



## Tackling social isolation and loneliness to improve health

Colin Brown, UK Director for Independent Living & Crisis Response at British Red Cross looks at how their expertise will be of use to social prescribing link workers, as they take up their roles with Primary Care Networks.

In recent months there's been a real shift in seeing the value of non-clinical interventions to improve the nation's health and a renewed emphasis on the importance of personalised care.

NHS England's commitment to social prescribing, prevention and integration at a primary care level, as described in the Long Term Plan, has played a part. As has the Government's comprehensive Loneliness Strategy and announcement of the roll-out of a programme of social prescribing in England. A thousand NHS link workers are to be embedded in communities up and down the country and tasked with helping people to engage in the sort of activity that will enable them to live more connected, happier and healthier lives.

This is a big first step – building social prescribing into the architecture of our health system – and it presents us all with huge opportunities to improve people's lives through genuinely personalised care. It also presents some real challenges in terms of establishing effective Primary Care Networks (PCNs) and implementing the link worker programme on the ground. So, despite the good intentions expressed in the PCN framework that talks of engaging with communities and the voluntary sector, we have yet to see how that might work. British Red Cross and a range of national and local charities will be vital to PCN's in making social prescribing a success. That means real engagement and commitment to partnerships.

At the British Red Cross, we know that social prescribing works and we have real experience of setting up the connector programmes NHS England envisages. An evaluation of our Connecting Communities service – itself a programme of social prescribing designed to tackle loneliness and isolation and delivered in partnership with Co-op – showed that almost 70 per cent of service users were less lonely following our support, and that three-quarters of them believed their overall wellbeing had improved.

As one of the largest national charities working in the health and care sector in the UK – we support over 200,000 people a year – we can offer scale, insight, and support in different ways. For example, in London we work with the Healthy London Partnership and have services in around half of London's hospitals, as well as providing community connector services in four boroughs.

We hope that we can work with Londonwide LMCs to provide support to those who are more marginalised and lesser-heard in society. Successful social prescribing means GP practices being even more engaged with local communities. Their link workers need to be connected to one another so they are not starting from scratch and they will benefit from working with and learning from organisations operating in this space and have lots of experience of what works.

We are experienced in identifying gaps in community provision and know from our own work in connecting people to their communities that, often, appropriate services simply don't exist. Being collaborative from the outset means that when they get to work, link workers will find an ecosystem of community-based support that they can engage with rather than replace. Link workers can work with other organisations to develop referral pathways, outcome frameworks, focused service offers and quality oversight functions, possibly aligned to services offered by bodies such as the GP federations. We would also be keen to help play a convening role with other key VCS bodies to provide a pan-London approach that still respects the localness of each link worker offer.

Setting up such social prescribing services are, on the budget given and scale expected, a tall order but, with support from organisations in the voluntary and community sector like British Red Cross, there's definitely more chance of success.