Social Prescribing in New South Wales: Implementation, Budget, Model, and Assumptions

Executive Summary

This briefing responds to questions on notice from the NSW Parliamentary Inquiry into Loneliness. It outlines a Health-led implementation strategy for link worker social prescribing that is feasible in the NSW context, utilising the regional infrastructure of Primary Health Networks (PHNs) and Local Health Districts (LHDs), where there is NSW Government precedent of funding joint action between these two entities.

A Health Response

Loneliness is a health, social and economic problem, and governments sometimes struggle deciding which agency should lead and how to best coordinate a response. More recently, loneliness has become fundamentally regarded as a health issue and priority, with common wisdom being that the primary care setting is the best place to integrate services:

- The US Surgeon General, in a landmark report, described loneliness as our latest epidemic and highlighted the link between chronic loneliness and a myriad of health problems, including early death.
- The World Health Organisation (WHO) has established a Commission on Social Connection.
- One in four Australians say they feel persistently lonely, and that loneliness costs $2.7 billion a year in health costs alone.

Social prescribing offers a practical, evidence-based approach to address loneliness through coordinated, community-based interventions.

Model & Deployment Strategy

A Two-Stage Funding Approach for Social Prescribing

Social prescribing requires strong funding structures and on-the-ground coordination to connect healthcare services with local community resources. We propose a two-stage implementation model.

A two-stage process would ensure a structured and evidence-driven rollout, in line with *The Huxtable Report*, a mid-term review of the National Health Reform Agreement. This Report highlighted the need for an optimal model involving LHDs, PHNs and councils working actively together with other state and commonwealth entities and local organisations to engage in codesign and the integration of local assets, making social prescribing both locally relevant and operationally sustainable.

Stage One: Co-Design & Local Model Development
Objective: Establish a locally adapted model through co-design with key stakeholders before committing to long-term commissioning.

Key Actions:

- PHNs and LHDs lead structured co-design with councils, third-sector organisations, and community partners
- Integrate PHN Comprehensive Needs Assessments with LHD strategic plans and council planning
- Establish Civic Health Officer (CHO) positions that are strategically positioned locally (e.g., in councils) to map and build local assets to meet unmet needs
- Develop stakeholder partnership agreements to ensure cross-sector collaboration
- Grant initial funding upon demonstrated local engagement and planning alignment

Stage Two: Joint Commissioning & Service Delivery
Objective: Implement an integrated and sustainable social prescribing model, funded through a joint Commonwealth-State approach.

Funding Flows:

- PHNs and LHDs co-commission link workers, embedded in primary care, community organisations, and local government.
- Sustained investment in community-based interventions, supporting social, physical, and mental well-being activities.
- Robust referral infrastructure, linking healthcare with local social prescribing assets, ensuring efficiency and integration.
- Joint governance structures between PHNs, LHDs, and local councils to monitor outcomes and adapt funding as needed.

Key Components of the Social Prescribing Model

Social prescribing connects people to non-medical community services to improve health and wellbeing through four key components:

Link Workers: Service Delivery & Coordination
Link workers connect individuals to appropriate non-medical community assets, supports and services. They can be embedded in a number of places including in primary care, local councils, and NGOs to deliver community-driven interventions. The below budget includes full employment costs, including on-costs and administration.

Mapping Community Resources & Creating Local Assets
Civic Health Officers (CHOs) map and build community assets at the local level. This position can sit anywhere (e.g., Council, PHN, LHD), but provides a critical platform to work across local, state and federal agencies. CHOs map social infrastructure (community gardens, arts programs, volunteer initiatives) and maintain referral pathways that link workers rely on. They ensure social prescribing is embedded in communities and responsive to local needs.

IT Infrastructure & Data Systems
Digital infrastructure supports effective social prescribing through a minimum dataset of available services, referral management systems for efficient coordination, and ongoing IT maintenance. These systems support needs assessments and outcomes measurement to demonstrate program effectiveness.

Training, System Coordination & Statewide Oversight
At the state level, funding will support a peak body function responsible for supporting co-design, deployment, scaling, workforce development, and policy integration. This ensures that best practices are shared, emerging needs are identified, and the workforce is equipped with the necessary skills. Training programs will ensure that link workers are skilled in evidence-based engagement methods and that community organisations are supported in becoming effective providers of social prescriptions.

Budget and Expected Outcomes

10-Year Investment Plan

Year	Total Cost Estimate	Link Workers	Civic Health Officers	IT Infrastructure	Training, Peak Body & System Enablers
Year 1	~$50.3M	~$28.9M	~$13.4M	~$2M (Setup)	~$6M
Year 2	~$66.7M	~$46.5M	~$13.8M	~$400K	~$6M
Year 3	~$92.5M	~$71.9M	~$14.2M	~$400K	~$6M
Year 4	~$118.3M	~$98.7M	~$14.6M	~$400K	~$4.50M
Year 5	~$147.1M	~$127.1M	~$15M	~$400K	~$4.50M
Year 10	~$287.7M+	~$265.3M+	~$17.4M+	~$400K	~$4.50M+

Assumptions:

- Assumes 1 funded Civic Health Officer per LGA
- Link Worker workforce: Scaling from 256 link workers in Year 1 to 1,800 by Year 10
- Personnel costs indexed at 3% annually
- Link Worker Episodes of Service: Up 150 clients per link worker annually (50 moderate-intensity, 100 low-intensity clients)
- Initial higher setup costs for IT and minimum data set creation
- Additional community awareness and health promotion costs included in Year 1-3 System Enabler costs
- PHN and LHD Co-Commissioning tied to demonstrated local need

10-Year Social Prescribing Cost and Value Summary

Investing in social prescribing is not only cost-effective but also generates significant societal returns through better mental health, social connection, and reduced healthcare burden.

Total Cost Over 10 Years: $1,659,289,249
People Served: 1,613,400
Average Cost Per Client: $1028
Estimated Economic Value Generated (10% QoL Improvement): $8,067,000,000
Return on Investment: 4.86x ($4.86 generated for every $1 invested)

Expected Outcomes & Cost Offsets

The social prescribing model is designed to deliver:

- Reduced loneliness and social isolation
- Enhanced social connection, cohesion, and community capital
- Improved Quality of Life
- Improved mental and physical health
- Healthcare cost savings (reduced ED visits, fewer GP appointments, lower specialist demand)
- Improved educational and workforce participation outcomes
- Broader system-wide benefits in justice, housing, and social inclusion

National Scalability

- NSW implementation would serve as a pilot state, leveraging existing PHN and LHD infrastructure
- Success would enable a federally co-funded model for national rollout
- Yearly evaluations using social prescribing uptake, health outcomes, and cost-benefit metrics
- The approach could be pursued as a bilateral initiative showcasing best practice health and social care integration under the next National Health Reform Agreement Addendum

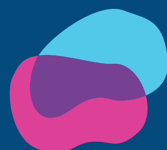
Conclusion

Structured investment in social prescribing ensures a scalable, adaptable, and evidence-based approach to social prescribing in New South Wales, with potential for significant positive impact on health outcomes and healthcare costs.

Appendix: ASPIRE Consensus Statement

Accelerating Social Prescribing in Australia

An innovative frontier in the provision of healthcare



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Acknowledgement of Country & First Peoples

We acknowledge the Traditional Custodians of the land throughout Australia. We pay our respects to their ancestors and their descendants, who continue cultural and spiritual connections to Country. We recognise their contributions to Australian and global society.

Roundtable Contributors

This Consensus Statement emerged from a national roundtable at the National Press Club, Canberra, on 29 February 2024, hosted by the Australian Social Prescribing Institute for Research and Education (ASPIRE).

ASPIRE extends heartfelt gratitude for the goodwill, time commitment, and expert insights provided by all roundtable participants. The views and recommendations expressed in this statement reflect the collective discussion outcomes, not the perspective of any single individual, organisation, or government entity.

Special thanks to Mr. Andrew Hollo from Workwell Consulting for his skilled facilitation of the roundtable and to Ms Leanne Wells, Chair of our Community and Consumer Expert Panel, for her significant role in shaping this statement.

Finally we would also like to extend our special thanks to agencies and representatives that attended from:

Australian Government **Department of Health and Aged Care**
Australian Government **National Suicide Prevention Office**
Australian Government **Department of Veterans' Affairs**
Queensland **Mental Health Commission**
Mitchell Institute for Education and Health Policy, Victoria University

Foreword by A/Prof J.R. Baker, Chair, ASPIRE

As Chair of the Australian Social Prescribing Institute of Research and Education (ASPIRE), I am both honoured and excited to present this Consensus Statement, which represents a collective vision to fundamentally transform healthcare in Australia through the integration of social prescribing. At a time when our healthcare system faces unprecedented challenges, from escalating costs to deepening health disparities exacerbated by mental health crises and social isolation, the imperative for innovative and transformative approaches is clear. Social prescribing represents not just an innovation, but a necessary evolution in our approach to health and wellbeing.

In the crafting of this statement, we have drawn upon a broad coalition of expertise, involving healthcare professionals, community leaders, policymakers, and the direct voices of the communities we aim to serve. Our discussions have been rich and informed by diverse perspectives, all converging on the critical need for a healthcare system that is more responsive, inclusive, and preventative. The Statement sets forth a strategic vision to embed social prescribing within the Australian healthcare system comprehensively. Our goal is ambitious yet vital: to forge a healthcare system that not only treats illness but actively promotes wellness by addressing the full spectrum of factors that influence health.

Social prescribing is a transformative approach that seeks to address the complex interplay of social, environmental, and medical factors that influence health. By connecting individuals with non-medical support within their communities—be it social clubs, exercise groups, or arts-based activities—we aim to enhance individual and community health, reduce the strain on traditional healthcare services, and foster a more sustainable healthcare system. In addition, these connections can significantly enhance an individual's quality of life, reduce loneliness, and prevent the exacerbation of chronic health conditions.

The evidence for the efficacy of social prescribing is robust and growing. International models, particularly from the United Kingdom and Canada, have shown how effectively this approach can reduce the strain on medical services, improve mental health, and decrease emergency hospital admissions. In Australia, our programs have mirrored these successes, showcasing substantial benefits in early intervention, community resilience, and health outcomes.

The need for such an approach has never been more critical. Australia, like many countries, faces significant healthcare challenges driven by an aging population, the rising prevalence of chronic diseases, mental health issues, and social isolation. These challenges are compounded by the ever-increasing costs of healthcare delivery. Social prescribing offers a proactive solution to these issues, focusing on the upstream factors that impact health and providing individuals with the tools and support to manage their health proactively.

Yet, to realise the full potential of social prescribing, strategic enhancements to our existing healthcare infrastructure are necessary. This consensus statement outlines a comprehensive strategy for embedding social prescribing at the heart of our national health policy. It calls for robust investment in the structures that will support the widespread adoption of social prescribing, including:

- Developing and strengthening partnerships between health services, community organisations, and local governments.
- Ensuring that social prescribing is recognised within the Medicare Benefits Schedule through social care plans, allowing healthcare providers to include it as part of routine care.
- Enhancing the training and education of healthcare providers to effectively integrate social prescribing into their practice.
- Building an evidence base through ongoing research and evaluation to measure the impact of social prescribing and inform best practices.
- Advocating for policies that support the sustainability and scalability of social prescribing initiatives.

Foreword by A/Prof J.R. Baker, Chair, ASPIRE

We also advocate for a policy environment that robustly supports social prescribing. This includes calling on national and state governments to integrate social prescribing into public health strategies, ensuring alignment with broader health reforms and social services. Our approach emphasises the necessity of cross-sector collaboration, where healthcare providers, community leaders, and policymakers work together to craft a coherent and unified response to the complex health challenges facing our communities. The strategic actions we propose are designed not only to integrate social prescribing into healthcare practice but also to foster a cultural shift towards a more holistic understanding of health. By empowering individuals to take control of their health and by providing them with access to a diverse array of support options, we can enhance the capacity of Australians to lead healthier, more fulfilling lives.

Our vision extends to the practicalities of implementation. We see digital technology playing a crucial role in facilitating social prescribing, through the development of platforms that connect individuals with local services and community activities. This digital integration will not only streamline the referral process but also enable the effective measurement and evaluation of outcomes, ensuring that our approaches are evidence-based and patient-centred.

We must prioritise inclusivity in our rollout of social prescribing. This means ensuring that services are tailored to meet the diverse needs of all Australians, including Indigenous communities, rural populations, and those facing significant social and economic disadvantages. It is only through a commitment to equity that social prescribing can truly fulfill its promise as a transformative healthcare practice. The expansion of social prescribing will contribute significantly to the resilience of our communities. By building networks of support and enhancing social cohesion, we can better prepare our society to face health crises, whether they be in the form of pandemics, environmental disasters, or the challenges of an aging population.

In conclusion, embracing social prescribing represents a significant step forward in our ongoing journey to improve health outcomes across Australia. It requires bold leadership, innovative thinking, and a commitment to collaborative action. This Consensus Statement is a call to action for all stakeholders involved in Australia's healthcare system. It is a declaration of our collective commitment to a healthier, more connected, and resilient Australia. As we move forward, let us be guided by the principles of equity, sustainability, and community wellbeing that underpin social prescribing, in the knowledge that every step we take towards integrating social prescribing is a step towards a more sustainable and effective healthcare system.

Together, we can seize this moment to redefine health care in Australia, making it more inclusive, holistic, and responsive to the needs of every Australian. Let this consensus statement serve as both a roadmap and a rallying cry for all who believe in a healthier, more integrated, and more compassionate approach to healthcare in Australia. Together, we can make social prescribing a cornerstone of our national health strategy, creating a legacy of health and wellbeing for future generations.

A/Prof J.R. Baker
Chair, ASPIRE

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Consensus Statement

An Immediate Health Imperative

Facing escalating health disparities, rising healthcare costs, and epidemics of mental health and loneliness, coupled with social disconnection, a cost of living crisis, and increasing natural disasters, Australia stands at a critical juncture. Social prescribing offers a strategic solution to bridge the widening health outcome gap across the healthcare spectrum, including the mental health, disability and aged care sectors. This approach acknowledges the complex social factors impacting health and promotes early intervention for non-medical issues that impact health, reducing healthcare costs, and providing comprehensive care that enhances individual and community wellbeing by fostering stronger social connections and resilience. This consensus statement advocates for swift, unified action to embed social prescribing within our healthcare system, highlighting its pivotal role in addressing the social determinants of health (SDoH) and championing preventive health measures across communities.

Foundational Elements for the National Rollout of Social Prescribing

The successful national implementation of social prescribing hinges on four main elements:

1. **Policy Leadership and Cross-Sectoral Integration:** Strong leadership from the Australian Government is needed to champion social prescribing as a vital part of healthcare delivery. Recognising social prescribing in national policies and agreements across government departments and levels is essential for a coordinated effort to address the upstream factors which contribute to the SDoH. In partnership, the role of local and state governments in implementing policies and programs that influence the local social, environmental, and educational determinants of health is crucial, directly supporting the success of social prescribing by fundamentally enhancing community wellbeing.
2. **Service and System Enablers:** Place-based, regional partnership focused strategies, underpinned by digital innovations and a robust workforce development plan, are crucial for adaptable and effective social prescribing services. Existing government-funded mechanisms such as Primary Health Networks (PHNs), Aboriginal Community Controlled Health Organisations (ACCHOs), and adjustments to Medicare and other funding arrangements can be used to enable the rapid, equitable, contextualised and widespread implementation of social prescribing. In parallel, we acknowledge the necessity of providing adequate-investment and support in community infrastructure to support communities and community services as foundational enablers of the social prescribing system.
3. **Service Models and Deliverers:** Leveraging the foundational trust and access of primary healthcare settings is crucial for helping people access social prescribing. These settings should be the first point of investment in and integration of social prescribing, ensuring that skilled link workers and a range of support services are readily accessible to those in need, laying the groundwork for a health system that actively works towards preventing illness rather than only treating it.
4. **Sustainable and Collaborative Funding Models:** The Australian Government should be the principal funder nationally, while promoting innovative co-investment and co-commissioning models with state and territory governments, philanthropic entities, and the private sector. This approach ensures the scalability and sustainability of social prescribing initiatives, enabling them to contribute effectively to public health goals.

A National Commitment to Holistic, Equitable and Preventative Health

Social prescribing should be a key part of Australia's health system, available to everyone. It supports the quintuple aim by improving wellbeing and opportunities for the community and healthcare workers, enhancing clinical care, boosting cost efficiency, and enriching patient experiences. It addresses a spectrum of needs - physical, practical, material, environmental, social, and emotional—aligning with preventive health strategies and the broader objectives of a wellbeing economy. Integrating social prescribing throughout healthcare, from policy development and community partnerships to identifying upstream needs and implementing practical interventions, ensures benefits for patients, providers, communities, and the nation. This approach transforms our healthcare into a system that is more equitable and resilient, prioritising the holistic wellbeing of every Australian.

This consensus statement has been informed by the collective stance of over 50 leading organisations and research institutions within the health, social and welfare sectors in Australia. We urge other organisations nationwide to endorse this Consensus Statement. To join, please visit CreatingOpportunitiesTogether.com.au

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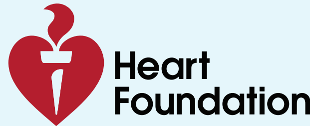

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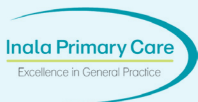

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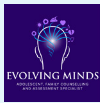

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Introduction

"Social prescribing is such an exciting frontier in the health sector.... Social prescribing charts a new way forward for healthcare that better connects patients with community services and programs, empowers and support patients to better manage their health and wellbeing.... The work of ASPIRE and the conversations you will be having today are helping to navigate this new territory in a changing health landscape"

The Hon Ged Kearney, Assistant Minister for Health, Roundtable Opening Statement, 29 February 2024

Our knowledge of social prescribing and its benefits is growing at a rapid pace. Social prescribing is a means of connecting individuals to non-medical support within the community to improve their health and wellbeing through access to non-medical, local, and community-based opportunities and supports which address the practical, social, and material things that get in the way of wellbeing and quality of life.

A 2019 report following a Consumers Health Forum of Australia, Royal Australian College of General Practitioners (RACGP) and NHMRC Partnership Centre for Health System Sustainability roundtable initiated the national conversation about social prescribing.

In February 2024 ASPIRE convened a second roundtable with some of the nation's leading thinkers in integrated health and social care. The purpose was to review progress, update on new knowledge and practice, and discuss the benefits and alignment of social prescribing to Australia's contemporary health policy and economic agendas.

The ultimate aim was to generate the essential elements of a blueprint to accelerate social prescribing nationwide. Participants were asked:

- What are our best ideas for action – what is realistically aspirational?
- How and who should be responsible for taking forward these actions?

The roundtable underscored the urgent need for social prescribing, the imperative for acceleration and pinpointed core elements and enablers critical for this advancement.

This Consensus Statement reflects the views of over 50 leading national organisations.

Scope

While there are many settings where social prescribing could be introduced, this Statement focuses on primary health care as the initial place to implement social prescribing at a national level. If we want to see a systemic approach to social prescribing, primary health care is the most appropriate setting in which to start. The current Strengthening Medicare reforms with a focus on creating extended multidisciplinary care teams and the wider interest in 'healthcare neighbourhoods' create the best conditions for success.

The primary audience for this Statement is the Australian Government recognising it has many policies and levers through which a national approach to social prescribing can be realised.

Important secondary audiences include those well placed to advocate for social prescribing, help us better understand the best practice models, and advance its implementation locally, including:

- national peak and professional bodies
- leading researchers and policy 'entrepreneurs'
- the health and social sectors workforces involved in the provision of care
- health executives responsible for commissioning services
- providers of health education and training
- local, state and territory governments which can partner with the Australian Government in creating community assets and opportunities for wellbeing
- the communities and recipients of existing or future services.

Why now?

The time is right to accelerate social prescribing to a truly national scale in Australia.

A health system on life support

There is a widening mismatch between current healthcare delivery models and the evolving needs of the community, exacerbated by concerning social trends with implications for our healthcare system and its capacity to cope.

The incidence of chronic diseases, mental ill-health, loneliness, and social isolation; rapidly increasing pressure on general practice and the wider health system; the impact of the social determinants of health; and unmet social and material needs and widening health inequities are all contributing to poorer health.

We have an increased demand for health services, weakening care networks, fragmented services and systems, and a diverse and dispersed population. A limited workforce with fatigue and burnout exacerbated by the pandemic is not sufficient to meet emerging demand.

Already the megatrends identified by the CSIRO in Our Future World, including the escalating health demands, increasing digitisation and the impact of climate change, are bearing down on us all, as well as our health systems and our workforces.

Unless we act now and rethink the way we deliver healthcare, we will make the situation worse. We cannot afford to keep focusing almost exclusively on treating sickness with pills and procedures, we need a more holistic approach that enhances better all-around health and wellbeing.

Social prescribing, as part of a reimagined healthcare system that puts the focus on health promotion and illness prevention, can help arrest these trends and make a meaningful contribution to value-based healthcare.

The benefits are real

The value of social prescribing is well recognised by governments, consumers, and clinicians around the world to address high rates of risk factors for preventable chronic disease in priority population groups and socioeconomically disadvantaged communities.

Social prescribing strengthens primary, preventive, mental health and aged care and can also make a substantial contribution to community resilience and response to the impact of natural disasters linked to climate change.

Our knowledge of the benefits of social prescribing is extensive and growing. The benefits to individuals include improved overall health, wellbeing and sense of agency; reduced loneliness and enhanced social connectivity; improved health education, literacy, and behaviours; reduced depression, anxiety, and psychological distress; increased work readiness and empowered chronic conditions self-management.

The many benefits include reduced hospital admissions and burden on GP services; reduced costs for people with chronic conditions; deepened integration between clinical care, interprofessional teams and social support; enhanced community capacity and cohesion; increased volunteering and enhanced civil society; and holistic approaches to care.

Policy alignment

The Australian Government has set out its aspirations for improved health and healthcare spearheaded by its Strengthening Medicare reforms. The vision is for an investment in healthcare rather than 'sick care' and an approach that looks beyond the medical to the social determinants of health. The *Mid-Term Review of the National Health Reform Agreement Addendum 2020-2025* emphasised better management of and innovation in the interface between care sectors.

The National Disability Insurance Scheme (NDIS) is also the subject of review with an independent inquiry examining its design, operations and sustainability. Likewise, a forum of experts is assessing recommendations of the evaluation of the Better Access to Mental Health initiative to consider how to ensure more equitable service coverage.

Two other recent strategies are noteworthy. There is a recently launched National Climate Change and Health Strategy which identifies the need to build community resilience and boost biopsychosocial care delivery and the National Digital Health Strategy 2023-2028 and accompanying roadmap which lay the foundations for transforming health and wellbeing through digital solutions.

The Treasurer has unveiled Measuring What Matters, Australia's first national wellbeing framework to help better track economic and social outcomes, and the Australian Government is in the first phases of establishing a National Centre for Placed-Based Collaboration, recognising that the 'right' approach is place-based, one that reflects the needs and local arrangements that work best for individual communities.

There is a strategic alignment between social prescribing and all these policy agendas: it provides a practical and immediate means to address the social determinants of health, better integrate care, reduce health socioeconomic inequity and contribute to a productive society.

Essential elements and actions A systems approach

A systems approach is required to accelerate social prescribing nationally. There are four essential, inter-dependent elements where action is required.

Policy leadership

Australia has some health and care models that are no longer fit-for-purpose and are in pressing need of change. The government has acknowledged that primary care is in the worst shape it has been for decades, weighed down by a broken funding model, insufficient support for GPs and general practices, and growing levels of chronic disease and mental health issues. Plans have been unveiled to strengthen and modernise Medicare, shifting it to a system that features additional extended multidisciplinary teams.

The government has also recognised that care for people with disability – including those with autism and psychosocial disability - shouldn't be a case of 'NDIS or nothing'. The NDIS should be part of a wider system that supports people with disability and that the government should put more money into home and community supports outside of the NDIS.

Reform opportunities in health and disability care are examples of where there are opportunities to advocate for an accelerated approach to social prescribing and the contribution it can make to improving health inequity and outcomes in keeping with the Closing the Gap, wellbeing and place-based agendas.

ACTIONS

1. The Australian Government should make a policy commitment to social prescribing as a part of a broader, **whole-of-government strategy** to address the social determinants of health.
2. Relevant Australian Government policies should recognise and **commit to the value of social prescribing as an important addition to healthcare delivery**.
3. **Intergovernmental agreements** between the Commonwealth and the states and territories in areas such as healthcare financing and mental health should recognise and commit to national and/or **bilateral action** to advance social prescribing.

Service and system enablers

Several enablers exist and can be leveraged to support acceleration and change management. Place-based approaches which cater for different community needs, local service availability and local governance must be prioritised. Social prescribing services are best designed, implemented and integrated locally with the involvement of clinical and consumer champions.

The network of 31 PHNs and their role as system connectors and service commissioners are critical engine rooms for implementing a national approach. PHNs have the scope to be more enterprising by bringing in co-funders and critical partners such as local councils and local hospital networks. Other infrastructure and strategies will help ensure universal access to social prescribing. Importantly, we must ensure we build on and learn from those services already in place.

ACTIONS

1. Implement social prescribing through place-based, **enterprising partnerships** which will undertake **joint planning and commissioning** and ensure **local co-design** of service. Consortia should involve PHNs, ACCHOs, local councils, local hospital networks and other community leaders.
2. **Invest in improving the resourcing, capacity and capability of key place-based implementation organisations**, like PHNs, to further develop and enhance their partnership, co-design and co-investment capabilities, allowing them to better partner with community stakeholders.
3. Starting **incrementally**, work towards universal coverage, commencing first in priority communities such as those with compelling needs profiles or geographies.
4. Implement **campaigns** to raise awareness and educate referrers and local communities.
5. Establish a **dedicated Medical Research Future Fund (MRFF) stream** with a focus on implementation, science and health systems research to inform service development, delivery and improvement.
6. Incorporate a **minimum data set (MDS**) in the roll out to ensure the right metrics are in place at the outset for both consortia and services to enable monitoring and evaluation.
7. Establish a national collaborating **centre of excellence** to support service development, improvement, leadership and change management.
8. Encourage and incentivise **digitally enabled implementation** with desktop software, **assessment tools** and online **directories** of community services and supports to assist in identifying needs and in linking people to local community assets.

9. Put in place a **workforce development strategy** incorporating education, training and professional networking support for referrers, link workers, and the workforce of the future including peer workers, social workers, occupational therapists, nurses, and allied health and medical students.

Service models and deliverers

In existing programs and services globally and nationally, referrers commonly include GPs and general practices. However, many models include multiple referrers such as community pharmacies and paramedics – a 'no wrong door' approach – and some cater for self-referral.

Access to community service supports and information is commonly brokered by 'Link Workers' - a workforce to connect people with the right mix of services, supports and information - and existing community-based, non-government organisations such as community health, welfare, health justice, employment assistance, and housing providers.

At the community level, a diverse network of community services and connection points, including libraries and neighbourhood centres, play a crucial role in offering enriching activities for wellbeing and social connection, as well as serving as vital signposting agents to relevant information and advice. These assets, and their digital directory counterparts like *Ask Izzy* and the *National Health Service Directory*, will require support over time to scale and meet the growing demand.

ACTIONS

1. Invest in the **primary health care setting as the starting point** for social prescribing recognising community trust and frequency of access in this setting.
2. Make provision in the Medicare Benefits Schedule (MBS) health assessment, chronic disease and mental health care planning items for the formulation of consumer-led, goal-directed **social care plans**.
3. Support primary health care services with access to validated **screening and patient activation assessment tools** to assist them to triage and target the right mix of community services.
4. Build in **referral 'tiers'** to service rollout to cater for degrees of complexity.
5. Fund the **progressive roll out of link workers** and locate them in settings and locations where they are visible and provide a social prescribing referral pathway for general practices.
6. Invest in **social capital** and **resilience** by supporting local consortia to build capacity in community services and support, with a commitment to sustainability.
7. Consider educating and supporting people working in service industries who could fulfill roles as **'signposters'** such as hairdressers and 'posties'.

Financiers and investors

The Federal Government is expected to be main funder, given the way social prescribing aligns with the future directions being contemplated for Medicare, the NDIS and mental health programs. However, there is scope for other funders and investors who could contribute. These include partnerships and joint funding arrangements with state/territory governments, the business and philanthropic sectors and private health and other insurers who are often overlooked as a source of funding for innovation.

ACTIONS

1. The Australian Government should be the **principal funder** of a national scale up of social prescribing.
2. The Australian Government should actively explore **bilateral agreements** with both states and territories.
3. The Australian Government should actively encourage and create the conditions for innovative, cross-sector, cross-economy **co-funding arrangements and joint investment fund arrangements** with philanthropy, communities, and the non-government and private sectors.

Conclusion

Social prescribing needs to become a part of the fabric of the Australian community, as both a tool and pathway to:

- health policy and healthcare that is better oriented to the promotion of health and wellbeing and the prevention of ill-health
- better interactions and integration between clinical and community services that strengthen people's inherent capacity to better self-manage their health and wellbeing
- integrated health and social care and systems
- contribute to a wellbeing economy
- alleviate health practitioner burnout and reduce pressure on hospitals
- embed lived experience, learnings and stories to continually inform service co-design and identify opportunities to address the broader social factors that affect communities
- support policy changes that improve equity and reduce the social determinants of health
- help to restore consumers' and carers' agency, enabling them to 'look beyond the pill' to how they can live a better life.

Roundtable participants and organisations

Name	Organisation
A/Prof J.R. Baker	ASPIRE (Australian Social Prescribing Institute of Education and Research)
Leanne Wells	ASPIRE, Community and Consumer Expert Panel
Dr Sam Manger	Australasian Society for Lifestyle Medicine (ASLM)
Sue O'Sullivan	Australian Association of Social Workers (AASW)
Kaylene Ryan	Australian Disease Management Association (ADMA)
Cathie Warburton	Australian Library and Information Association (ALIA)
Abby Deguara	Australian Medical Students Association (AMSA)
Christine Fuller	Australian Primary Health Care Nurses Association (APNA)
Dr Zena Burgess	Australian Psychological Society (APS)
Roslyn Dundas	Australian Research Alliance for Children and Youth (ARACY)
Kumaran Manivannan	Australian Social Prescribing Medical Students Association
Irene Verins	Beyond Blue
Nick Lawson	Bobby Goldsmith Foundation (BGF)
Anais le Gall	Capital Health Network (CHN)
Alison Carabine	Consultant
Dr Elizabeth Deveny	Consumers Health Forum of Australia
Prudence Buist	Coordinare, South Eastern NSW PHN
Patricia Sparrow	Council of the Ageing Australia (COTA)
Dr Emily Bridal	CSIRO
Tracey Andrews	Department of Health & Aged Care
Annie Au-Yeung	Department of Health & Aged Care
Kayla Jordan	Department of Health & Aged Care
Joanne Tester	Department of Health & Aged Care
Mary Ann Baquero Geronimo	Federation of Ethnic Communities' Councils of Australia (FECCA)
Dr Candice Oster	Flinders University
Shivana Chandra	Health Care Consumers' Association ACT
Claire Mullen	Health Consumers WA
Tracey Johnson	Inala Primary Care
Laila Hallam	Independent consumer advocate
Jayne Nelson	IPC Health
Prof Yvonne Zurynski	Macquarie University Australian Institute of Health Innovation
Ingrid Hatfield	Mental Health Australia (MHA)
Prof Rosemary Calder AM	Mitchell Institute for Education and Health Policy, Victoria University
Stella McNamara	Mitchell Institute for Education and Health Policy, Victoria University
Prof Maximilian De Courten	Mitchell Institute for Education and Health Policy, Victoria University
Dr Rosanne Freak-Poli	Monash University
Debra O'Connor	National Ageing Research Institute (NARI)
Pamela Scarborough	National Heart Foundation
Graham Ramsay	National Suicide Prevention Office
Priscilla Brice	National Mental Health Consumer Alliance
Keir Paterson	Neighbourhood Houses Victoria
Dr Katherine Trebeck	The Next Economy
A/Prof Michelle Bissett	Occupational Therapy Australia
Craig Gear OAM	Older Persons Advocacy Network (OPAN)
Caroline Walsh	Ozhelp Foundation
Adj A/Prof Steve Morris	Pharmaceutical Society of Australia (PSA)
Dr Paresh Dawda	Prestantia Health and Next Practice
Cynthia Stanton	Primary and Community Care Services
Dr Rachel David	Private Health Australia
Julia Medew	Private Health Australia
Evelyn James	Queensland Mental Health Commission
Dr Kuljit Singh	RACGP Social Prescribing Specific Interest Group
Prof Mark Morgan	Royal Australian College of General Practitioners Quality Committee
A/Prof Christina Aggar	Southern Cross University
A/Prof Eric Brymer	Southern Cross University
Kevin Barrow	Sydney North Health Network
Prof Thomas Astell-Burt	University of Sydney
Dr James Ibrahim	Terry Hills Medical Centre and Chair, ASPIRE Primary Care Expert Panel
Nadia Mastersson	The Australian Prevention Partnership Centre, a part of the Sax Institute
Prof Xiaoqi Feng	University of NSW
Prof Genevieve Dingle	University of Queensland
Dr Kate Mulligan	University of Toronto, Dalla Lana School of Public Health
Katy Tyrrell	Wilson Foundation
Paul Hussein	Yerin Aboriginal Health Services

Further Consensus Statement Signatories (Post-event as at 29 June 2024)

Name	Organisation
Rhiannon Hobbins	ABC News
Tina Janamian	AGPAL (Australian General Practice Accreditation Limited)
Bernadette Durrell	Amalfi Coaching
Amrita Sinha	Amrita Sinha Occupational Therapy
Helen Badge	Australian Catholic University
Emma Fitzsimon	Banyule Community Health
Emily Curtis	Barwon health
Libby Dunstan	Brisbane North PHN
Rhonda Fleming	Care Opinion Australia
Denise Patience	Carlton Neighbourhood Learning Centre
Lee Bennett	City of Ballarat
David Burns	Collective Leisure
Jennifer Price	Come Dance
Bill Gye	Community Mental Health Australia Inc
Nicole Evans	ConnectedLE
Ian McCabe	Direction Psychology
Jayne Grubits	ELPE Health
Robyn Thomas	Evolving Minds
Jess Edwards	Flourish: Health and Wellbeing in Nature
Fiona Dunn	Footprints community LTD
Lisa Thomson	Harmonie Health
Jane Stanfield	Jane Stanfield Coaching and Consulting
Andrea Grindrod	La Trobe University
Sue Thomas	Le Petit Palais Enhancement Centre
Samantha Roche	More Than Company
Caitlin Marshall	MakeShift
Stephanie Chiu	Mind Your Health Medical
Joanne Palmer	Moorhouse Wellness
Mandy Loveday	Nia Moving to Heal
Sanil Nair	NIIM Clinic
Dasvarma Amrita	NSW health
Kritika Jain	New England North West Health
Sonia Martin	OneBridge
Valerie Druon	Osler Health International
Robert Pereira	Pear Tree Occupational Therapy
Alison Hill	People and Parks Foundation
Deb Brittain	QAGOMA (Queensland Art Gallery and Gallery of Modern Art)
Nicki Walsh	QLD Health
Nim De Swardt	Re-Connect
Fiona Davidson	Realm Studios
James Wright	Rauland Australia
Dean Grasselli	SANE
Philippa Leary	South west London ICB (Integrated Care Board)
Morgan Sterley	St Vincent's Melbourne
Helen Banu	Streetwork Australia Limited
Eugene McGarrell	Syndey North Health Network
Lyn Worsley	The Resilience Centre
Leigh McGaghey	Therapeutic Horticulture Australia
Melissa Forbes	University of Southern Queensland
Susan Gilmartin	Upbeat Arts Australia
Cassandra Fletcher-Dunham	Wahroonga Hill Pty Ltd
Andrew Palfreman	Watson General Practice
Moya Zunker	Wide Bay HHS (Hospital and Health Service)
Cheryl Bell	WA Primary Health Alliance

About ASPIRE

The Australian Social Prescribing Institute for Research and Education (ASPIRE) stands as Australia's first and foremost authority that is solely dedicated to advancing social prescribing through research, connections, evidence, and education. We are not just about global best practices; we are about crafting personalised models designed for Australia's distinctive policy, funding, and service frameworks. In July 2023, we organised a groundbreaking conference that saw participation from over 150 leaders from across Australia, including distinguished experts from Canada and the UK.

ASPIRE convenes a number of thematic Expert Panels composed of recognised scientific experts in their fields. Our Expert Panels bring existing and emerging research and practice together to refine coherent, local models of social prescribing that are relevant to Australian policy, funding, and service delivery frameworks.

Functions of the Expert Panels include:

- to serve as a point of information and expertise for policy makers, legislators, public agencies and funders, to provide contemporary and relevant information to inform their decision making.
- to act as a key point of contact and conduit for emerging research projects, advancing the understanding of social prescribing within Australia.
- to comprehensively bring together existing evidence to produce briefs and reviews making it accessible to policy makers, stakeholders and the broader public.
- to interact with global experts to broaden the field of information available to local research, ensuring local factors and dynamics inform emergent design, implementation, operation and evaluation of models of Social Prescribing.
- to work together with other Expert Panels to create and refine common data sets, evaluation frameworks, and methodological approaches, with a view to create a consistent and joined up understanding of the goals, outputs, outcomes and impacts of various social prescribing initiatives.

ASPIRE
Australian Social Prescribing Institute of Research and Education
Creating Opportunities Together