



We Dared

Creating meaningful change, implementation into Primary Care

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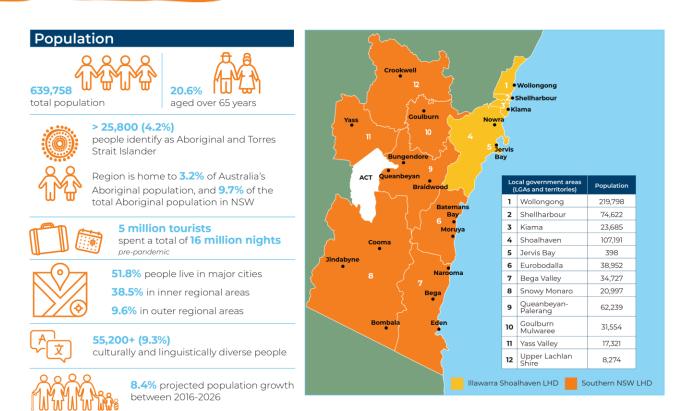


Social Prescribing

- A bit about us
- How this program came about
- Co-designing the Social Rx Program
- How it works ?
- Outcomes to date



COORDINARE Where are we?



From the beginning

- Recognition of the issues:
 - Background of loneliness and social isolation
 - Ageing population
 - The drought, bushfires and COVID-19 have severely impacted our communities in South Eastern NSW
 - especially impacting unemployment and housing stress.





Journey started here

Co-designed an approach that **addressed the non-clinical unmet needs** that get in the way of health and wellbeing.

- Collaborative pairs model
- Commissioned a 'blue print / framework: significant findings that emerged from the codesign process:
 - 1. Amongst health consumers and health professionals, there is shared recognition of the importance and need for social prescribing
 - 2. A model of social prescribing tailored for the local region would consist of several key elements and challenges to overcome
 - 3. There are significant opportunities to enhance uptake of social prescribing across the region, many of which are within the scope and influence of the PHN

Embedding and Socialising the concept



- Embedded / influenced all our internal and external governance structures
 - Commissioned providers
 - GP Networks
 - Clinical councils
 - Consumer Advisory Committee
 - Board
 - Consumer survey
- Built trust
- Influenced the market to support a regional solution





Went to market:

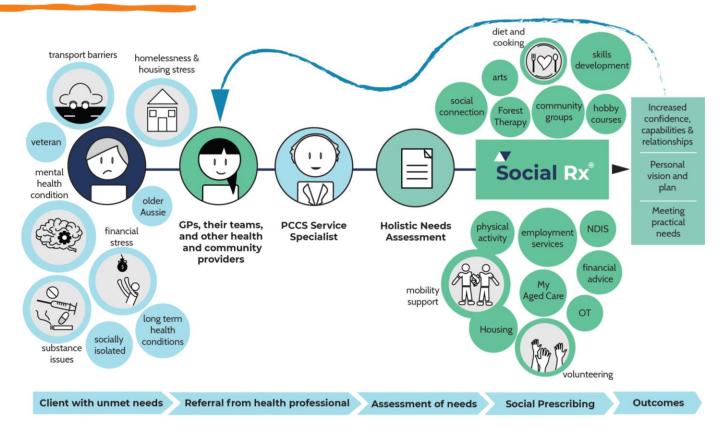
A model to support consumer self-management, contribute to improved health literacy and enhance a supportive environment for individuals, their carers and health service providers to address the social factors that contribute to chronic conditions, mental health issues, loneliness and isolation.

A service model that could be embedded within the local health system and practically include:

- a whole-of-community approach to referral and connection (particularly from primary care)
- a single and localised source of information to access available supports
- a 'coordinator' / 'linkworker' role to engage with consumers and match them to relevant supports
- linkage to a broad range of social programs and non-clinical supports
- engagement and communication with consumers and health professionals to promote uptake of the service.



How it works





What's in place

- 6 link workers across the region
- Referral package for GPs and HPs
- Database via an app of over 2,800 community and well-being activities across the region
- Continuous collaborative communication plan in place
- Hybrid model of care virtual and face to face
- Platform to track patient journey
- No wrong door policy
- Linkage to Healthpathways
- Electronic referral form embedded in Best Practice and Medical Director



information





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Who can access Social Rx ielieibility?

- This program is for people over 10 years living in the Eawara Shoathaven region who
- have or are at risk of developing, a long-term health condition (including mental health), or
- are experiment pool isolaten in lookings, or ment particular help with uses that coals agent cartly impact on their health and wellbeing like housing mains, food security, look of access to agent care or disability supports, doventic wolence for the security and security look of access to agent care or disability supports, doventic wolence for the security and security look of access to agent care or disability supports, doventic wolence for the security look of access to agent access to agent care or disability supports, doventic wolence for the security look of access to agent access to agent access to agent access to agent access to a complexity.

8 in <u>part introducting</u> people who are experiencing an acute mental health spacele or these who has access to care consciouslass or care management services like My Aged Care, NDIS, psychosocial supports or are long in a Residential Aged Care Facility.

What types of services does Social Rx support someone to access?

Exemples of services a patient might access could include at cleans, walking groups, axial

to apply for the NDS or My Ager Gae, Mexis Sheet, financia counseling, leasing assutance, apport with dely long skills, and locating volumers or employment opportunities. How food can someone access Social Br for and how much does it cost?

 Social Roin a free TI-week program effort uses a social prescribing approach to address re clinical lawren to health and wellbeing.
 Social Roin a merceauti myded by COORCINARE. South Eastern NSW PH90.

Where does Social Rx sit in relation to the care I'm currently providing

- Social Ri works alongside and complements existing clivical management. The service arms to
 relieve some of the day-to-day pressures you might experience complex for people with complex
- needs, heighting work adropade you and your patients to help them manage major ble events are attension, meet practical needs, and improve their welfbeing and social connection.
- Insultion and landmass that regist to report your patients to report of your patients.
 Ultimately we aim to save you time and to support your patients to reperience terms outcomes
- in terms of owned health, welbeing wit quality of the . • The RACOP, Consumer Health Forum, and Mental Health Australia have all endorsed the social

we participation and engagement."

ow do I make a referral to Social Rx?

- Get and practice terms, alled health provides, pharmacists, and other health provides in the community can all other rightle patients to Social Rs.
 Just complete the single 2-page inferral form, which asks details about you, the patient, and a bit about the associal presemptions they regist need and who they are.
- to speak to a team member or processing autoout in or cat our member team on 02 9477 8700 to speak to a team member.

PCCS is an innovative not-to of local communities.	er-profit health-chairty focused os	It health charity focused on improving the health and wellbeing	
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Our clients

432 referrals

• 61% female; 39% male

12 – 24 years 5% 25 – 44 years 20% 45 – 64 years 44% > 65 years 31%

 Vulnerability: unemployed 44% not in labour force 45% employed 5% not stated 3%

(note: 11% were homeless or sleeping rough)

- 8288 services delivered
- Average wait time was 3.9 days
- Average service delivery 112 days









Referrals (FY 22-23) :

Source

•	GP referral	42%
•	Health professional	28%

8%

5%

8%

- Health professional •
- Public mental health •
- **Emergency department** ۲
- **Community organisation** ۲

Referred to:

- Accommodation 11% •
- Activities of daily living 15% ۲
- Mental / emotional support 19% ۲
- Physical activity 31% ۲
- Social well-being 16% ۲

Diagnosis

٠	Chronic health condition	53%
٠	Affective mental disorder	16%
٠	Anxiety disorder	11%
•	Psychotic	4%
•	Substance use	3%
٠	NOS	15%



Key points from GPs

- Reduces time it takes to support patients to meet their non-clinical needs that are impacting on their health
- Better patient outcomes including distress, pain, loneliness, and unmet social and welfare needs
- A **free**, additional tool to support GPs/service providers/services/commissioned projects and their patients/clients
- Provides access to social work outside the hospital setting
- Improves connectivity between health, social, welfare, and NGO services
- Improves inclusion, equity for disadvantaged or marginalised

We were very excited when this (SP) started because basically it was the possibility of having someone else to help us with the incredible load of social problems which then prevent us from helping people with their health problems (GP B) We were very excited when this (SP) started because basically it was the possibility of having someone else to help us with the incredible load of social problems which then prevent us from helping people with their health problems (GP B)



Key points from consumers

- All consumer participants in the evaluation reported **positive experience** on sub themes of communication, connections, and practical support and emotional support
- The link workers kept regular and appropriate contact to met the needs of the consumer
- Improves connectivity between services and resources that were relevant to their situation
- Consumers reported they felt they had more knowledge, more control, more confidence, a willingness to seek help when needed and hope. These internal outcomes indicate that participation in the program can increase adaptability, resilience and improve mental health.

They also suggested counselling and I did use that to the point where I've now got up on my feet again. I'm living independently with the two boys and that allowed me to also be mentally prepared to go back to work (Consumer A)

> I think because there was that constant contact made you feel like there was support (Consumer A)

They showed a lot of patience and they gave a lot of support. Obviously, I wasn't in a very good mind space at the time, and they really did understand exactly what I was dealing with, a lot of people decide to give you the answer like 'Oh, it'll be okay you just got to move on from it' Where those workers were actually like 'I know it will take time' for example (Consumer

Health outcomes: EQ-5D-5L



- Clients with a Pre to post intervention EQ-5D-5L:
 - 55% reported improvement in anxiety and depression score
 - 34% reported improvement in mobility score
 - 49% reported improvement in pain / discomfort scores
 - 48% reported improvement in usual activities
 - 64% reported improvement in overall health



Thank you



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