

Gold Coast Mental Health Symposium 2024



Thursday 30 May 2024
Southport Sharks Club, Southport

Social Prescribing: Overview & Examples in Practice

A/Prof J.R. Baker

Acknowledgement of Country

We acknowledge the Traditional Custodians of the land on which we gather today, and pay our respects to their Elders past, present, and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples present.

First Nations Peoples have been the custodians of this land for thousands of years and have nurtured a deep connection to this country, its waterways, and landscapes. We honour their enduring culture, knowledge, and practices that continue to enrich us all.

As we share our own stories, learn, and work together today, may we also pay homage to the legacy of First Nations Peoples and commit ourselves to the ongoing journey of Reconciliation.



Introduction to Social Prescribing

“ Recognising that people’s health and wellbeing are determined mostly by a range of social, economic, and environmental factors, **social prescribing** seeks to address people’s needs in a holistic way. ”

The King’s Fund
<https://www.kingsfund.org.uk>



Social Prescribing - What is it?

What it Is:

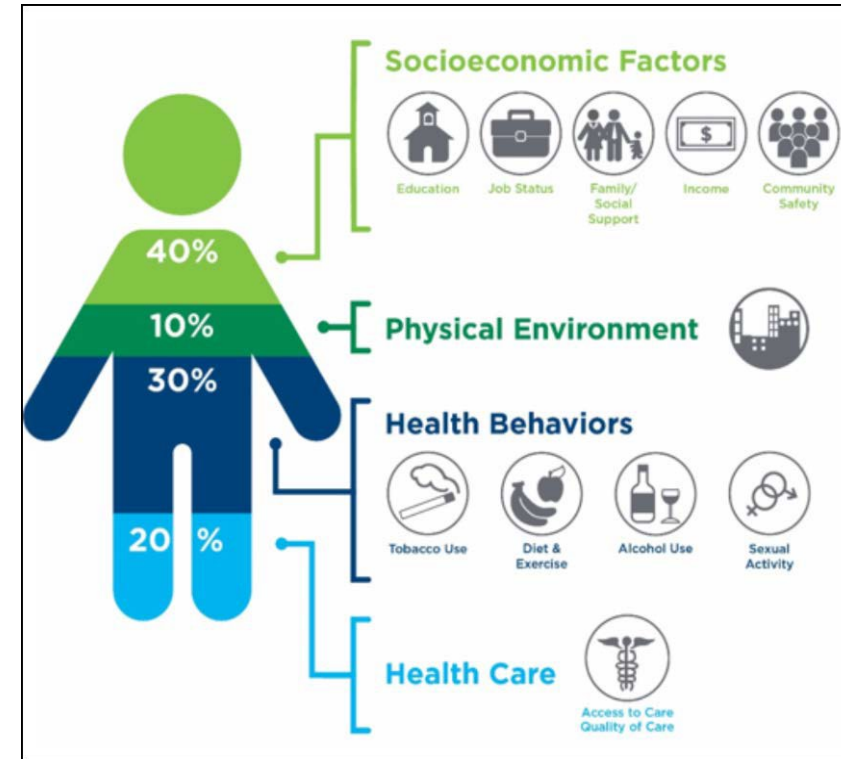
- Social Prescribing involves working with people to develop **personalised** plans and to access **non-medical, local and community-based** opportunities and supports, to assist in reducing the practical, social, and material things that get in the way of wellbeing and quality of life.

The approach is:

- Non-clinical
- Person directed
- Holistic
- Sustainable

What it Isn't:

- Case Management, Health Coaching, Behavioural Change



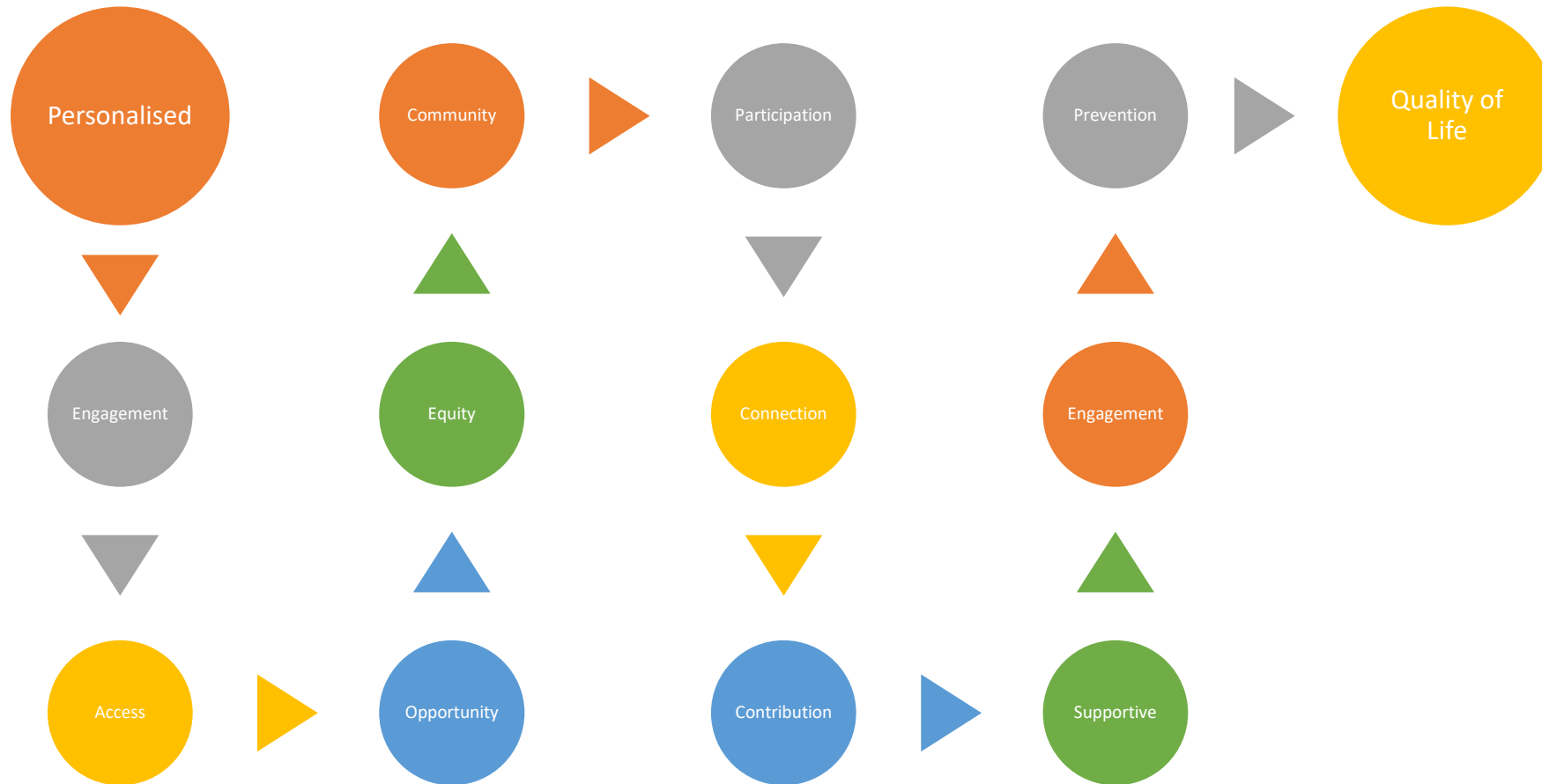
Addressing the **Non-Medical Influences on Health**

The Challenge:

Health care provision in its current format can't address many of the **social, practical, material** and **environmental factors** that result in ill health.



Social Prescribing - What is it?

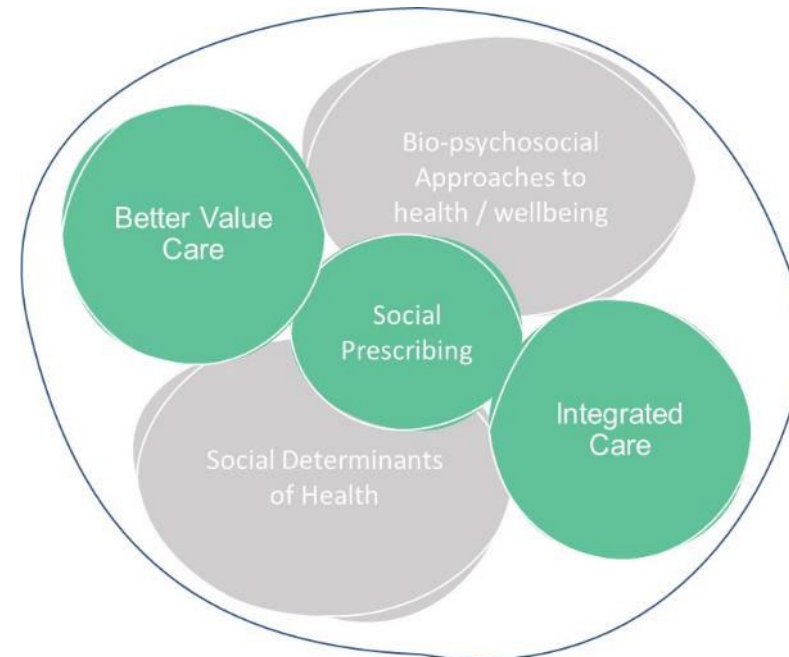


Social Prescribing - What is it?

Social prescribing helps people make positive changes to their health and wellbeing by building **capability** and strategically **connecting** people to resources available in the community.

The approach is:

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- **Holistic**
- **Sustainable**

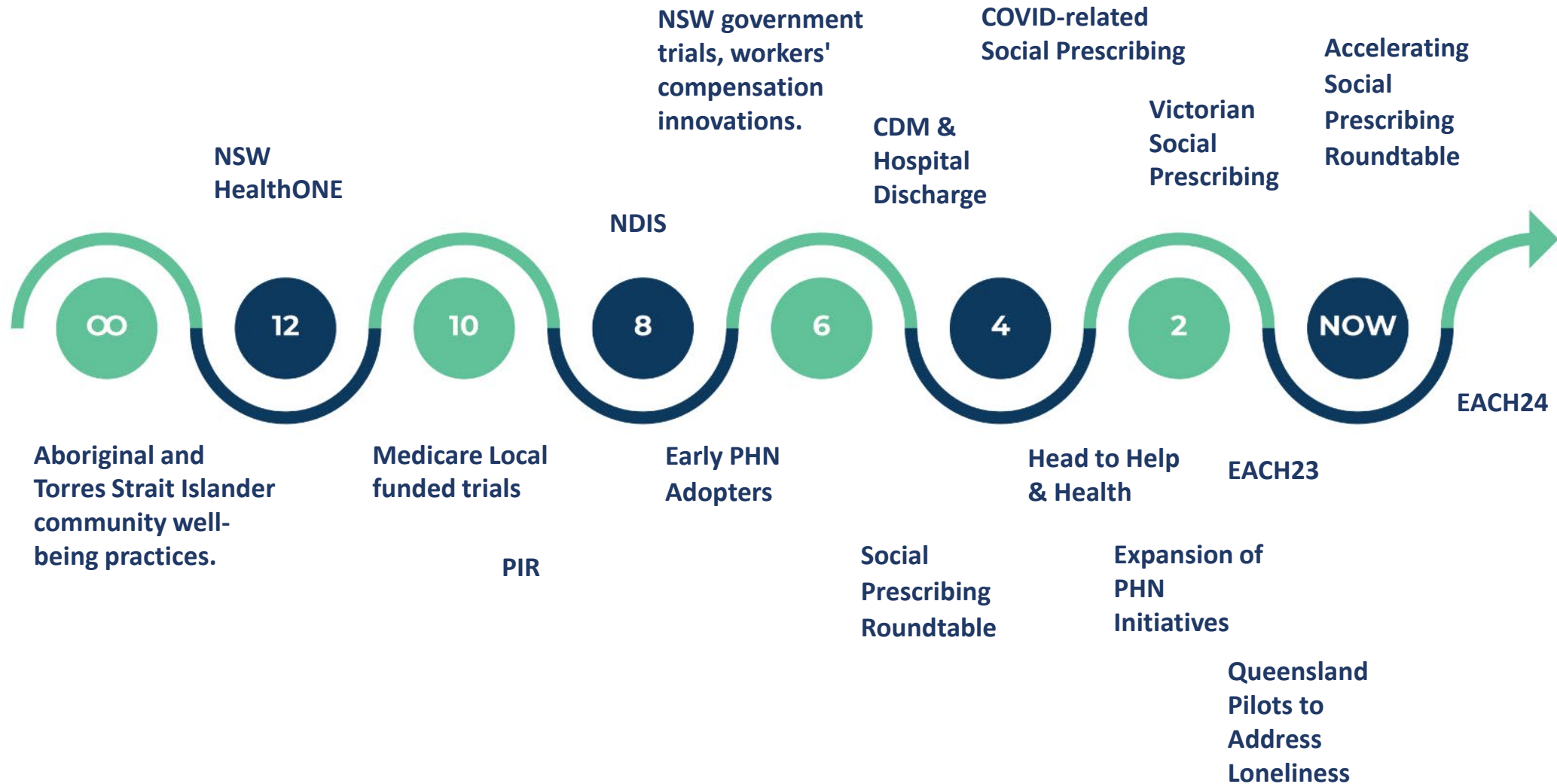


The Imperative for Change: **Uniting Health and Social Care**

- Mismatch between current healthcare delivery models and the evolving needs of the Australian population, **preventative care**
 - Increased **demand** for healthcare services, **chronic diseases**
 - **Ageing** population vs. decreased family sizes / **care networks**
 - Further **fragmented services** due to individual funding care models, privatisation, loss of volume purchasing power
 - Diverse and **dispersed population**
 - Limited **workforce** with fatigue and **burnout**, exacerbated by the pandemic, not sufficient to meet emerging demand
 - Ever increasing **loneliness**, disconnection, **mental illness**
 - Treating **sickness**, instead of creating wellbeing and health
 - **Systemic barriers** to wellbeing
- **Urgent** need for innovative models of care that can sustainably support health professionals and improve community outcomes



Social Prescribing – History in Australia



State-Based Initiatives and Local Innovations

- Victoria:
 - Neighborhood Houses in Victoria - The Hub for Connecting Communities
 - Local Connections funded by Victorian Department of Health
- Queensland:
 - Inquiry into Loneliness
 - Feasibility Study for State-Wide Implementation
- NSW:
 - Workers Compensation
 - HealthOne – GP Social Work Connect
- SA:
 - Nature Prescription
- Australian Government
 - Social Prescribing Feasibility Study



Meaningful Outcomes

Reduced use of health services

- Reductions in hospitalisation (61-80%) [19,20]
- Health service contact of more than once a week reduced 75% [19]
- Reduction in GP visits [21]
- An average 24% fall in A&E attendances following referral [22]

Improved quality of life and psychosocial wellbeing

- Improvements in quality of life and wellbeing [19,20]
- General improvements in psychosocial wellness [19]

Increased work readiness and social participation

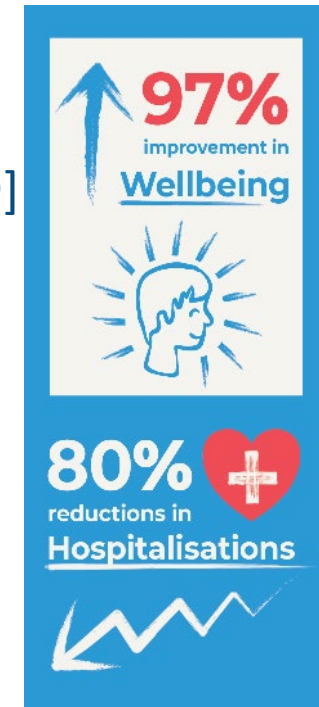
- Increased vocational readiness / ability to work [19]
- Increased satisfaction with social support by 55% [19]
- Non-participation in social activities reduced by 77% [19]
- Participation in 5 or more activities a week increased by 63% [19]

[19] <https://doi.org/10.25082/AHB.2020.01.001>

[20] <https://doi.org/10.1007/s10597-020-00631-6>

[21] <https://doi.org/10.3389/fpubh.2022.902199>

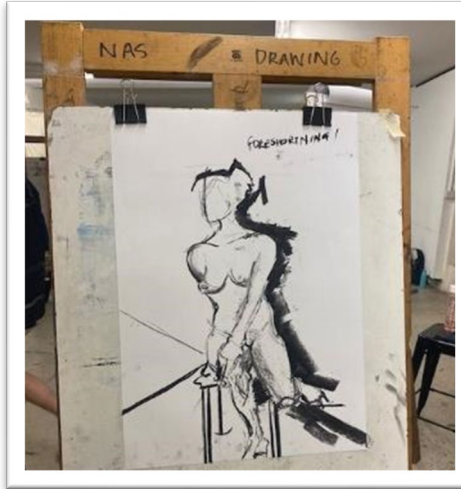
[22] A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications | The Essence Project



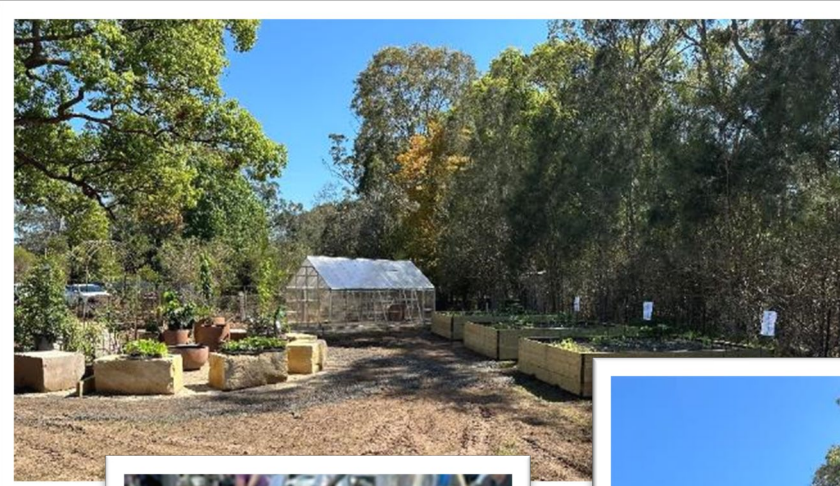
Urbis evaluation evidenced return of \$3.86 for every dollar invested



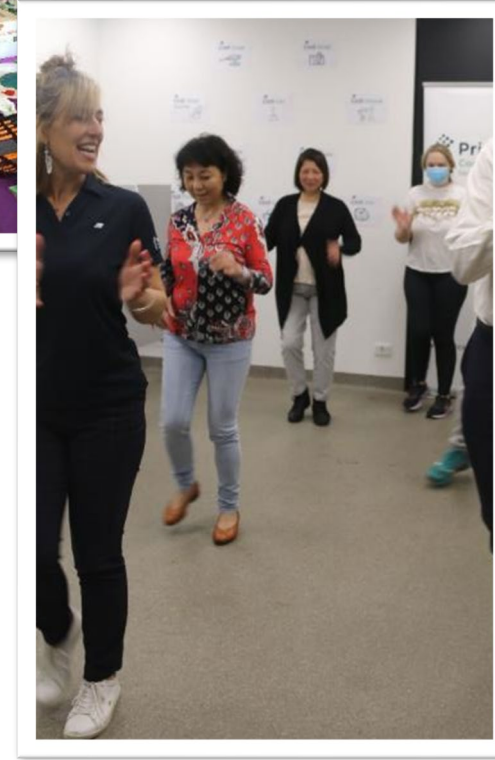
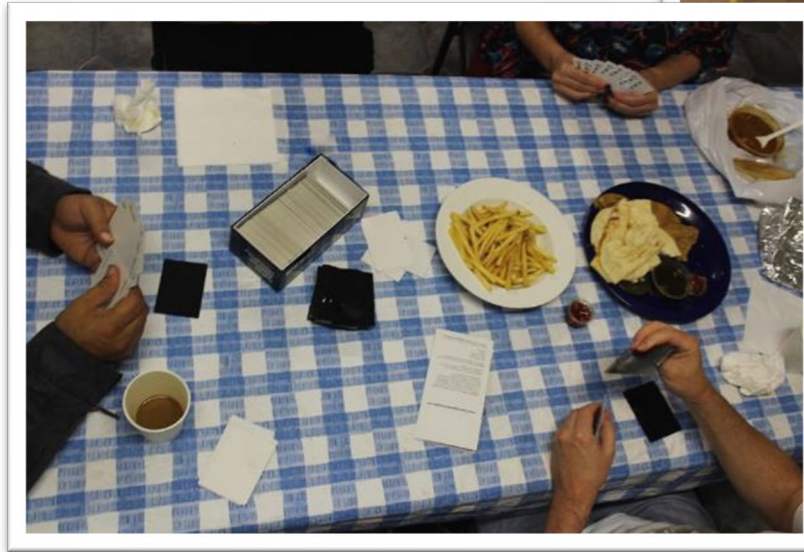
Australian Case Studies and Pilot Programs



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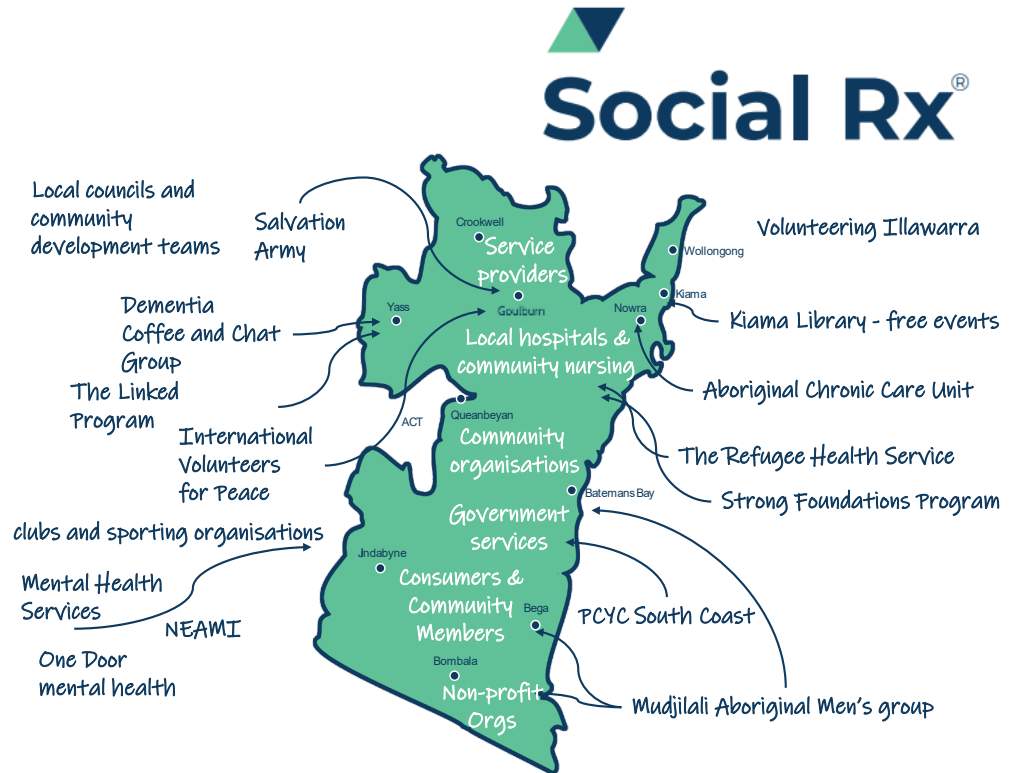
Australian Case Studies and Pilot Programs



Social Work Led Models in Australia – Case Study

South Eastern NSW PHN (Coordinare) Funded Program

- A social prescribing service based in a mixed regional, rural and city region spanning a huge part of NSW running from 2022.
 - Aimed at people with non-medical factors impacting wellbeing, living with chronic disease, lonely or isolated, or impacted by fires, floods, or disasters.
-
- Short-term program available to people over 18 years living in South East NSW region
 - Living with or at risk of one or more long term chronic condition and/or needs support in addressing one or more social determinant(s) of health
 - Social Work Led – **Significant and Complex Needs**
 - Significant issues around housing, family safety, food security, financial ability
 - Significant challenges accessing mainstream services like MyAgedCare and the NDIS



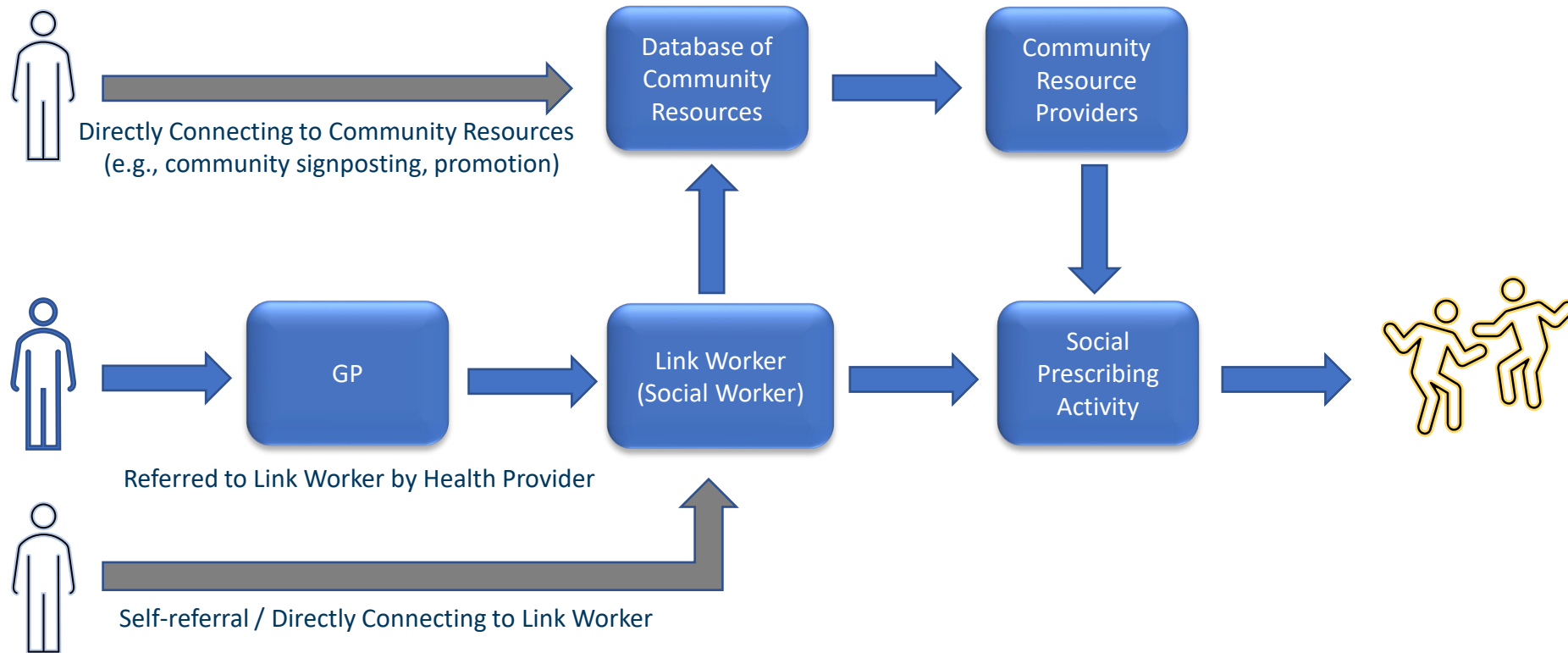
Social Prescribing in the UK: **Overview**

- Focus on Practical Non-medical Needs
- The United Kingdom's (UK) Department of Health coined social prescribing in 2006 and, in 2018, pursued a nation-wide implementation under the NHS Long Term Plan Personalised Care Strategy to help individuals lead independent, healthy lives focused on old adults with chronic conditions.
- Variety of models
 - Community Connector Model
 - Link Worker Model
 - Patient Led Model



UK Example - The Link Worker Model

- Trained Link Workers linking people to services
- NHS funded through local commissioning groups
- Implementation is variable across practices and regions



Social Work and Social Prescribing in Austria

- Health Equity Determinants and Integrated Care
- Able to target interdisciplinary teams based on health insurance rates
 - reforms promote joint planning, decision-making, and financing through Target-Based Governance Agreements
 - multidisciplinary primary health care units (PHCUs)
- Social prescribing is entirely undertaken by Social Workers
- Initial pilot successful in 2021 (98% of patients recommended social prescribing)
- Incrementally scaling up social prescribing noting that not all practices have Social Workers
- Most of funding has gone towards education and evaluation



The Netherlands: Social Work-led National Scale

Welzijn op Recept (Wellbeing on Prescription)

- Focus is on wellbeing prescriptions, looking for opportunities for movement, participation, meaning, and quality of life
- Connecting patients to services outside of the medical system has resulted in a 57% plunge in the number of consultations for psychosocial issues.
- They are moving from 170+ local municipalities to all municipalities in the next 12 months, so national coverage

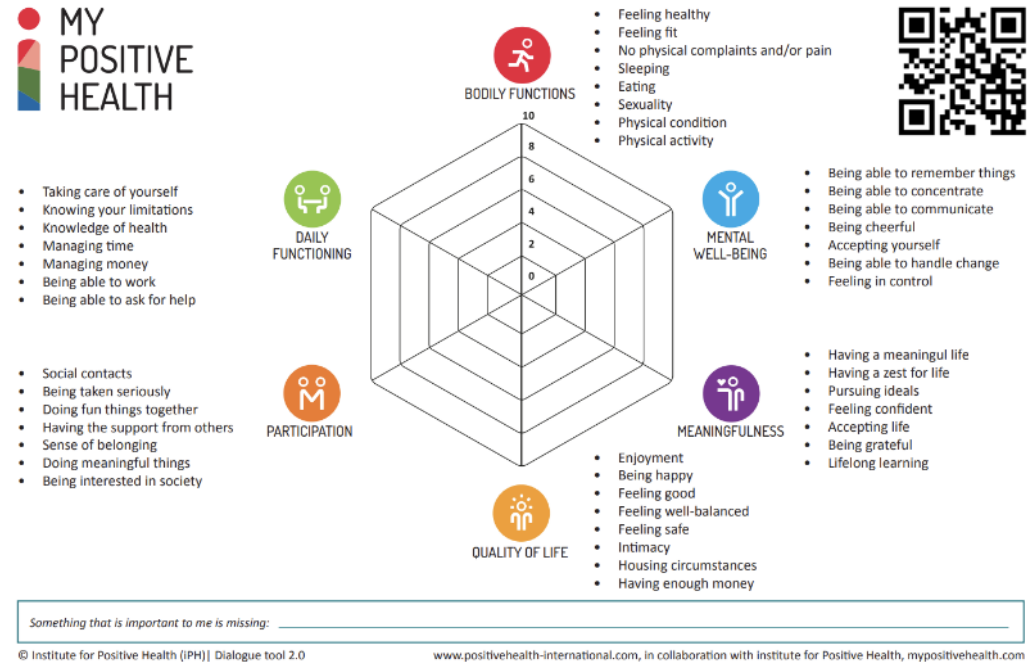


Sharing Stories allows up to six players to experience the value of meaningful connection by sharing positive stories with each other. This is done in three game meetings of 1.5 to 2 hours, with one or two weeks in between. The participants sit around a game board, a map with 6 phases of life, from childhood to aging.



NL GP Integration Models

- Training and Referral Mechanisms in Municipal Settings
- GPs are routinely having what they call, “the other conversation” with their patients. They are asking, “Are you happy?” and “How could your life be better?” The patient’s entire wellbeing is examined, not just their specific ailment.



ASPIRE's recent Updates

The *Accelerating Social Prescribing* Roundtable – February 2024

- Over 50 organisations at ASPIRE's national roundtable reviewed Australia's social prescribing progress.
- Discussions on how social prescribing aligns with current health policies and economic agendas.
- Identified steps to enhance social prescribing nationwide, informed by successful community services.
- Addressed the need for holistic care that combines primary care with community and social support for well-being.
- Developed a Consensus Statement on Social Prescribing

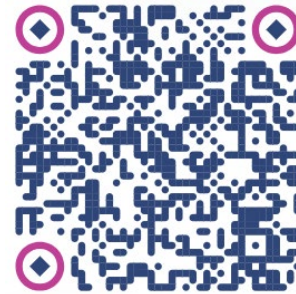


Consensus Statement

Australia faces escalating health disparities, mental health issues, and societal challenges. Social prescribing is proposed as a strategic solution to bridge health outcome gaps.

- Core Principles:

- Policy Leadership
- Service Enablers
- Delivery Models
- Funding Strategies



- National Objective: embed social prescribing widely, ensuring holistic, equitable, and preventative health services in Australia.
- Commitment: Endorsement from over 100 leading organisations for a resilient healthcare system prioritising holistic well-being.



ASPIRE's Context & Future Directions

ASPIRE's Role & Objectives

- 1. Creating Value and Opportunities:** Supports systems enhancing individual and community wellbeing through non-clinical interventions.
- 2. Promoting Collaborative Research:** Furthers collaborative and systemic evidence development in social prescribing.
- 3. Supporting Education and Training:** Offers evidence-informed educational frameworks and training opportunities in social prescribing.
- 4. Facilitating Investment:** Facilitates intentional investment in social prescribing models across public, private, and community sectors.
- 5. Increasing Awareness and International Collaboration:** Raises awareness nationally and fosters international partnerships to expand local social prescribing offerings.
- 6. Optimising Access to Resources:** Improves access to social prescribing resources to enhance community resilience and self-support.
- 7. Measuring Outcomes and Impact:** Commits to robust evaluation of social prescribing outcomes to demonstrate impact and value.
- 8. Supporting Good Policy:** Uses research findings to advocate for policies supporting social prescribing integration across jurisdictions and communities.



EACH24 – Australia's International Social Prescribing Conference



What can we start **doing now?**

- Thinking about how we approach our work – the social prescribing lens.
- Planning for opportunities and affordances rather than managing cases
- Working collaboratively – deeper connections with community



Questions?

Questions? Join at menti.com - use code 4622 2961



ASPIRE – thank you!

Dr JR Baker

Associate Professor, Southern Cross University

CEO, ASPIRE

02 9477 8700

jrbaker@sp.edu.au



Our **Vision**

A future where individual empowerment, community resilience, and abundant opportunities drive a robust health landscape that values and uplifts every Australian, recognises the profound significance of connections, and actively generates enduring value for both people and communities, enriching quality of life.

