

Ymchwiliad i unigrwydd ac unigedd

Inquiry into loneliness and isolation

Ymateb gan: National Community Hearing Association

Response from: National Community Hearing Association



HEALTH, SOCIAL CARE AND SPORT COMMITTEE:

INQUIRY INTO LONELINESS AND ISOLATION

1. The National Community Hearing Association (NCHA) represents community hearing care providers in Wales. NCHA members are committed to good hearing for all and have an excellent record of outcome, safety and patient satisfaction.
2. **People with unsupported hearing loss are at greater risk of loneliness and isolation.** Our response highlights
 - the scale and impacts of unsupported hearing loss in Wales, and
 - what the government and NHS can do to support people with hearing loss and therefore to reduce the risk of isolation and loneliness.

HEARING NEEDS AND THE IMPACT OF HEARING LOSS

The evidence for the scale and causes of the problems of isolation and loneliness, including factors such as housing, transport, community facilities, health and wellbeing services

3. **Hearing loss affects half a million people in Wales.** Unmet hearing needs are a major and growing public health challenge¹. Hearing loss is the 5th leading cause of years lived with disability in Wales² and one of the most common long-term conditions in older people. Age-related hearing loss is the single biggest cause of hearing loss and the main reason people visit hearing services. As the population grows older more people will develop a hearing loss and the demand for hearing care will increase exponentially.
4. **Unsupported hearing loss increases the risk of loneliness³ and isolation⁴.** Quality hearing care reduces these and other risks, and helps people to stay healthy and independent for longer. This is also why investing in hearing care can reduce pressures on health and social care⁵.
5. All other UK counties now recognise hearing loss as a major public health challenge and acknowledge its impact on isolation and loneliness, for example
 - NHS England's [Action Plan on Hearing Loss](#) states "*In older age, hearing loss becomes a major challenge and people with hearing loss can find it difficult to follow speech without hearing aids and are at greater risk of social isolation and reduced mental*

well-being. Social isolation has an effect on health and in older people there is a strong correlation between hearing loss and cognitive decline [...]"⁶.

- The Scottish Government, [See Hear Strategy](#) notes: *"Hidden and/or untreated sensory loss leads to a withdrawal from social interaction. To a person with dementia, for example, failure to recognise and respond to a sensory loss will result in greater isolation, will generate behaviours that can be misinterpreted as symptoms of advancing dementia, and will lead to a consequent failure to respond appropriately to basic physical needs."*
- Northern Ireland's [Action Plan](#) noted, *"Untreated hearing loss can lead to isolation for an individual with a negative impact on personal relationships, employment, social life, and ultimately mental health. More than half of people over the age of sixty have some degree of noticeable hearing loss."*

Wales is therefore an outlier and today the only home country yet to take hearing loss seriously. Therefore this major public health issue that has a profound impact on individuals and their social networks, and that increases the risk of social isolation and loneliness, remains unaddressed.

6. There is now an opportunity to bring about positive change and give Welsh people with hearing loss the same opportunities as people in other parts of the UK. Wales can deliver this through its own Action Plan on Hearing Loss. Open public engagement and an evidence-based approach to meeting the hearing needs of the population would of course challenge existing models of care, especially those that are based on the interests of institutions and the professions, but failing to take action now will only add to the public health burden and associated costs on both individuals and the health and care system in the future.

HEARING CARE IN WALES

7. The vast majority of people with hearing loss have age-related hearing loss, for which there is no medical cure. These patients require support from non-medical adult hearing services, often referred to as audiology or the adult hearing service. The UK NHS is unique in that these non-medical hearing services continue to be provided in hospital settings, whereas in the rest of the world they are provided in the community. There are few services more suited for community provision and yet still delivered in acute hospital settings – e.g. the main reason for visiting hospital hearing services is to have a hearing aid repaired or to collect batteries. This is contrary to the *'Setting the Direction: Primary & Community Services Strategy Delivery Programme'* which states the ambition to
 - deliver the majority of health care needs in the community (p.5)
 - commission high quality and convenient services for local people (p.4-5)
 - provide community-based services across Wales that are reliable and accessible irrespective of where people live (p.6), and
 - provide a system that ensures the right treatment and care is provided to the right patient at the right time in the right place by the right person in the right way" (p.13).
8. Patients therefore have to travel considerable distances for a non-medical care that can be delivered locally and closer to home. The need to travel further to access hearing services

is known to reduce compliance with and benefit from hearing aids⁷. This means there are physical barriers to accessing hearing care in the first instance and thus significant unmet need, and additional barriers to accessing ongoing care which can have an adverse impact on outcomes. This in turn means more people are still likely to be at risk of isolation and loneliness, a situation driven largely because services have not adapted to population needs and preferences.

WHAT CAN BE DONE?

Ways of addressing problems of loneliness and isolation in older people, including interventions to specifically address the problems and other projects with wider aims. Evidence for what works and the outcomes for older people in terms of health and wellbeing

9. There are two policy interventions the Welsh government can support in order to reduce the risk of loneliness and isolation
 - **Use evidence and data to plan services.** The NHS Wales Planning Framework 2017/20 states that local health needs assessments should be based on robust analysis with a focus on quality improvement and reducing health inequalities⁸. Here the evidence will highlight significant unmet hearing needs across Wales and opportunities to address inequalities and improve quality of services, and this will in turn help reduce the risk of isolation and loneliness.
 - **Utilise the existing qualified workforce and community locations.** Hearing care professionals in Wales, despite registration with the Health and Care Professions Council (HCPC), are often unable to offer NHS hearing care from community-based locations. At the present time only people with the ability to pay can access these community-based services. This is not the case in the English NHS, where there is a more equitable service and people are able to access NHS hearing care closer to home and free at the point of use. If the NHS in Wales is to meet unmet hearing needs, and deliver services closer to home it should allow qualified and registered Welsh hearing care professionals to offer NHS hearing care from the community-based locations from which they operate, in the same way their counter parts in England are able to.
10. Unsupported hearing loss increases the risk of loneliness social isolation. Hearing care in Wales needs to transform from a hospital based to community-based service if Wales is to support people to age well. Making this shift will improve access, and long-term outcomes. A community-based model of hearing care will also align with the Well-being of Future Generations (Wales) Act 2015 and help reduce the number of people at risk of loneliness or isolation.

¹ NHS England (2015), Action Plan on Hearing Loss, p.12

² Vos, T et al (2015), Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet

³ Cacioppo JT, Hawkey LC, Norman GJ, Berntson GG. Social isolation. *Ann N Y Acad Sci.* 2011;1231:17-22

⁴ Hidalgo, J. L. et al. 2009. Functional status of elderly people with hearing loss. *Archives of Gerontology and Geriatrics*, 49(1), pp. 88-92

⁵ Monitor (2015), NHS adult hearing services in England: exploring how choice is working for patients, p.6

⁶ NHS England (2015), Action Plan on Hearing Loss, p.8

⁷ Reeves, D.J. et al., 2000, Community provision of hearing aids and related audiology services, Health technology assessment, vol. 4, no. 4. The survey had a 77% response rate in Wales. The original paper can be found here:

http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0008/64817/FullReport-hta4040.pdf

⁸ NHS Wales (2016) Planning Framework 2017/20, p.36-37