ASPIRE Australian Social Prescribing Institute of Research and Education

ASPIRE 2024 FEDERAL BUDGET SUBMISSION

Contents

Executive Summary and Recommendations

As the country's pre-eminent thought leader in social prescribing and integrated care, the Australian Social Prescribing Institute for Research and Education (ASPIRE) is pleased to make this submission to the 2024 Federal Budget.

Social prescribing enables general practitioners (GPs), nurses and other primary care professionals to refer people to a range of local, non-clinical services to support their health and wellbeing. This is typically done via a referral to a Link Worker, a role that is commonplace in social prescribing approaches around the world. Social prescribing is an addition to clinical treatment of illness and management of risk factors for avertable disease. Its purpose is to connect people to practical help for non-medical factors that contribute to or exacerbate health problems.

The value of social prescribing is increasingly 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. A growing evidence base demonstrates how 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.

The Australian Government has set out its aspirations for improved health and health care spearheaded by its Strengthening Medicare reforms. The vision is for an investment in health care 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. There is a recently launched National Climate Change and Health Strategy which identifies the need to build community resilience and boost biopsychosocial care delivery.

At the macro policy level, the Treasurer has released 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 one that reflects the needs and local arrangements that work best for individual communities.

There is strong policy leadership around the objectives of Strengthening Medicare and Strengthening Communities and strategic alignment for social prescribing within these policy agendas. Social prescribing provides a practical and immediate role serving to address the social determinants of health, better integrate care, reduce health socio-economic inequity and contribute to a productive society.

Overall, there is a need for policy recognition of social prescribing as a part of the Australian healthcare system and broader strategy to address social determinants of health, starting with implementation in the primary care setting. [1] [2]

To integrate and mainstream social prescribing services in Australia's future health and care arrangements we make the following recommendations for the strategic investments in national infrastructure, regional action and service system improvements that will deliver these outcomes.

Recommendation 1

Invest in a dedicated MRFF research stream to evaluate models and build the evidence base for integrated health and social care broadly, and social prescribing specifically.

Recommendation 2

Fund an independent national centre with appropriate expert collaborating founding partners to inform social prescribing service development, innovation, and delivery; encourage rigorous evaluation; curate data and evidence; and support knowledge translation into action.

Recommendation 3

Fund the development of a national online, community asset directory to support social prescribing referrers and Link Workers and to serve as a national 'scaffold' that interacts with locally curated directories and referral pathway maps to deliver a comprehensive directory.

Recommendation 4

Make provision in the Medicare Benefits Schedule (MBS) health assessment, chronic mental health care planning items to encourage and remunerate general practitioners and practice nurses to formulate consumer-led, goal- directed social care plans and make social prescribing referrals.

Recommendation 5

Support primary health care services with access to validated screening and patient activation tools to assist them to triage and target social prescribing services.

[1] Oster C and Bogomolova S (2024) *Potential lateral and upstream consequences in the development and implementation of social prescribing in Australia*. Aust NZ J Public Health. 2024; Online; https://doi.org/10.1016/j.anzjph.2023.100121

[2] Consumers Health Forum of Australia and the Royal Australian College of General Practitioners (2019) *Social Prescribing Roundtable Report.*

Recommendation 6

Build the social prescribing workforce capability and capacity through the development of education, training, and professional networking support for link workers curated and provided by the proposed centre.

Recommendation 7

Monitor the impact of social prescribing referrals on non-government community service organisations (CSOs) and assure their capacity to accommodate social prescribing services with fundamental measures such as indexation and appropriate funding.

Recommendation 8

Fund Primary Health Networks (PHNs) to commission and place Link Workers in suitable settings and locations to provide a social prescribing referral pathway for primary health care services.

Recommendation 9

Fund PHNs to lead, coordinate and steward new social prescribing services and/or scale existing services and undertake capacity building roles.

1. 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 framework. In July 2023, we organised a ground-breaking conference that saw participation from over 140 leaders from across Australia, including distinguished experts from Canada and the UK. We have also recently participated in a study tour hosted by the UK National Academy for Social Prescribing (NASP) – many of the insights from that visit are reflected in this submission. These opportunities fostered rich dialogue, exchange of best practices, and has set the course for the future of social prescribing on a global scale.

ASPIRE has several Research Partners from Australia's most reputable universities and convenes a number of thematic Expert Panels composed of recognised scientific experts in their fields – the who's who of Australian social prescribing researchers and implementation advisers.

- Professor Genevieve Dingle
- Associate Professor Michele Bissett
- Associate Professor Eric Brymer
- Ms Leanne Wells
- Dr James Ibrahim
- Professor Yvonne Zurynski
- Professor Thomas Astell-Burt
- Professor Xiaoqi Feng
- Associate Professor Christina Aggar
- Professor Susan Kurrle
- Dr Rosanne Freak-Poli
- Associate Professor J.R. Baker

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. Expert Panels serve as a point of information and expertise for policy makers, legislators, public agencies and funders.

2. About social prescribing

Social prescribing blends the social and medical model to promote overall health and can be implemented at system levels and also within individual practices or services. Connecting people with community resources, encouraging wellness activities, and valuing nonpharmacologic interventions are all aspects of social prescribing.[3]

[3] Kuhn, ALR and Rariden CA (2024) *Social Prescribing: Healing People Through Community*. The Journal for Nurse Practitioners, 20 (2024) 104894

The World Health Organisation (WHO) describes social prescribing as a means for healthcare workers to connect patients to a range of non-clinical services in the community to improve health and wellbeing, helping to addressing the underlying causes of a patient's health and wellbeing issues, as opposed to simply treating symptoms.[4] Wales is the government which has most recently launched a national framework for social prescribing which, in summary, describes social prescribing as an umbrella term and a way of connecting people, whatever their age or background, with their community to better manage their health and wellbeing.[5]

The WHO and Welsh Government definitions are in line with definitions adopted by leading health think tanks such as the UK Kings Fund and an internationally accepted definition which emerged from a recent expert consensus process which describes social prescribing as "a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription to improve health and well-being and to strengthen community connections".[6]

The impetus for social prescribing

The evidence that people will have better experiences and improved health and wellbeing if they can actively shape their care and support is the common driver of the interest in social prescribing. Other drivers include the incidence of 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 that contribute to poor health.

More contemporary drivers include the capacity of social prescribing to address the growing health burden of loneliness highlighted recently in a major report by the US Surgeon General.[7]

There has already been some considerable forays into the implementation of social prescribing nationally and internationally. Social prescribing as it is now understood was developed in the United Kingdom (UK) with schemes dating back decades. General practitioners at the Bromley by Bow Health Partnership launched a social prescribing scheme to refer patients to in-house expert non-clinical services,[8] and similar models of

[4] World Health Organisation. Regional Office of the Western Pacific (2022) *A toolkit on how to implement social prescribing*. May 20, 2022. https://www.who.int/publications/i/item/9789290619765 [Accessed 16 January 2024].
[5] Welsh Government (2024) *National framework for social prescribing. A description of social prescribing in Wales and a plan of how to provide it throughout the country.*
[6] Muhl C, Mulligan K, Bayoumi I, et al. *Establishing internationally accepted conceptual and operational definitions of social prescribing through expert consensus: a Delphi study*. BMJ Open 2023;13:e070184. doi:10.1136/ bmjopen-2022-070184
[7] US Public Health Service (2023) *Our Epidemic of Loneliness and Isolation*. The US Surgeon-General's Advisory on the Healing Effects of Social Connection and Community.
[8] Davis-Hall M. (2018) *The Bromley by bow centre: harnessing the power of community*. Br J Gen Pract 2018; 68:333.

service provision also existed in other countries but were not united under the term social prescribing.[9]

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.[10] Since then, social prescribing continues to progress, with initiatives in at least 17 countries, although the forms of adoption within countries reflect local cultural, healthcare, and political contexts.[11] Service implementation has been accompanied by the creation of various forms of national infrastructure to support care delivery, system capacity building, best practice and evaluation such as the UK National Academy of Social Prescribing (NASP), the UK National Association for Link Workers and the Canadian Institute for Social Prescribing (CISP).

In Australia, the Consumers Health Forum of Australia (CHF) and Royal Australian College of General Practitioners (RACGP) have advocated for a national scheme but implementation has occurred in pockets. In the absence of a national framework largely commissioned by Primary Health Networks (PHNs) in response to regionalised needs, and also delivered by non-government organisations such as community health centres and neighbourhood houses.

Global trends

Worldwide, across a diverse range of health systems, there are several global trends in healthcare that have informed social prescribing.[12] These reinforce that social prescribing should be part of mainstream healthcare delivery and include:

- Person-centred care: using individuals' values and preferences to guide all aspects of their care and to support their realistic health and life goals.
- Integrated care: delivery of coordinated, multidisciplinary, team-based, person-centred services across the life-course, designed to meet the multi-dimensional needs of individuals across settings and levels of care.
- Co-design and co-production: working with consumers, carers, and communities to understand their needs, and working with groups of people at the earliest stages of service design, development, and evaluation.
- Health promotion and literacy: enabling people to increase control over and to improve their health and moving beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

[9] Morse Daniel F et al (2022) Global developments in social prescribing. BMJ Global Health. 2022 May 7(5):e008524. Doi: 10.1136/bmjgh-2022-008524
[10] Younan HC, Junghans C, Harris M, Majeed A and Gnani S. (2020) *Maximising the impact of social prescribing on population health in the era of COVID-19*. J R Soc Med 2020: 113 (10): 377-382.
[11] Morse Daniel F et al (2022) Global developments in social prescribing. BMJ Global Health. 2022 May 7(5):e008524. Doi: 10.1136/bmjgh-2022-008524
[12] Morse Daniel F et al (2022) Global developments in social prescribing. BMJ Global Health. 2022 May 7(5):e008524. Doi: 10.1136/bmjgh-2022-008524

- Strengths-based approach: collaboration between consumers and service providers to determine outcomes that draws on the person's strengths and assets.
- Quintuple aim: enhancing patient experience, improving population health, reducing costs, improving the work life of healthcare clinicians and staff, and striving for health equity.

Characteristics of social prescribing services

Social prescribing activities vary in frequency, degree of personalisation, setting, and degree of integration with other services, however a typical approach involves:

- Location in a primary care, community health or community service setting.
- Planning, coordination, and delivery at a local community level.
- Engagement of link workers as formal additions to clinical health care teams.
- Referral of people with conditions such as mental ill-health or other complex chronic condition such as diabetes, or risk factors such as obesity or loneliness by a clinical or non-clinical professional to link worker. Link worker referrals are most commonly from primary care but could come from other more acute or specialised services well placed to identify need such as hospital discharge, rehabilitation, and outpatient services.
- Identification of the social risks to health and the people most likely to benefit through the use of standardised screening and assessment tools, and/or the targeting of specific populations using referral criteria based on factors such as medical conditions or sociodemographic characteristics.
- The link worker works with individuals to identify goals that will assist their self-management of their health issues, connect them to relevant services or activities (such as physical activity, arts-based activities, and social and other advice and information) and provide motivational support.

Benefits of social prescribing

Social prescribing can give individuals the knowledge, skills, motivation, and confidence to manage their own health and wellbeing. The potential outcomes span:[13] [14] [15] [16]

- Improved overall health and wellbeing
- Reduced loneliness
- Improved health behaviours
- Reduced depression, anxiety, and psychological distress
- Social connectivity
- Improved mood
- Increased health education and literacy
- Increased work readiness
- Empowered chronic conditions self-management

At the system and service level, social prescribing can have an impact on health service utilisation such as reduced hospital admissions, reduced burden on GP services, and costs for people with chronic conditions as well as promote the value of the navigation role, deepen integration between clinical care, interprofessional teams and social support and enhance the capacity of the community.[17]

At the society level, it can facilitate increased volunteering, greater collaboration across health, social, and community sectors to promote integrated care and move beyond the traditional biomedical model of health.[18] Social prescribing also promotes a holistic approach to care and fosters stronger, more resilient relationships between those receiving care and those providing it, such as informal carers. Australian carers can be beneficiaries of social prescribing. Almost all carers report experiencing multiple types of challenges related to their role as a carer. Carers across Australia are at high risk of poor wellbeing, high psychological distress, poor physical health and decreased financial and economic security. The latest national carer survey reported, 85% of carers spend less time than they want doing recreational activities, 80.8% do less exercise than they want and 65% spend less time outdoors than they want.

[13] Kuhn, ALR and Rariden CA (2024) *Social Prescribing: Healing People Through Community*. The Journal for Nurse Practitioners, 20 (2024) 104894
[14] https://www.creatingopportunitiestogether.com.au/
[15] Leah S. Sharman, Shaun Hayes, David Chua, Catherine Haslam, Tegan Cruwys, Jolanda Jetten, Alex Haslam, Niamh McNamara, J.R Baker, Tracey Johnson, and Genevieve A. Dingle (2023). *Report on the 18-month evaluation of social prescribing in Queensland.* Queensland: University of Queensland. https://espace.library.uq.edu.au/view/UQ:615aab8
[16] https://www.icare.nsw.gov.au/news-and-stories/2020/icares-social-prescribing-pilot-recognised-for-delivering-outstanding-results-for-injured-workers
[17] Mulligan K et al (2020). *Rx: Community – Social Prescribing in Ontario*, Final Report. Alliance for Healthier Communities. Canada.
[18] Morse Daniel F et al (2022) Global developments in social prescribing. BMJ Global Health. 2022 May 7(5):e008524. Doi: 10.1136/bmjgh-2022-008524

The greatest body of work on the economic case which suggests that social prescribing can have a positive economic impact has been led by the UK's National Academy for Social Prescribing. Studies suggest that social prescribing schemes in the UK system can deliver between £2.14 and £8.56 for every £1 invested and can reduce pressure on the NHS. This includes reduced GP appointments, reduced hospital admissions and reduced Accident and Emergency (A&E) visits for people who have been referred to social prescribing.[19] Closer to home, Urbis estimated a $3.80 in social and economic benefits for every dollar spent in an NSW icare Plus Social pilot of social prescribing for injured workers.[20]

Social prescribing and the current Australian context

Like most health systems around the world, Australia's system faces pressures such as a waning workforce, lengthening wait times to see a GP or specialist, general practice under pressure, burgeoning hospital demand, and megatrends such as the ageing population and climate change. At the same time, the health needs of the community are becoming more chronic and complex and there continues to be profound inequity in healthcare access and outcomes in many areas, and among some populations such as First Nation peoples. Our current and future context commands new models of care for the 21st century.

There are several developments across government for which social prescribing is a strong and relevant fit. The Australian Government has set out its aspirations for Medicare spearheaded by its Strengthening Medicare reforms. As the Minister for Health has indicated, this includes a desire to ensure Medicare is more than just a safety net, by taking it beyond its roots as a universal health insurance scheme to a focus on universal health care. The vision is for an investment in health care rather than 'sick care' and an approach that looks beyond the medical to the social determinants of health.[21]

A recent mid-term review of national health care reform agreements made forty-five recommendations to strengthen and future-proof the health system, concluding that there are significant opportunities to broaden the scope of the Agreement to take a whole of health system view. Better managing the interface between care sectors, integrated care and need to accelerate action on the NHHA's Long-Term Health Goals including health literacy, and prevention and wellbeing are specifically mentioned.[22]

National prevention policy earmarks social prescribing and enhanced referral pathways to community services to improve health and wellbeing are embedded in the health system at a local level with a focus on self-care support as a policy goal to be achieved by 2030.[23] To inform how this should best occur, a national feasibility study examining up-to-the-minute

[19] National Academy for Social Prescribing (2023) *Building the Economic Case for Social Prescribing Report*. London, United Kingdom.
[20] https://www.icare.nsw.gov.au/news-and-stories/icares-social-prescribing-pilot-recognised-for-delivering-outstanding-results-for-injured-workers#gref
[21] Mark Butler, Speech at the Whitlam Institute to celebrate the Whitlam Community Health Program. 3 November 2023.
[22] Huxtable, R (2023) Mid-Term Review of the National Health Reform Agreement Addendum 2020-2025
[23] Australian Government. Department of Health (2021) *National Preventive Health Strategy 2021-2030. Valuing health before illness: Living well for longer.*

evidence and suitable models and involving extensive stakeholder consultation is underway led by the Mitchell Institute at Victoria University.

Social prescribing can help build resilient communities and local health systems that are central to climate change related emergency preparedness and recovery strategies under the National Health and Climate Change Strategy and its Health in All Policies approach launched at the 28th United Nations Climate Conference (COP28).

The recently released Digital Health Blueprint and Action Plan 2023-2033 presents a personalised, health equity promoting, community-supporting approach, essential for bridging material and digital divides in healthcare. There are opportunities to leverage this strategy to support social prescribing. Examples include integrating social, material and environmental wellbeing into patient consultations and health records creating more opportunities to quantify and address the social and material determinants of health and supporting the development of community asset registers.

At the macro policy and system level, the Treasurer has released Measuring What Matters, Australia's first national wellbeing framework to help better track economic and social outcomes. Health is one of five wellbeing themes chosen containing metrics to which social prescribing can contribute such as mental health, and access to care and support services fundamental to quality of life.[24]

The Australian Government is also building system capacity in other domains that will enable effective, joined-up approaches and strengthen the care economy with which a national social prescribing scheme would align well. It is in the first phases of establishing a National Centre for Placed-Based Collaboration envisaged to be an independent, non-government entity to support more inclusive and effective place-based partnerships between communities, governments, the non-government sector, businesses and investors, recognising that the 'right' approach is one that reflects the needs and local arrangements that work best for that community.[25] Work is underway to act on its election commitment for a Stronger , more diverse community sector to help ensure grants reflect the real cost of delivering quality services and that there is diversity among community service organisations.

[24] Australian Government (2023) Measuring What Matters. Australia's First Wellbeing Framework. July 2023.
[25] Department of Social Services (2022) *Outline of Requirements for a Grant for Foundational Work to Establish a National Centre for Placed-Based Collaboration (Nexus Centre*). National Centre for Collaboration Working Group Discussion Paper.

3. Conclusion and recommendations

A strong economy relies on good population health – a fact brought home by our experience with the COVID-19 pandemic and its impact. Health outcomes are the result of the quality and availability of health services, but many are also equally driven by factors outside of the health system such as access to social and other community services. Social prescribing blends and serves as a bridge between the social and medical model to promote overall health.

Social prescribing, as a component of health and social care, is an established innovation that will immediately support the Australian Government's commitment to addressing the current challenges to health and wellbeing and to the sustainability and better integration of health and social care. In particular, a national social prescribing scheme can further strengthen Medicare.

It is well established that primary care is the mainstay of health systems, and the Strengthening Medicare Taskforce triggered a welcome first wave of reforms designed to modernise Medicare and put it on a more sustainable footing. Integrated health and social care is the missing link if we are to strengthen and modernise Medicare through multidisciplinary team-based care and to realise the Taskforce's vision of:

> *"coordinated multidisciplinary teams of health care professionals work to their full scope of practice to provide quality person-centred continuity of care, including prevention and early intervention; and* ***primary care is incentivised to improve population health, work with other parts of the health and care systems****, under appropriate clinical governance, to reduce fragmentation and duplication and deliver better health outcomes"*

We suggest nine inter-related recommendations for a systemic, national investment in social prescribing as a second wave of Medicare reforms integral to achieving this vision.

The recommendations span the 'macro' (national infrastructure), 'meso' (region/local government level) and 'micro' (service level) levels of the system essential to an integrated, whole-of-system national approach to social prescribing.

National infrastructure

Australia prides itself on the effectiveness of its health system as it compares to other systems world-wide. It is all the better as a result of factors such as our strong tradition of national health and medical research, commitment to evidence-informed practice, our quality health workforce and investment in architecture such as My Health Record, Healthdirect and PHNs.

To ensure a systemic, efficient, effective, continuously improving national approach to social prescribing we make the following recommendations. The first two draw on the conclusions from a recent report by the Paul Ramsay Foundation on the impact of evidence institutes[26] and are designed to put in place mechanisms to ensure that social prescribing investments are directed to interventions that work, practice that is effective and impactful, and are rigorously evaluated.

The Medical Research Future Fund (MRFF) is the ideal source for financing social prescribing research due to its emphasis on transformational and translation research, focus on health system sustainability, alignment with national policy imperatives, and commitment to consumer-driven research. The scope for a social prescribing research agenda is broad and could range from researching the effectiveness of social prescribing in diverse cultural settings, to its role in chronic disease management, to its role in integrated care and healthcare cost reduction.

The third is intended to facilitate referral pathways to the right services in an efficient manner. This recommendation sits well with digital blueprint and offers immense opportunities for streamlining connections between healthcare systems (like GP and hospital software) and social service databases. Such a centralised approach has evident strengths and economies, particularly in its potential for broad accessibility and integration with existing medical infrastructure. It will be essential, however, that curated local information about community services and supports is not lost in any implementation as these referral options are critical to catering to diverse community needs and avoiding gaps in service provision. A national directory could serve as a valuable backbone while ensuring local authorship and curation remains essential to enhance the effectiveness of social prescribing models in a diverse and geographically varied landscape like Australia.

- Recommendation 1: Invest in a dedicated MRFF research stream to evaluate models and build the evidence base for integrated health and social care broadly, and social prescribing specifically.

- Recommendation 2*:* Fund an independent national centre with appropriate expert collaborating founding partners to inform social prescribing service development, innovation, and delivery; encourage rigorous evaluation; curate data and evidence; and support knowledge translation into action.

- Recommendation 3: Fund the development of a national online, community asset directory to support social prescribing referrers and Link Workers and to serve as a national 'scaffold' that interacts with locally curated directories and referral pathway maps for a comprehensive directory.

[26] Paul Ramsay Foundation (2023) *Evidence Institutes: Lessons for Australia from the UK, US and Canada*.

Service capability and capacity

There are merits in nesting social prescribing into established and evolving systems of care. The most appropriate in Australia's case is our primary health care system. Primary care is the background bone of our health system, is characterised by increasingly multidisciplinary team-based general practices and Aboriginal Community Controlled Health Services. Primary care provides the foundation of our universal health care and is the place where care is coordinated for most Australians. There is an active primary care reform agenda underway. The following measures would not only incentivise, embed, and legitimise social prescribing practice in primary care but would accelerate the reform agenda by integrating health and social care.

- Recommendation 4: Make provision in the Medicare Benefits Schedule (MBS) health assessment, chronic mental health care planning items to encourage and remunerate general practitioners and practice nurses to formulate consumer-led, goal- directed social care plans and make social prescribing referrals.

- Recommendation 5: Support primary health care services with access to validated screening and patient activation tools to assist them to triage and target social prescribing services.

- Recommendation 6: Build the social prescribing workforce capability and capacity through the development of education, training, and professional networking support for link workers curated and provided by the proposed centre.

- Recommendation 7: Monitor the impact of social prescribing referrals on non-government community service organisations (CSOs) and assure their capacity to accommodate social prescribing referrals with fundamental measures such as indexation and appropriate levels of funding.

Regional stewardship, commissioning, and coordination of social prescribing solutions

Australia's geography and community diversity commands place-based approaches to service development and delivery. PHNs are a well-established and critical part of our health architecture with the regional footprint necessary to support placed-based healthcare. With knowledge of local community needs and their regional service landscape, PHNs are well placed to lead, coordinate and steward new social prescribing services and/or scale existing services as well as to ensure their integration and coordination with existing services. They are also well placed to undertake a number of capacity building roles such as educating consumers, educating providers, conducting local (LGA level) codesign activities, supporting practices to embrace and embed social prescribing services, partnering with potential co-commissioners and, importantly, leveraging integration with other Australian Government programs such as Head to Health and the Medicare Urgent Care Centres.

- Recommendation 8: Fund PHNs to commission and place Link Workers in suitable settings and locations to provide a social prescribing referral pathway for primary health care services.

- Recommendation 9: Fund PHNs to lead, coordinate and steward new social prescribing services and/or scale existing services and undertake capacity building roles.