is concern that young Carers of parents with substance misuse are remaining hidden due to fear of involvement from outside agencies, not wishing to “betray” their parents, fear of losing their parents, whilst parents may have concerns about their children being taken into care.

BAME communities

The number of people with caring responsibilities within BAME communities in contact with social care services remains low and is disproportionate to the BAME population in Wirral. Though from 2011 Census we see that BAME Carers are significantly higher in number as a proportion of the local BAME population (see Table 2). (See [Appendix 3](#) for other related JSNA sections)

LGBT communities

There is no robust evidence that can reliably tell us how many LGBT people there are in the population, locally or nationally. Sexual orientation is not asked about on the National Census and is not monitored consistently in employment or services. National estimates range from 1.5% to 10% of the population identifying as LGBT, meaning it is also therefore difficult to find reliable figures in relation to Carers who identify as LGBT. (See [Appendix 3](#) for other related JSNA sections)

There is evidence to suggest that LGBT people could be more likely to engage in lifestyle behaviours that are damaging to health including smoking, alcohol misuse, and drug use ([Wirral JSNA – LGBT Needs Assessment](#)). They are less likely to engage with health improvement services that support people to improve their own health as well as to engage with screening services such as cancer screening. LGBT people are more likely to experience inequality in relation to healthcare services and are more likely to die prematurely. ([Williams et al, 2013](#)) and this could indicate both greater needs for healthcare services and acting as or requiring Carers support.

[Reading JSNA](#) highlighted that in a local survey (n=2,580) of its LGBT community that 1 in 10 identified as having caring responsibilities with [South Gloucestershire JSNA](#) suggesting that LGBT Carers in older age expressed concern that if Carer and other services were not LGBT friendly they will have to spend their last years hiding their sexuality.

This concern could be of more significance with the [Trans Mental Health Survey](#) in 2012 finding 18.1% of the transgender population identify themselves as Carers with 7% providing significant levels of care. In general it was suggested that Local Authorities should provide care services with recourses and signposting information to enable Carers from all self-identified communities to have knowledge and information about appropriate and specific community resources for Carers and those cared for.

Carers of people who fall in the self-funder categories

The financial assessment of an individual occurs after an assessment of need for the individual and their Carer. The Care Act sets out the lower (£14,250) and upper limit (£23,250) on the treatment of capital for individuals.

Once an individual's financial levels reach the upper limit, it is considered that they are able to contribute to the full cost of their care. Many people whose assets are above the upper limit do not approach the local authority for an assessment but may rely on family members or friends to provide the care, or make their own arrangements privately. Therefore, it is important that the Carers of self-funders are offered a Carers Assessment to ensure that their own needs and views on their caring role are identified and appropriate information, advice and support are offered.

Health Services for Carers

In a 2016 [Survey of Carers](#) who had used 999 or Accident and Emergency services during the previous year, Carers UK found that:

- 1 in 10 surveyed Carers (9%) used 999 or went to Accident and Emergency (A & E) because they didn't know where else to go
- Nearly a fifth of Carers (18%) used 999 or A & E because it was difficult or impossible to get a district nurse or a GP out of hours.
- Support for Carers in the community is an important factor in preventing emergency admissions

Carers' Flu Jabs

Seasonal Flu vaccinations for priority population cohorts are provided between 1 September and 31st January. In 2016/17, England's rate of Carers having the seasonal Flu vaccination was 41.9%, which was an increase on 37.4% in 2015/16. In Wirral, the 2016/17 rate was 43.9%; an increase on 36.6% in 2015/16. Provisional data suggests that this declined slightly in Wirral for the 2017/18 season, with an uptake rate estimated at 42.9%.

Carers Information Week

In Wirral (12th - 18th June 2017) the launch of Carers Week at Arrowe Park Hospital was to identify people who are new to caring as well as raise awareness. There are a range of events held throughout the week in a range of venues. Previous years have included promoting community pharmacists in identifying Carers and promotion Carers' flu jabs.

Carer Breaks

Carers can access a break from caring if their needs are identified as part of a Carers Assessment or an assessment of the person they care for. The types of breaks that can be offered are day care, residential short breaks, or support at home for the cared for person.

Carers and hospital

The [Carers UK State of Caring 2017 survey](#) showed that 57% of the Carers surveyed said that 'they did not feel that they had a choice about providing care to the person following their discharge from hospital'. Furthermore, 9% of the Carers surveyed said that the cared for person was readmitted to hospital within a couple of months because they were discharged too early. This was the largest State of Caring survey carried out by Carers UK and included the views of 7,000 people.

A [Parliamentary and Health Service Ombudsman \(PHSO\) report](#) on unsafe discharge from hospital in September 2016 concluded that 'the incidence of unsafe discharge from NHS hospitals is much too high and ... is unacceptable' and made several recommendations relating to best practice and discharge planning.

The commissioned Wired Carers Health and Wellbeing Service have recruited a Carer Connector to identify Carers of people being discharged from hospital and offer appropriate support including accessing online Carers Assessment and information and advice.

Integration of Health and Social Care

From June 2017 the social work function for older people transferred from Wirral Council to Wirral Community Foundation Trust as part of the integration of health and social care. It is proposed that the All Age Disability and Mental Health Service will transfer to Cheshire and Wirral NHS Partnership Trust in July 2018 (but could change). Statutory duties still remain with the Council.

The benefits of integration will be more streamlined support across professionals that are involved in a person's care, providing the right support at the right time and encouraging people to lead healthy lifestyles that promote independence.

What are we doing and why?

Current activity and services

Local Services for Carers

Jointly Commissioned Services for Carers

WIRED Carers Health and Wellbeing Service

Carer Connectors provide information, advice and support for Carers in Wirral, including Carers Helpline, Carers register, Counselling, Carers Emergency Contact Scheme, Carers Grant, Carer groups, activities, training and events

Carers Helpline: 0151 670 0777

<http://www.wired.me.uk/Wirral-Carers-website.asp>

Barnardo's Action for Young Carers Wirral

Provides support to young people under 18 years who are undertaking caring responsibilities for a sibling or an adult

Telephone: 0151 678 7790

http://www.barnardos.org.uk/youngCarersnorthwest/nw_young_Carers_north_west-awyc-wirral.htm

Age UK Wirral

Offers support and services to older people and their Carers, including Carer courses and support for family or friends caring for people with dementia.

Telephone: 0300 33 00 111 (10 am – 3pm)

<https://www.ageuk.org.uk/wirral/our-services/>

Carers are supported by a variety of ways including...

Other Services for Carers

Wirral Carers Association

Carers group run by Carers for Carers. Informal monthly meetings, with guest speakers from health, social care and Carer organisations, are held on the last Wednesday of each month at Wallasey Town Hall, 10 am – 12.30pm. For further information contact: Carers Helpline 0151 670 0777

Role On

Social contact and friendship group for former Carers, whose caring role has come to an end.

Organises activities and events

Telephone: 0776664894

<http://www.roleon.org/>

Wirral Connect – Carer Connections

Accredited training for volunteer mentors to work with Carers, former Carers and Carers in employment.

Telephone: 0151 647 5432

<http://www.wirralconnect.org.uk/connecting-people/wirral-Carer-peer-mentoring-project>

What are the challenges?

Key gaps in knowledge and services

There are gaps in our knowledge around different Carer groups and better understanding of the needs of different Carer groups would enable more appropriate service commissioning.

Some aspects that could require further consideration by partners are:

Identification of Carers

- This aspect could be improved across local statutory and third sector partners. The result could be greater identification of local needs and subsequent support from a variety of options

Specific groups

- the young adult Carer group (16-24)
- Carers who have disabilities themselves
- Carers who care for people with specific needs, for example Carers of people with mental health problems
- the Lesbian, Gay, Bisexual and Transgender community

What is coming on the horizon?

Following items are planned for 2018/2019

- Although no national strategy for Carers will now be presented by central government there is an intention to provide an action plan for Carers. Its intentions will be considered and acted upon locally

What interventions support improved outcomes?

Feedback from Carers shows that information services for Carers and breaks services are highly valued. The importance of this is reflected in the fact that the [Care Act 2014](#) includes the provision of information to Carers as a statutory duty for the local authority.

[NHS England's Commitment to Carers Plan](#) was launched in May 2014 at the State of Caring Conference. There are 37 commitments spread across eight key priorities which include raising the profile of Carers, education and training, person-centred coordinated care and primary care. This is a hugely significant step for the NHS as this is the first plan they have ever published specific to Carers.

In [Economic Case for Local Investment in Carers Support](#) ADASS, the Department of Health and others looked at the financial consequences of ceasing support to Carers. As noted in the Introduction section, based on the [Valuing Carers 2015](#) research it can be estimated that Carers in Wirral save the public purse an estimated £851million a year. The figure for the UK is estimated at £132 billion.

The ADASS document also refers to the Department of Health's [Impact Assessment on the Care Bill](#) which 'makes an estimate of the 'monetised health benefits' of additional support for Carers. This estimates that an anticipated extra spend on Carers for England of £292.8 million would save councils £429.3 million in replacement care costs and result in "monetised health benefits" of £2,308.8 million. This suggests (as a ratio) that each pound spent on supporting Carers would save councils £1.47 on replacement care costs and benefit the wider health system by £7.88'.

Key content

Links

2011 Carers Trust report ['Always on call, always concerned: A survey of the experiences of older Carers'](#).

Digital Resources for Carers

Wirral Council have signed up with [Carers UK to make available](#) a range of digital resources to Carers, including e-learning courses, information and guidance and a mobile app (called [Jointly](#)), linking with service providers and employers. The app helps Carers to identify circles of support and co-ordinate care around the person they care for. [Access here](#)

Relevant and related National and local strategies

National

[The Care Act 2014](#) places a duty on local authorities to proactively identify, assess and consider how they can meet the needs of Carers in their area who might have support needs that are not being met. The Care Act defines a Carer as anyone who provides any amount of unpaid care. The Care Act requires local authorities to identify Carers' needs through statutory Carers Assessments.

This duty extends to all Carers, including the Carers of citizens who are not receiving social care support. Under the Care Act, Carers are recognised in law in the same way as those for whom they care, regardless of whether that person has eligible care needs, or not. The Care Act defines a Carer as anyone who provides any amount of unpaid care.

From April 2015, councils have had a duty to carry out assessments for all Carers who ask for one, and to pro-actively identify and offer assessments to Carers.

Once the assessment is complete, the local authority must decide whether the Carer's needs are 'eligible' for support from the local authority. This approach is similar to that used for adults with care and support needs. In the case of Carers, eligibility depends on the Carer's situation. The Carer's needs can be met by providing care and support directly to the person that they care for, for example, by providing replacement care to allow the Carer to take a break, as long as the person needing care agrees.

In such cases, where the local authority charges for the type of care offered, the authority must carry out a financial assessment of the person who is cared for - the Carer cannot be charged in such cases. An adult caring for a disabled child can get support through children's services.

Local authorities must also provide information and advice on local services to prevent Carers' needs from developing further.

[The Children and Families Act 2014](#) amended the Children Act to make it easier for young Carers to get an assessment of their needs and to introduce 'whole family' approaches to assessment and support. Local authorities must offer an assessment where it appears that a child is involved in providing care. This legislation is aligned with similar provision in the Care Act 2014 requiring local authorities to consider the needs of young Carers if, during the assessment of an adult with care needs, or of an adult Carer, it appears that a child is providing, or intends to provide, care. In these circumstances the authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education and development.

Local authorities have a clear duty to undertake an assessment of a young Carer's needs for support on request or on the appearance of need. Local authorities are required to ensure that young Carers are identified and to consider whether the young care is a 'child in need'.

The Government have indicated that the amendment to the Children Act works with provisions in the Care Act 2014 so as to apply equally to both children's and adult services. The Guidance for the Care Act reinforces this and stresses those young Carers should not be left with inappropriate levels of caring responsibilities. The key difference in considering support for young Carers compared to adults is that adult Carers have a choice in their caring role that young Carers lack.

[The National Carers Strategy Action Plan 2014-16](#) had key priorities to support Carers to care effectively and safely; look after their own health and well-being; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities.

By providing effective support for Carers we will improve the Carer's quality of life, reduce incidences of poor mental health and physical injuries amongst Carers, and support Carers to further their education, careers and other interests. This can help reduce Carer breakdown and enable Carers to continue to carry out their caring roles.

Note: After over 2 years being promoted as a future action, the intended National Carers Strategy, was replaced with an alternate approach in November 2017, when the Minister announced that a cross-Government action plan will be launched in the New Year to improve support for Carers informed by evidence from Carers (still awaiting latest position (March 2018)

['No wrong doors: Working Together to Support Young Carers and their Families'](#) is a local memorandum of understanding (based on a national template) between statutory Directors of Children's and Adult Social Services. It reflects the important new duties and powers placed on local authorities by the Care Act 2014,

Children and Families Act 2014, and reinforced in the Young Carers Assessments Regulations 2015, the Guidance related to both of these Acts and “Working Together to Safeguard Children” (DfE – 2015). The memorandum promotes working together between Adult’s and Children’s social care services and Action for Young Carers.

Local

[Wirral Plan](#)

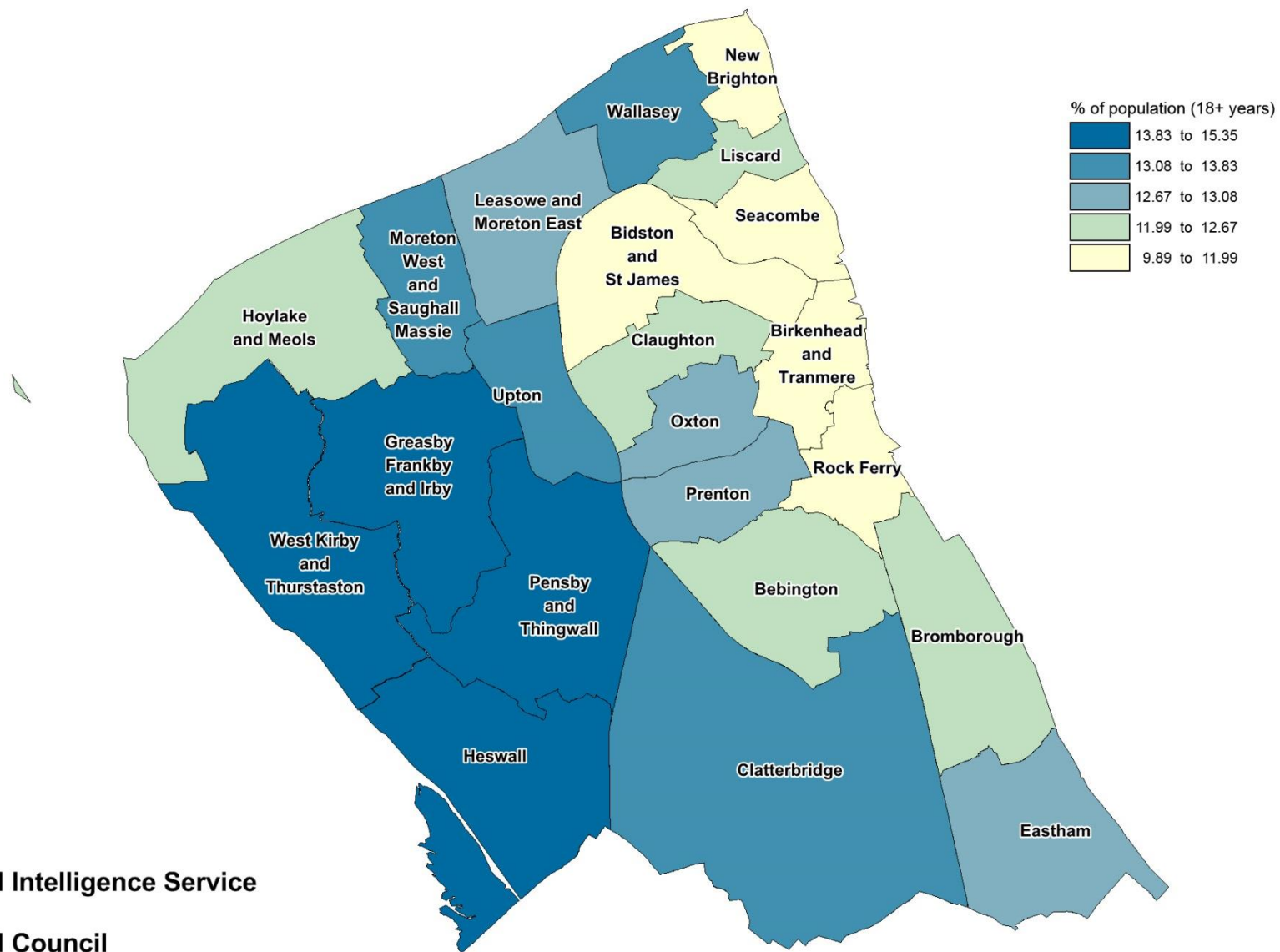
[Wirral’s Strategy for Carers 2014 – 17](#) (New Carers Strategy to be developed)

[Wirral Children and Young People Plan \(CYPP\)](#)

References

- [NHS Being a young Carer](#)
- [NHS Transition planning for disabled young people](#)
- [Wirral Carers Survey](#)
- [Wirral Intelligence Service BAME Homepage](#)
- [Wirral Intelligence Service Armed Service Veterans Homepage](#)
- [Wirral Intelligence Service](#)
- [National Carers Survey 2016/17](#)
- [Carers UK’s The State of Caring 2017](#)
- [The Care Act 2014](#)
- [The Children and Families Act 2014](#)
- [The National Carers Strategy 2014-16](#)
- [‘No wrong doors: Working Together to Support Young Carers and their Families’](#)
- [Wirral Plan](#)
- [Wirral’s Strategy for Carers 2014 – 17](#)
- [Wirral Children and Young People Plan \(CYPP\)](#)
- [NOMIS](#)
- [DWP Carers Allowance dashboard](#)
- [Carers UK](#)
- [NHS England Five Year Forward View](#)
- [NHS Digital](#)

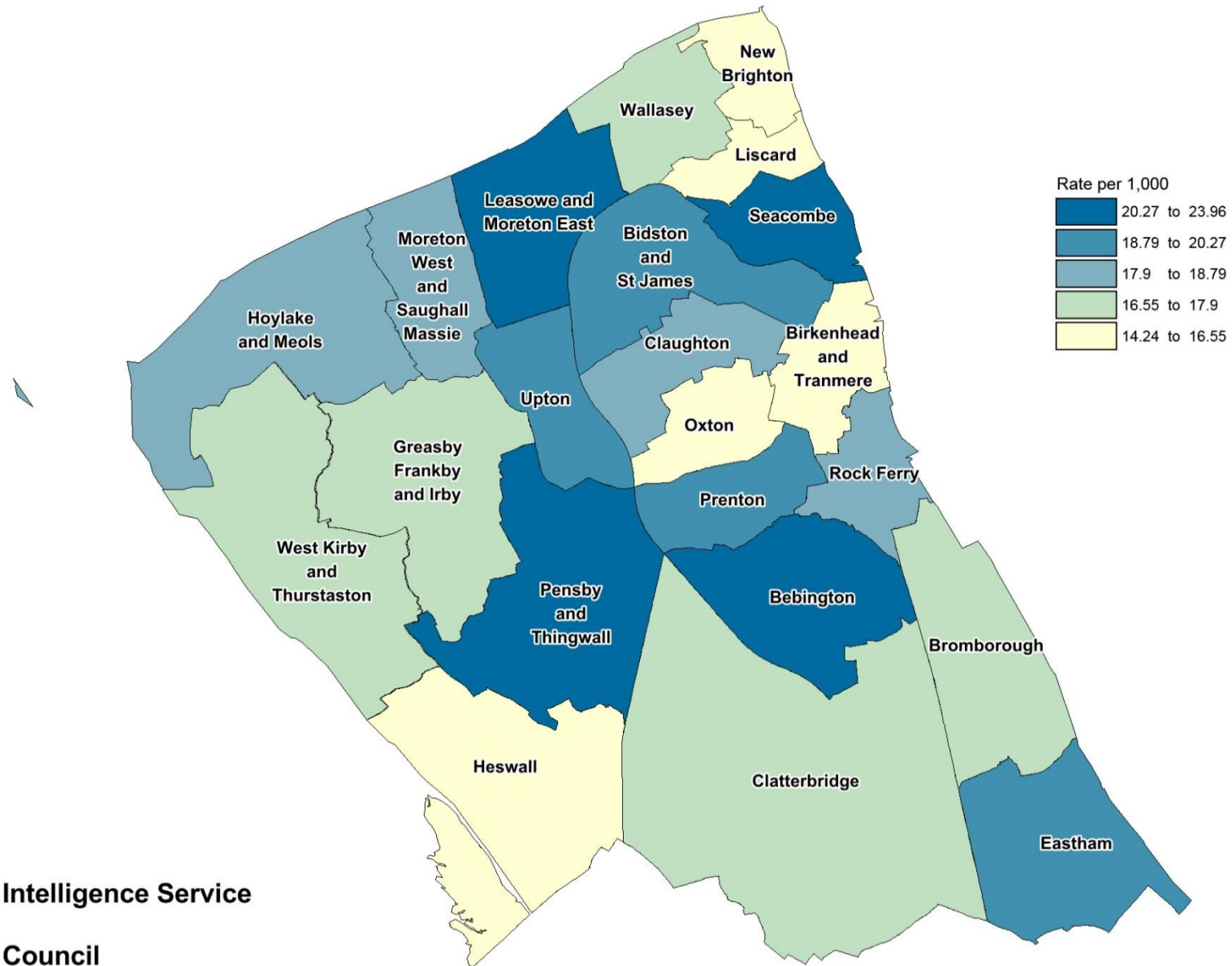
Proportion (%) of self-reported carers (aged 18+) identified in Census 2011, by Wirral ward



Wirral Intelligence Service

Wirral Council

Rate of carers (aged 18+) per 1,000 residents known to Adult Social Care, by Wirral ward, January 2018



Wirral Intelligence Service

Wirral Council

Appendix 3

Range of other Wirral Intelligence Service and JSNA content that should be read in conjunction with this Carers section

- [Dementia](#)
- [Older People](#)
- [Mental Health](#)
- [Young Carers](#)
- [Social Isolation](#)
- [Long-term conditions](#)
- [Veterans \(Military and Ex-Service Personnel\)](#)
- [Black, Asian and Minority Ethnic Groups](#)
- [Learning Disabilities](#)
- [Lesbian, Gay, Bisexual & Transgender](#)
- [Health Protection](#) (includes screening and vaccinations)

Contact details

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