



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?

Population

639,758
total population

20.6%
aged over 65 years



> 25,800 (4.2%)
people identify as Aboriginal and Torres Strait Islander



Region is home to **3.2%** of Australia's Aboriginal population, and **9.7%** of the total Aboriginal population in NSW



5 million tourists
spent a total of **16 million nights**
pre-pandemic



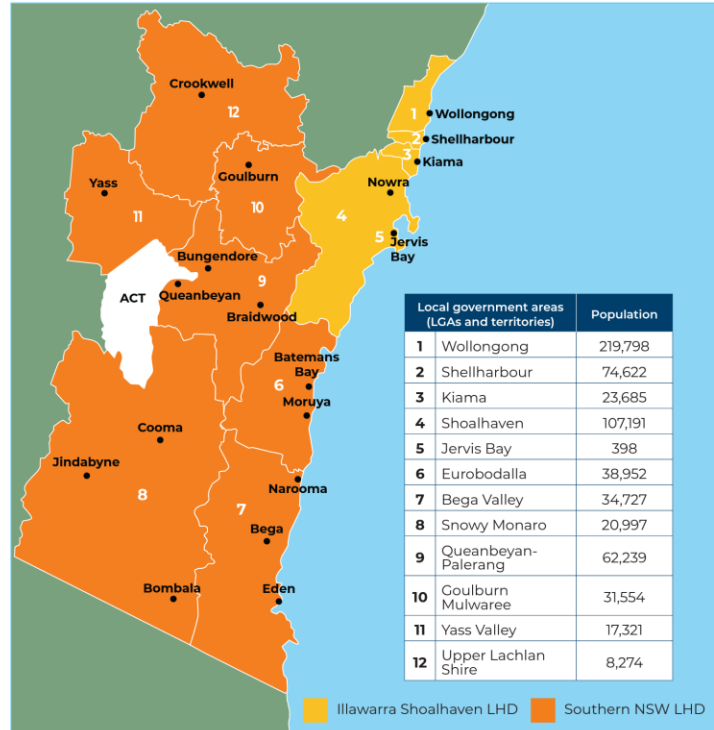
51.8% people live in major cities
38.5% in inner regional areas
9.6% in outer regional areas



55,200+ (9.3%)
culturally and linguistically diverse people



8.4% projected population growth
between 2016-2026



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 co-design 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



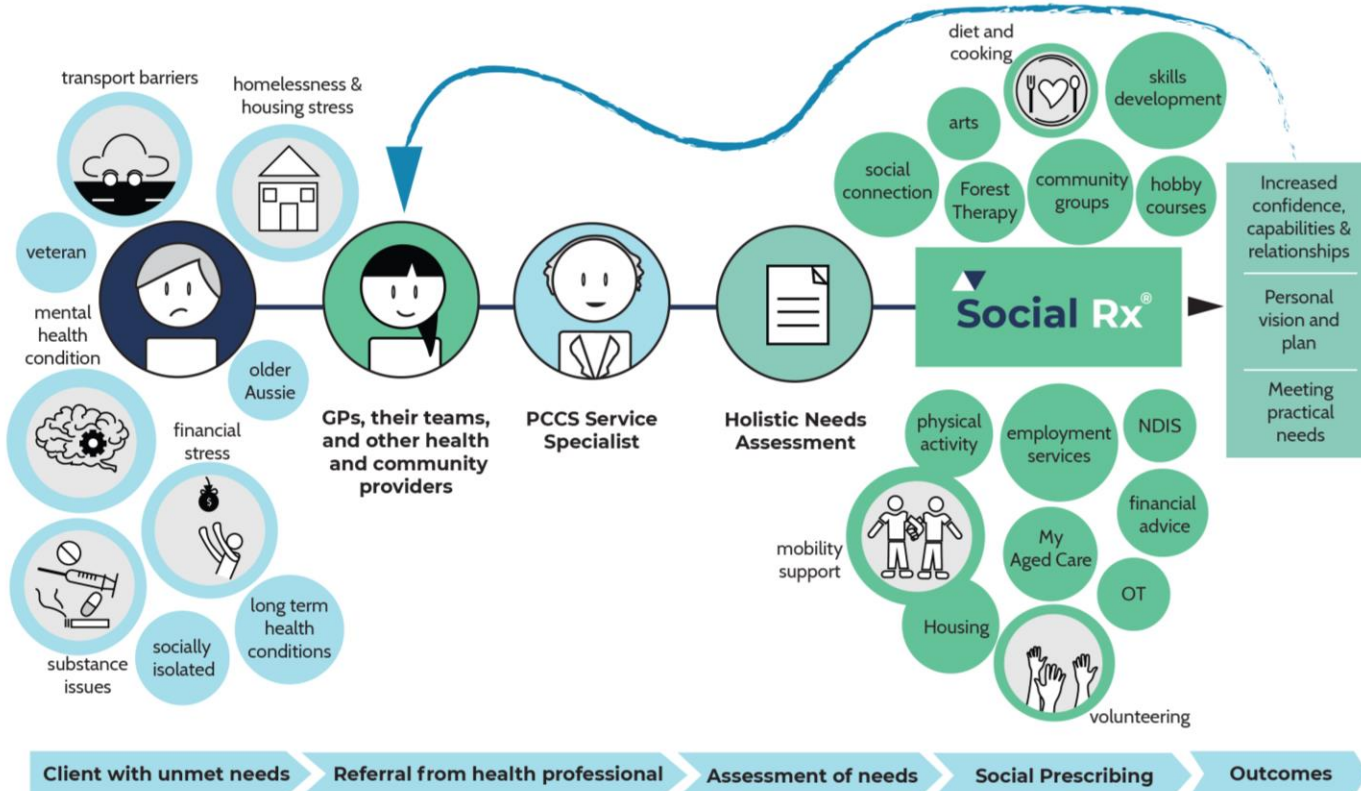
Went to market:

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



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%
- Public mental health 8%
- Emergency department 5%
- Community organisation 8%

Referred to:

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

Diagnosis

- Chronic health condition 53%
- Affective mental disorder 16%
- Anxiety disorder 11%
- Psychotic 4%
- Substance use 3%
- 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

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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)

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 A)

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

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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