Submission to the Queensland Parliament Inquiry into social isolation and loneliness in Qld – Community Support and Services Committee

Email: CSSC@parliament.qld.gov.au
Committee Secretary
Community Support and Services Committee
Parliament House
George Street
Brisbane Qld 4000

Dear Sir/Madam,

Please find below a submission to the inquiry, addressing current investment by the Queensland Government in a program to mitigate and address the drivers and impacts of social isolation and loneliness in the North Brisbane Region.

In 2018, a local community needs assessment was undertaken with residents and service providers in the Brighton 4017 postcode, to determine local health needs and actions to address them.

One of the strategies identified, was the development of a service to provide information, activities and health navigation to support healthy aging and reduce social isolation.

In August 2019, the Brighton Wellness Hub was opened in response to this call to action. It was established in a repurposed building on the Brighton Health Campus, as part of a Metro North Health Service (MNHS) initiative.

The model on which the Hub is based, is the Frome Model of Enhanced Primary Care, developed in Frome, Somerset, UK (*Ref 1*). This model leverages existing social networks to improve health outcomes. It is based on the overwhelming evidence that health is heavily influenced by social factors (such as social isolation, income, education, access, cultural inclusion) that exist beyond the health promoting factors of diet, exercise and reductions in smoking and alcohol consumption.

The Frome Model seeks to develop Compassionate Communities (*Ref 2*) to improve health outcomes in the community. Through the combination of targeted identification of people at risk of unplanned admission, systematic care planning for this group and referral to the social prescribing scheme, and proactive community development, the Medical Practice / Community Service partnership has been able to demonstrate an increasing trend of reduction of emergency admissions to secondary and tertiary care. (*Ref 1/2*)

The creation of a service that provides social connectedness using peer support, referral to services, free or low cost activities, support to access legal, financial and government services, and integrated social prescribing from Primary Care Services, resulted in, not only the reduction of unplanned admissions to hospital, but a reduction in health care costs for the Somerset Health Service (*Ref 1*)

Like the Frome Model, the "Hub" provides a range of options for the community to access information, activities and support to 'age well'.

Information, including topics on --health and wellness; services providing support for older people; NDIS; government supported financial and legal agencies; multicultural and Aboriginal and Torres Strait Islander

health; screening services and safety initiatives, are provided in the form of literature, workshops, expo's, and forums, both electronically and face to face.

In addition, a range of free or low-cost physical, social and support activities are provided to people of all ages, abilities and backgrounds to support social interaction, physical wellbeing and skills development.

In partnership with the Primary Health Network (PHN), the Hub has made connections with local GP's to promote the service to their clients and encourage GP's to refer patients who are experiencing loneliness, isolation or who require opportunities to improve their health. Although in the early stages of this social prescribing partnership, several GP's have begun referring to the service.

A unique aspect of the Hub is the opportunity it facilitates for residents and patients of the Brighton Health Campus to access services, both during their stay and following discharge. Several patients (included NDIS funded residents and patients) have attended the Hub during their stay and returned following it. This provides people with a safe, supported environment to try new activities before going home which encourages them to continue once they are home.

In Mid-2021, an evaluation of the Hub and its outcomes in terms of reduction in social isolation, improvement in health indicators, and cost-benefit analysis will be commenced.

The Hub is staffed by the MNHS Community and Oral Health Consumer Engagement team, supported by volunteers who play an active role in the Hub's daily program. Since it opened in August 2019 (and despite lengthy closures for COVID lockdowns), the Hub has had over 4000 attendances for a range of activities, programs, information and support.

The Brighton Wellness Hub forms a conduit between the community and health service, providing an opportunity to bring the community into the health service and the health service into the community. Utilising a community development framework within a traditional medical model setting, it brings together the broader community with primary and secondary health care services, for health promotion. Models such as this, should continue to be explored, supported and researched as a mechanism for reducing social isolation and improving health outcomes for people.

Prepared by Claire Harrison (22/06/2021)

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*Ref 1 - https://bjgp.org/content/bjgp/68/676/e803.full.pdf

*Ref 2 - https://www.compassionate-communitiesuk.co.uk/projects