



# Digital Maturity Index for Social Prescribing

Greater London Authority report into social prescribing and digital support for  
social prescribing

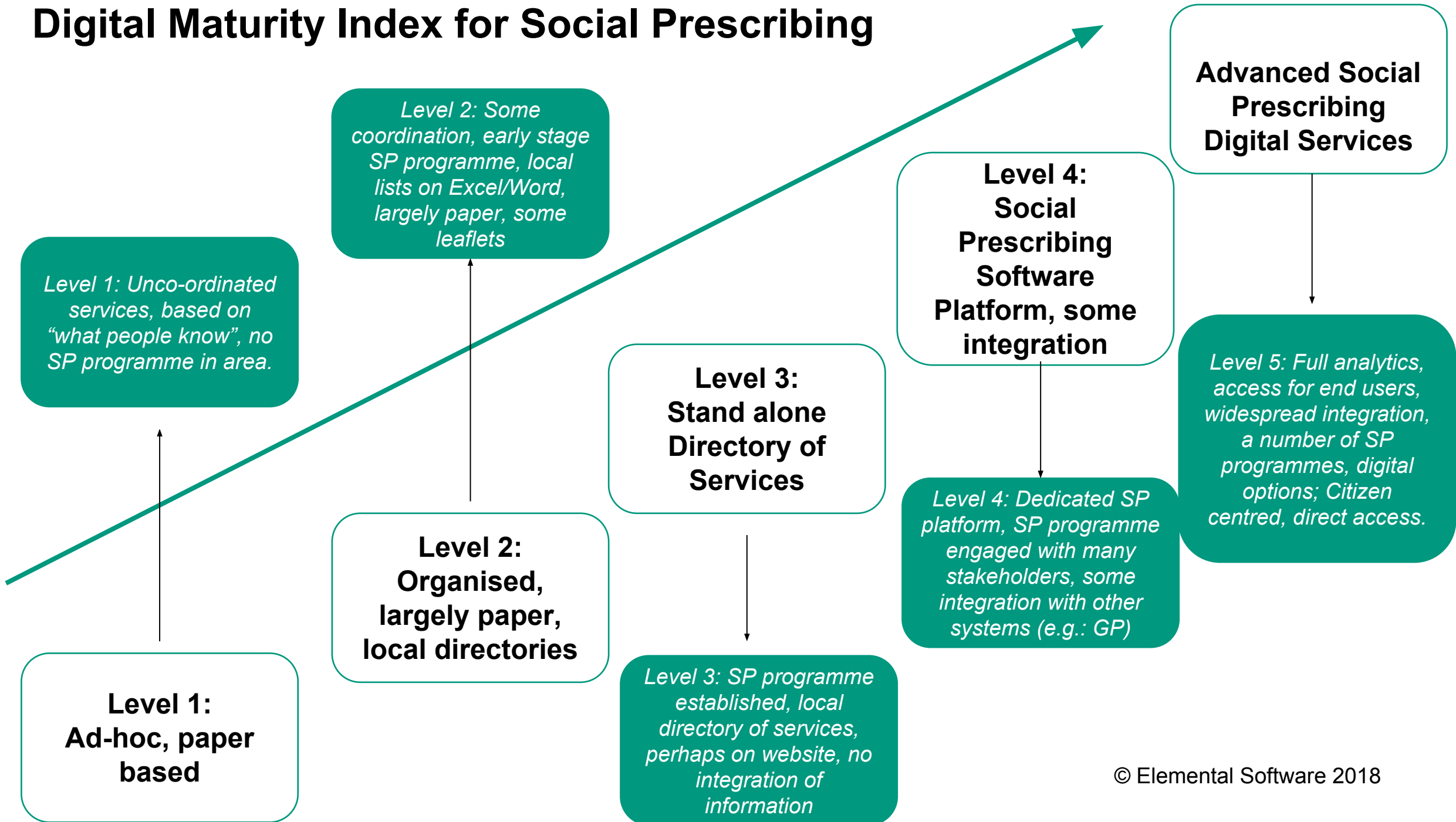
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Digital Report – Appendix 1

# Overview

- The Digital Maturity Index (DMI) is designed to show the levels of maturity that exists and can be achieved through the use of digital and information technology to support Social Prescribing.
- It also allows for current digital maturity to be plotted along it, and different aspects of digital maturity, even with a borough or neighbourhood area, could be at different levels.
- It is linked to, but may also be separate from, the Social Prescribing Motivation Model (SPMM) which shows the levels of engagement with people around social prescribing, and the support it can offer to their general health and well being.
- This report aims to define the maturity index, and give some attributes to the different levels of maturity so we can measure where we might be on the scale.

# Digital Maturity Index for Social Prescribing



*Level 1: Unco-ordinated services, based on “what people know”, no SP programme in area.*

- No social prescribing programme.
- Social prescribing “happens” where it can, organically, but limited and without central co-ordination.
- All paper based where it does exist.
- Information on services is incomplete, not widely known or shared.
- No stakeholder engagement has been sought.
- No technology used to support social prescribing.

*Level 2: Some co-ordination, early stage SP programme, local lists on Excel/Word, largely paper, some leaflets*

- Early stage Social Prescribing programme.
- Limited stakeholder engagement.
- More extensive information available, largely on paper, local databases or paper directories may exist.
- No area wide software platform.
- No integration between systems.
- May be early stage pilot of Social Prescribing programme in some localities.

*Level 3: SP programme established, local directory of services, perhaps on website, no integration of information*

- Social Prescribing programme established.
- Growing local engagement, official support.
- Directory of Services created, paper based, may exist on simple website.
- May be limited usage/pilot of social prescribing software platform.
- No integration of information, updates difficult as manual.
- Understanding of the landscape and opportunities of social prescribing, but not yet realised or optimised.

*Level 4: Dedicated SP platform, SP programme engaged with many stakeholders, some integration with other systems (e.g.: GP)*

- Social Prescribing programme fully created, growing number of social prescriptions being issued – which can be monitored, managed and reported.
- Wide stakeholder engagement, although may not be universally deployed.
- Software platform in place to support referral management, reporting, community/link workers.
- Software platform support may vary from “used by some” at the early stages of Level 4, to “used by everyone” at the top end of the level.
- Some integration with GP practices/other systems may exist at the top end of Level 4.
- Online directly of services, and easier updating of services/management of services via online platform.
- Emerging evidence base for social prescribing and digital support for this, to show impact and value.

*Level 5: Full analytics, access for end users, widespread integration, a number of SP programmes, digital options*

- Fully established social prescribing programme across all areas.
- Full stakeholder buy in, support, promotion and usage.
- Wide number of end users/citizens engaged in socially prescribed activities.
- Software platform widely utilised, linked to GP/other systems, creating smooth referral and management pathways, detailed reporting.
- Consideration of advanced digital support services such as AI Chatbots, end user self service, links to personal care records, links to digital prescribing (apps, wearables), social prescribing contributing to overall population health management strategies.
- Growing evidence base for social prescribing and digital support for this, to show impact and value.





# Social Prescribing Motivation Model

Greater London Authority report into social prescribing, showing levels of engagement by people in social prescribing to support their all round health and well being.

# Social Prescribing Motivation Model

Pre-Social Prescribing could be a website with information, online support, online/person/AI signposting; Social prescribing is when a person is active with a social prescription; Post-social prescribing could be completion and no further engagement, or a move to a new prescription, or support further down the line/online support as circumstances alter.

*Self Motivated*

*Supported Citizen*

*Harder To Reach  
Citizens*

**Level 1:  
Pre-Social Prescribing**

**Level 2:  
Social Prescribing**

**Level 3:  
Post-Social  
Prescribing**

People may move in and out of social prescribing at different times and as their circumstances change

## *Level 1: Pre-Social Prescribing*

- A person has not yet entered into a social prescribing programme or been issued with a social prescription.
- They may seek online support or signposting to get the information they need.
- For the Self Motivated this may be enough for supported citizens or harder to reach citizens, they may need more support or a social prescribing intervention.
- Digital can play a key role in this area of social prescribing through information provision, pointers to accredited/reputable apps or wearables, signposting to activities (e.g.: weight loss, exercise, clubs).

## *Level 2: Social Prescribing*

- A person is actively in a social prescribing programme and/or has been issued with a social prescription.
- They can still access online support, and may use digital technologies (like apps) to support themselves, but they also have direct person support from a link worker, the programme they are on, their GP, etc.
- Motivations change, so whilst the hard to reach group may be the largest target group for a “formal” social prescription, the self motivated may lose motivation due to circumstances changing, and the harder to reach citizen may become more motivated.
- Digital can play a key role in this area of social prescribing through a referral management platform that can track participation, usage of schemes, utilisation, as well as providing information, online peer support perhaps through secure chat apps, targeted app support (e.g.: for weight loss, exercise), etc.
- The social prescribing software platform can also be used to demonstrate return on investment – social and financial – as well as analysing impact, such as reductions in A&E attendances, or GP appointments.

### *Level 3: Post-Social Prescribing*

- A person has completed a social prescription, and no further action is required (or a follow up a few months later may be offered), or the person has moved on to a new social prescription to address other challenges.
- They can still access online support, and may use digital technologies (like apps) to support themselves, especially if they are no longer getting 1-1 personal support.
- Digital can play a key role in this area of social prescribing through continued support via apps, wearables, chat, online information etc, as well as using the social prescribing management platform to manage follow up referrals, new social prescriptions, and engagement and progress of citizens involved.

## *Self Motivated*

- A person might be deemed to be self motivated if they feel moved to address a health or well being challenge they have themselves, without the need for an official social prescription and direct personal support.
- For example, a middle aged business person might decide to lose weight, look online, see an accredited weight loss or exercise app, and change their eating habits and take more exercise.
- Motivation changes for everyone, so people who start self motivated may not always continue to be so. Equally, those who are not self motivated may become so.

## *Supported Citizen*

- A person might be deemed to be a supported citizen if they require a formal social prescription and support through their journey. They are likely to need support to become motivated.
- For example, an elderly person is feeling lonely and rarely leaves the house. They can be supported to visit a club once a week, have the taxi paid for or at least organised, and make some new friends.
- Motivation changes for everyone, so people who start as requiring support may not always continue to be so. Equally, those who do not need support today, may do in the future.

## *Harder To Reach Citizen*

- A person may be deemed harder to reach if they are unlikely to engage in social prescribing programmes or keep at one once prescribed. They may have numerous other underlying health/social/economic issues, they may be from a harder to reach community, or have cultural or language challenges.
- For example, a newly arrived migrant who has very little English and limited digital skills.
- Motivation changes for everyone, so people who start as harder to reach may not always continue to be so. Equally, those who are not harder to reach, may become so as circumstances for people change.



# End of Appendix 1

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