



Consumers Health
Forum OF Australia

**Submission to the Federal Treasurer for
Federal Budget 2021-2022**

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Consumers Health Forum of Australia (2021)
*Submission to the Federal Treasurer for the
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Recommendations

Aged Care

The Federal Government should, as a matter of urgency, accept the recommendations from the Royal Commission into Aged Care Quality and Safety and set out a detailed implementation plan with funding to put the reforms into effect.

The Federal Government should take action to increase the number of Home Care Packages as numbers fall well short of what is needed to reduce the waiting times.

Consumer Capacity Building

The Federal Government should establish an independently governed national health consumer leadership academy, with co-support from states and territories and other contributors. The academy would be a key component of the health system to support consumer leadership, qualifications, mentorship of emerging consumer leaders and advocates and networking opportunities to amplify the consumer voice.

Digital Health

The Federal Government and states and territories should provide ongoing access to high-quality, affordable telehealth and virtual healthcare for all consumers starting with primary care, virtual hospitals and case conferencing across health and social care.

The Federal Government should fund a network of digital navigators and digital navigation platforms to train health professionals to use digital forms of delivery, and support consumers with low digital health literacy.

Health in All Policies

The Federal Government to fund and implement a Health in All Policies approach and consider adopting a wellness budget to ensure all government policy supports health and wellbeing.

The Federal Government should permanently increase income support payments to a level that enables people to live above the poverty line as a critical first step to address the social determinants of health. The increase should be a minimum of an additional \$25 a day.

The Federal and state and territory governments should coordinate and pool funding to urgently build more social housing to meet demand, as well as joint investment in other public and community infrastructure.

The Federal Government should develop a National Strategy on Climate, Health and Wellbeing.

Mental Health

The Federal Government to provide increased funding for mental health and suicide prevention services in line with the findings of the Productivity Commission's Inquiry into Mental Health. Over time, funding should be increased for community ambulatory services, mental health bed-based services and psychosocial supports outside the NDIS to meet the existing shortfall. New funding should include a focus on early intervention services in the community.

The recommendations of the Productivity Commission to be implemented as a package to achieve the level of comprehensive system reform required. As a priority, funding should be provided to implement the following recommendations through the 2021-22 Budget:

- **Digital mental health:** The Australian Government should fund the development and ongoing provision of a national digital mental health platform, to be co-designed with consumers and clinicians. (PC Action 10.4)
- **Telehealth (psychology and psychiatry):** The Australian Government should make permanent the changes to the MBS to expand access to psychological therapy and psychiatric treatment by videoconference and telephone introduced during the COVID-19 crisis. (PC Action 12.2)
- **Care coordination:** Governments and regional commissioning bodies should assess the number of people who require care coordination services and ensure that care coordination programs are available to match local needs. (PC Action 15.4)
- **Peer workforce:** The Australian Government should strengthen the peer workforce by providing seed funding to create a professional association for peer workers and develop a program to educate health professionals about the role and value of peer workers in improving outcomes. (PC Action 16.5)
- **Housing and homelessness:** The Australian Government should work with State and Territory Governments to address the shortfall in the number of supported housing places and the gap in homelessness services for people with severe mental illness, including increasing the quantum of funding for housing and homelessness services under the National Housing and Homelessness Agreement. (PC Action 20.3)
- **Consumer and carer representative bodies:** The Australian Government should fund separate representative peak bodies to represent the views, at the national level, of people with lived experience of mental illness, and of families and carers. (PC Action 22.4)

Prevention

The Federal Government, through the National Preventive Health Strategy, should increase the focus on preventive health measures, including:

- Targeted investment in the early years of life to address health and income inequalities for children, young people, families and communities
- Increased investment in prevention and health promotion research
- Implementation of a national social prescribing scheme and a national health literacy strategy

- A commitment to increase investment in prevention to make up at least 5% of overall health spending by 2030.

Primary Health Care

The Federal Government should finalise, appropriately fund and implement its 10 Year National Primary Care Plan as a priority.

The Federal government should fund and implement a nationally coordinated social prescribing scheme to be delivered by primary health networks, as part of their commissioning function, through a staged approach with initial funding for 15 Primary Health Networks.

Introduction

2020 was dominated by two major events, the bushfires and the COVID-19 pandemic, both had significant health and health service implications. They highlighted where our health system performs well and where there are gaps and room for improvement. They forced us to innovate, to change the way we delivered a range of health services and to bring forward reforms which had been in the conceptual or planning stage for some time with no clear pathway as to how or when they might be implemented. It was clear that we could not continue with business as usual and that some of the reforms needed to be moved from emergency or temporary measures to being the new normal for health deliver.

This is Budget being developed in a tight fiscal environment, with significant pressure in terms of required additional expenditure to address the health and economic impacts of the pandemic and reduced revenues due to a sluggish Australian and global economy. Whilst we understand that it is important for Government to meet the immediate health and economic needs, we think it is also important that measures are put in place to meet longer-term goals and to address some of the problems in our community that existed well before the bush fires and pandemic and which will continue unless action is taken.

CHF established a Consumer Commission to look at the longer term. Specifically, it was charged with looking at which of the innovations introduced should be maintained and mainstreamed and at ways the gaps could be filled. We worked intensively with 30 health care consumer commissioners and interviewed some of the nation's leading health experts to produce a set of recommendations looking at four key areas of health service: integrated and coordinated care; mental health and wellbeing; health equity and digital health.

The commissioners strongly pushed the need for a health in all policies approach and for urgent action to reduce poverty and address homelessness as the pandemic has shone a spotlight on the link between these and adverse health outcomes. Short-term action to address both is acknowledged but there now needs to be longer-term measures to lift people out of poverty and ensure everyone has a roof over their head. In addition, the Commissioners identified that there needs to be more effort put into building consumer capacity to respond to a changing environment and ensure the consumer perspective is always included.

Approach to this Submission

The recommendations in this submission are an amalgam of long-term positions that CHF has been advocating and issues identified by the Consumer Commission. The report from the

Consumer Commission¹ was published in November 2020 and it has informed many of the recommendations across the seven key areas that this submission addresses.

This Submission also makes recommendations in key reform areas for this Government: primary health, prevention, mental health and aged care. Aged care and mental health have both been the subject of independent inquiries which CHF has put submissions into covering the areas identified here. Prevention and primary health are identified in the National Health Plan as areas needing change. CHF has been involved in the Steering Committee for both the 10 Year Primary Health Care Plan and the National Preventive Health Strategy and has participated in many of the consultations on both. The recommendations in this Submission are in line with CHF's input into those processes as well as the recommendations from our Consumer Commission.

Issues

Aged Care

Recommendations

The Federal Government should, as a matter of urgency, accept the recommendations from the Royal Commission into Aged Care Quality and Safety and set out a detailed implementation plan with funding to put the reforms into effect.

The Federal Government should take immediate action to increase the number of Home Care Packages as numbers fall well short of what is needed to reduce the waiting times.

Why this matters

The Royal Commission into Aged Care Quality and Safety is due to report at the end of February 2021. It is clear from the many submission and testimony from users of the system that there needs to a wholesale reform of the system if we are to ensure that older people get the care they need when and as they need it. All older Australians should have certainty that the services they need will be available to them and the strong preference for people to remain at home should be possible. In the COVID-19 pandemic has shown the risks involved in congregate living: how quickly the virus spread and how vulnerable older frail people were to the disease. The measures taken to protect people left them isolated, lonely and afraid and caused grief for families and friends as well as residents.

There is already evidence that more people will be seeking to stay at home and families will be looking for more support from Government to enable that choice. The waiting times for home care packages were unacceptable pre-COVID and despite the announcements of additional packages in the October 2021 Budget and the Mid-Year Fiscal and Economic Outlook statement in December 2021 there is still a significant shortfall. As well as funding for home care packages

¹ CHF, 2020, Consumer Commission Final Report-Making Health Better Together

there needs to be a well-funded workforce strategy that ensure there are appropriately trained staff available to provide the care.

The recommendations from Counsel Assisting the Commission set out a framework for the reforms as well as identifying areas where there needs to be immediate action, even before we put in place the longer-term structural reforms. CHF supported most of those recommendations especially those aimed at improving access to health care and setting new standards. We also endorse the push from Counsel Assisting to have more scrutiny on progress of the reform package to make sure there is real action.

Consumer Capacity Building

Recommendation

The Federal Government should establish an independently governed national health consumer leadership academy, with co-support from states and territories and other contributors. The academy would be a key component of the health system to support consumer leadership, qualifications, mentorship of emerging consumer leaders and advocates and networking opportunities to amplify the consumer voice.

Why this matters

There is a growing acceptance that people-centred care leads to improved outcomes and a more efficient health system This was identified by the Productivity Commission in its Shift the Dial report in 2017 when it called upon “All Australian Governments should re-configure the health system around the principles of patient-centred care, with this implemented within a five-year timeframe²” To ensure health services are patient centred it is important that the consumers are involved in all aspects of health care, from identifying the issues, to participating in the research and data gathering to working up solutions and implementing them.

We have come a long way in recognising the need for the consumers to have input and CHF has an ever-increasing number of requests from a broad range of health organisations and services to find consumer representatives for various committees and working groups. However, the experience of consumers in being involved in COVID-related work highlighted the somewhat fragile nature of that engagement with some finding they were locked out of the process. The CHF Consumer Commission commented on this with many of the commissioners expressing the view that consumer engagement was the first thing to go in the name of urgency, even when the discussion was around issues such as ethical resource allocation which had a direct bearing on consumer access to care. There were variations across jurisdictions with the Queensland Government leading the way in terms of involving consumers in all aspects of its response to the pandemic and planning.

The COVID experience highlighted for many consumers that they needed more support to be able to actively engage at all levels. In the CHF White paper “Shifting Gears³” we identified eight key roles for consumers and what it would take for them to be effective in all those roles. What

² Productivity Commission, 2017 Shifting the Dial: 5 Year Productivity Review, Canberra

³ CHF, 2018 Shifting Gears-Consumer Transforming Health, Canberra

we have also seen, with the increasing demand for consumers, is that we need to broaden the pool of people who can confidently bring that consumer voice to the table.

To meet this demand, we are calling for a national academy which would work with academic partners, health consumer organisations and health service providers to identify the gaps in knowledge and skills and deliver high quality training and support to a broad group of consumers to fill the gaps. Some health care consumer organisations already offer training, including some of the state-based health care consumer organisations and so we think it is imperative that the current efforts and expertise are brought into the proposed academy to make more effective use of the resources and expertise which has been developed.

Digital Health

Recommendations

The Federal Government and states and territories should provide ongoing access to high-quality, affordable telehealth and virtual healthcare for all consumers starting with primary care, virtual hospitals and case conferencing across health and social care.

The Federal Government should fund a network of digital navigators and digital navigation platforms to train health professionals to use digital forms of delivery, and support consumers with low digital health literacy.

Why this matters

The COVID pandemic forced innovation in the way that services were delivered. We saw a wholesale move to virtual consultations and service delivery including telehealth consultations, eprescribing, home delivery of medicines and a range of virtual care measures include remote monitoring. Some of these had been in the planning or early implementation stages for some time and so roll out was fast tracked. Others were hardly beyond the concept stage. Despite some problems with technology, discussion around funding models and eligibility criteria the roll out of many measures but especially the telehealth consultations as a substitute for face to face have been successful, with consumer seeing them as a very useful additional way to receive care and health professionals building them into their practice.

Adding the option for telehealth helps reduce some health inequities as it increases access for many people who otherwise struggle to go to a consultation. The CHF Consumer Commission strongly endorsed the need for ongoing access to such services. There is still a lot of work to do to get the model working properly in terms of setting standards, eligibility and funding. These are best seen as part of the suite of services and that access to them should be contingent on the consumer having an ongoing relationship with the health provider as this promotes better quality of care, particularly in primary health care.

The COVID experience highlighted the need for health professionals to become more proficient and confident in using the technology, particularly in using video rather than just telephone/audio systems. It also required some changes to the workflow for clinicians and practices. Consumer also need support in using the technology, particularly those with both low health and digital health literacy. We have seen this in some of the resistance to using My Health

Record where people have not felt confident in using the system and so have either opted out or simply never look at their record. A national program of support consumer in using all forms of digital health services would improve take up and would lead to better health outcomes.

Health in All Policies

Recommendations

CHF calls on the Federal Government to fund and implement a Health in All Policies approach and consider adopting a wellness budget to ensure all government policy supports health and wellbeing.

The Federal Government should permanently increase income support payments to a level that enables people to live above the poverty line as a critical first step to address the social determinants of health. The increase should be a minimum of an additional \$25 a day.

The Federal and state and territory governments should coordinate and pool funding to urgently build more social housing to meet demand, as well as joint investment in other public and community infrastructure.

The Federal Government to develop a National Strategy on Climate, Health and Wellbeing

Why this matters

Health expenditure is an investment in human capital. Investing in the health system not only saves lives, but it is also a crucial investment in the wider economy. This is because ill-health impairs productivity, hinders job prospects and adversely affects human capital development.⁴ Michael Brennan, Chair of the Productivity Commission, in his address to the CHF members Forum in 2019, made the point that we have had significant improvements in life expectancy that are due to “technological innovations such as anti-biotics, vaccines, statins, MRI, pathology, high quality anaesthetics and new surgical techniques. All of these have been major technological innovations. All of them have made our system better. Not one of them made it cheaper”.⁵

The World Health Organisation (WHO) defines a health in all policies approach an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. It acknowledges the fact that health policy and services do not exist in isolation and that policies in widely disparate areas of the economy and society may have health consequences and require additional investment in health services if not addressed. Some countries have already adopted this approach and CHF is urging the federal government to follow suit.

⁴ Stefan Kapferer 2015 *The Importance of Investing in Health* World Economic Forum <https://www.weforum.org/agenda/2015/12/the-importance-of-investing-in-health/>

⁵ Michael Brennan 2019 *Healthcare: a wide angled view* Speech to CHF members Forum 2019

We have identified three specific areas that are not within the health portfolio that need urgent attention: income support, homelessness, and climate change. The pandemic shone a spotlight on some cracks in our society and made action in these areas urgent.

The first is income support. Australia has the lowest rate of unemployment payments in the OECD and the evidence shows that the payments are not adequate to meet the costs of housing, food, basic healthcare, and transport. This means that people relying on these payments are living in poverty. There are currently more than 900,000 people unemployed in Australia who rely on Jobseeker payments and they and their families are living in poverty. There is substantial evidence that links poverty with lower health outcomes⁶. Not only can people on low incomes not afford to pay for visits to doctors or for medicines that are prescribed but their general standard of living in terms of nutrition, poor housing and other factors contribute to lower levels of health.

Even though we have a universal primary health system through Medicare many people do not seek or delay care because of the cost. The most recent estimate by the Australian Institute of Health and Welfare (AIHW) showed more than one million people put off going to a doctor because they could not afford it.⁷

The COVID supplement to Jobseeker and related payments clearly showed that increasing people's incomes meant they were be more able to fund adequate housing, better food, and health care as and when they need it. It would make a difference in helping to reduce health inequities and improve the health outcomes for a significant group in the population. It is unthinkable that the Government intends to reduce Jobseeker back to its pre COVID-19 level, particularly when unemployment rates are high due to a sluggish and patchy economic recovery.

The pandemic also highlighted the importance of people having a home if they are to be able to avoid infection and survive the health impacts of a pandemic. Many State and Territory governments put in place emergency measures to get homeless people off the streets but what we now need is longer-term action that provides people with more permanent accommodation.

Climate change is already having significant adverse effects on human health. These include physical and psychological trauma associated with extreme weather events, warmer temperatures contributing to worsening air pollution, spread of infectious diseases, and risks to food and water security, to name a few. Its longer-term impact will be far greater than the pandemic and we are running out of time to take decisive action that will make an impact.

The Climate and Health Alliance, of which CHF is a member, has developed a framework for a national strategy. This was produced in collaboration with over thirty health and medical organisations and followed a year-long consultation process. Recent events with the bushfires and related poor air quality in Melbourne, Canberra and Sydney and surrounding areas provides

⁶ M.G Marmot and Richard G Wilkinson 2005 *Social Determinants of Health*

⁷ AIHW Australia's *Health 2018*

more evidence that there is an urgent need to for action and that action needs to be national and coordinated.

Mental Health

Recommendations

CHF calls on the Federal Government to provide increased funding for mental health and suicide prevention services in line with the findings of the Productivity Commission's Inquiry into Mental Health. Over time, funding should be increased for community ambulatory services, mental health bed-based services and psychosocial supports outside the NDIS to meet the existing shortfall. New funding should include a focus on early intervention services in the community.

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- **Consumer and carer representative bodies:** The Australian Government should fund separate representative peak bodies to represent the views, at the national level, of people with lived experience of mental illness, and of families and carers. (PC Action 22.4)

Why this matters

The Productivity Commission (PC) found many Australians do not receive the mental health treatment and support they need. As a result, too many people experience preventable physical and mental distress, disruptions in education and employment, relationship breakdown, stigma, and loss of life satisfaction and opportunities. And reform of the mental health system would produce large benefits in people's quality of life – valued at up to \$18 billion annually.

The final report of PC inquiry into mental health provides a detailed and comprehensive blueprint for reshaping Australia's mental health services to meet the overwhelming demand for improvement. The Federal Government has invested significant time, effort, and resources to establish this inquiry and develop this report. Now is the time to act decisively on a great health challenge for millions of people and not waste this opportunity to adopt systemic and substantial reform to achieve a more responsive, person-centred, and better coordinated mental health system for all Australians.

A stronger role for consumers and carers is recognised in the report, which also includes a strong focus on system navigation and care coordination, social determinants of health such as education and housing, and digital health, through both telehealth and a broader digital platform to support care planning. After many years of numerous inquiries into mental health services, governments now have a comprehensive plan for national action which should be implemented as soon as possible.

The full PC report and its recommendations are available [here](#).

Prevention

Recommendation

The Federal Government, through the National Preventive Health Strategy, should increase the focus on preventive health measures, including:

- Targeted investment in the early years of life to address health and income inequalities for children, young people, families and communities
- Increased investment in prevention and health promotion research
- Implementation of a national social prescribing scheme and a national health literacy strategy
- A commitment to increase investment in prevention to make up at least 5% of overall health spending by 2030.

Why this matters

In addition to boosting our overall focus on the primary health care system, a concerted effort to reach Australians with lifestyle risk factors with preventative measures, early interventions, and health education will be essential to address rising rates of preventable chronic diseases, obesity, and mental ill health.

We know that ignoring the early warning signs will mean a great burden for the health system in the future. However, the broader implications of an unhealthy population will be felt on many fronts, beginning with ability to participate in the community and economy. For these reason CHF welcomed the announcement of the development of the National Preventive Health Strategy and has been an active participant in its development.

Preventive health measures have always struggled for funding as the immediate need of dealing with presenting illness take priority in the system. To ensure the health system is sustainable in the future we need to address the causes of the ever-increasing incidence of chronic disease. These measures take time to take effect and so there needs to be a long term

guaranteed revenue stream that funds the measures for long enough for them to make a difference. Fixing this as a percentage of health expenditure gives that longevity and some certainty that initiatives will continue beyond a short-term budgetary cycle.

Encouraging people to take more responsibility for their own health is an important part of any preventive health strategy. To be able to effectively do that they need to have good health literacy and they need to be engaged and willing to be involved in their own care. We know that health literacy levels are relatively low, especially amongst people with chronic conditions and that around 30 per cent of people with chronic conditions are not engaged with their own healthcare. To help improve that level of engagement we are advocating below for a national social prescribing scheme. We are also looking for federal government action on a national health literacy strategy, that targets not only individuals but also health services and providers who have a responsibility to promote health literacy.⁸

Primary Health Care

Recommendation

The Australian Government should finalise, appropriately fund and implement its 10 Year National Primary Care Plan as a priority.

Why this matters

For most Australians, primary health care is our most common contact point with the health system. Models of care have changed significantly since Medicare was established in 1984, shifting from a focus on episodic services to chronic conditions such as diabetes, cardiovascular disease, cancers, and mental illness. Patients with chronic conditions benefit from team-based, integrated care focused on patient outcomes but Medicare is not currently set up to provide care in this way. The development of the 10 Year Primary Health Care Plan is a once in a generation opportunity to develop a more coordinated, comprehensive and multidisciplinary approach to primary health care in Australia.

We know that health systems with a strong primary health care focus are more efficient, have lower rates of hospitalisation, fewer health inequalities and better health outcomes. Effective, integrated and comprehensive primary health care which is consumer-centred and takes a whole-of-person approach is critical to better meeting the needs of individuals, families and communities.

Primary health care in Australia is facing a range of challenges, including the growing burden of chronic disease, an ageing population, adverse funding incentives to achieve volumes of services rather than better outcomes, workforce challenges, and digital innovation. Additionally, it is apparent that a significant proportion of acute hospital admissions could be treated or prevented through management in primary and community settings. To ensure our health system is sustainable into the future we need to renew our focus on and investment in preventative health and integrated primary health care in community settings.

⁸ CHF, 2019 Patient Activation in Australians with Chronic Illness – Survey Results Canberra

Recommendation

CHF calls for the implementation of a nationally coordinated social prescribing scheme to be delivered by primary health networks (PHNs), as part of their commissioning function, through a staged approach.

The Commonwealth should provide initial funding to 15 PHNs across different demographics, states and territories for development, implementation and evaluation of a social prescribing program. Implementation of social prescribing should be flexible, depending on local context, but should be guided by a national social prescribing framework and advisory group. Evaluation of social prescribing models should consider health outcomes and the sustainability of models.

Total funding required is approximately \$17 million per year. Further details, including a proposed model for roll out is outlined in the detailed joint proposal provided to the Commonwealth by CHF, the Royal Australian College of General Practitioners and Mental Health Australia.

Why these matters

Social prescribing involves the referral of people to non-medical activities to supplement conventional care. A prescription to improve one's health can be much more than a prescription you take to a pharmacist. Many people visit their health care provider because of the combined effects of loneliness, mental and physical illness. Many also have long term medical conditions that would benefit from community support and opportunities to engage in physical activity.

Social prescribing offers a system of support and guidance for people struggling with chronic conditions to connect with their community and improve their overall health outcomes by taking up activities including walking groups, book clubs and art classes, as just a few examples. Social prescribing is a way of delivering truly person-centred, comprehensive care that embraces social and lifestyle risk factor management support as well as conventional medical care. Social prescribing works best when consumers are empowered to engage in activities that are meaningful to them.

There are promising reports that social prescribing results in significant improvements in patient wellbeing and community connections, increasing healthy living behaviours, reductions in anxiety and depression, increases in community engagement and feelings of empowerment, confidence for self-care and resilience to manage health and psychosocial problems.

The development of the 10 Year Primary Health Care Plan provides a rare opportunity to steward a national social prescribing scheme, an opportunity for national peak and professional bodies to co-design a workable scheme, and an opportunity to conceive of a scheme that makes best use of so many of our healthcare assets such as existing workforce, Primary Health Networks and infrastructure such as community health, neighbourhood houses and local government.

A national social prescribing scheme will enhance primary and mental health care, be job creating and provide a positive response to the 'COVID normal'. Social prescribing is an idea whose time has come.

More information about social prescribing is available in the [landmark report](#) released by CHF and the Royal Australian College of General Practitioners in November 2019.