

Ymchwiliad i unigrwydd ac unigedd

Inquiry into loneliness and isolation

Ymateb gan: Bwrdd Iechyd Prifysgol Hywel Dda

Response from: Hywel Dda University Health Board

### **Consultation Response: Inquiry into loneliness and isolation**

Hywel Dda University Health Board (HDdUHB) is grateful for the opportunity to respond to the consultation on Inquiry into loneliness and isolation, please find our response below.

- the impact of loneliness and isolation on the **use of public services**, particularly health and social care;

Can lead to low mood with increased attendance at GP and access to primary and secondary MH services.

Formal care services may be accessed and then retained at review as loneliness may manifest as an inability to cope alone.

Poor confidence is often seen in older people who present in acute hospitals, e.g. following a fall. Living alone or in isolation can reinforce feeling of low confidence as not receiving validation from others or feeling like they have access to help in the event of a fall.

- 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;

1. Community resources such as good neighbour schemes, befriending services, luncheon clubs, free public transport services, and intergenerational work have reported positive impact for some people, but where these have been developed in pockets and are not universal, awareness of schemes can be poor.

2. Good, current information sources are needed to keep all informed of schemes in their areas. Need to consider the technology that is out there in the real world for say finding a takeaway in your local area and adapt this for community resources.

3. Technology and “innovation” can be positive, but also can unintentionally impact on isolation, e.g. use of microwave meals instead of MOW being delivered or use of telecare alarm instead of someone popping in to check person is OK reduces the contacts people have with others. Future technologies and innovations, i.e social media, face time need to be considered in the round for their potential to increase isolation instead of decreasing it as may have been intended.

4. Proactive care, i.e. OT in primary care has demonstrated positive outcomes including working with people to increase participation in meaningful occupation and address loneliness at an earlier time. Recent case study from OT in primary care involved a referral regarding mobility but ended up with the individual declaring they were considering going into residential care, with loneliness being cited as one of the reasons. Information, advice and signposting to other community resources to address loneliness was part of the interventions provided by the OT.

5. The introduction of Third Sector Brokers or Community Resilience co-ordinators with the Health Board has been useful in undertaking baseline assessments of informal services within our communities and developing Dementia Friendly environments and partnership approaches. Their focus is on innovative approaches to building community resilience.

6. Providing single points of access for Information, Advice and Assistance, in line with the Social Services and Wellbeing Wales Act for the public that facilitates access to a directory of services in their local community e.g. DEWIS.