

# **Deliverable 1 - Social Prescribing and the Digital Landscape**

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This report was written by Martin Bell Partnership and associates.

# SETTING THE SCENE

This report into digital and information technology and how it can support social prescribing, forms part of the overall report for the Greater London Authority for the Mayors initiative around social prescribing, and should be read in conjunction with that.

This report takes a detailed summary approach to:

- Set the context for what we will cover in terms of digital and information technology.
- Examine what the digital and information technology landscape looks like across relevant sectors involved in delivering social prescribing.
- Introduce the Digital Maturity Index for social prescribing, developed by Elemental Software, to show the potential measurement of progress along the journey.
- Suggest a roadmap for digital social prescribing and digital supporting social prescribing.
- Look at the strengths, weaknesses, opportunities and threats around digital and social prescribing.
- Draw on expert witness knowledge from a series of conversations with those involved in making the digital social prescribing market – from the citizens, through to link workers and the Greater London Authority, to vendors involved in the space.



- We take a detailed look at the primary care landscape, as there is a critical link between GPs and social prescribing, although social prescribing stretches across all sectors.
- We reference the many reports and inputs we used in creating this report.

Social prescribing as a concept is not new. Its name or labelling may be, and formalising social prescribing to co-ordinate and increase impact might be, but people have always helped people in many ways that were non-medical but highlight support of their health and well-being, and support for them within their communities.

Whether it is a class for young ‘mums to be’ in yoga, an elderly person’s luncheon club on a Tuesday, an allotment where retired people meet on Sundays to discuss their vegetable patches and life in general, or a weight loss class to support people to lose weight and eat better – whether free, minimal cost or fully private but not exploitative in terms of price – these and many other community-based activities have always taken place. Some might stop and new ones appear as society has progressed and changed (for example a social club for migrant communities, so they do not feel isolated in a new country) – all of this could be a social prescription, whether we give it that name or not.

There are financial and other resource strains occurring in health, voluntary sector and social care spending, together with increases in both how long people are living for, the number of people with long term conditions and a decrease in the closeness of community that may have existed 100 years ago. These factors, as well as people becoming more mobile, create drivers to formally recognise social prescribing and the value that it can bring as a key way to manage



people’s health and well-being in a non-medical way, whilst supporting them on whatever journey they are on and supporting the communities they are or become part of.

Here we will look at how digital and information technology (digital) can support social prescribing to support both the citizens using the services available and the organisations delivering the services to and within the communities.

**What do we mean by “digital”? Well we mean any digital solution, technology, information, computer or electronic system that enables social prescribing to support the people it serves.**

**This could be a referral management platform, an app, a website, a wearable, a simple database, an online directory of services, a system used by a provider delivering social prescribing style services – it is very much a broad definition, unconstrained.**

**This broad approach is one we have taken throughout our work. It is highly likely that the correct strategy for London will be a blended solution of relevant digital technologies to support its citizens take best advantage of social prescribing.**

In looking at digital to support social prescribing, we should stand back and consider a few key areas first.

- “Everyone has smart phones” – recent reports show that 6 million people in the UK have never accessed the internet.
- The recent ONS report highlights that 94% of Londoners are online, creating an ideal environment for increased digital services and support.
- Data recently published by OfCom and the Centre for Better Aging reported that over one third of those ages 65-74 do not use the internet, rising to almost 50% for those aged 75%+. 74% of the over 65s said they had no intention of using it.
- However, for age groups below 54 years of age, some 95% used the internet.
- Indeed, the recent Healthy London Partnership report on self-care showed, via the Office for National Statistics that 82% of people access the internet every day.
- “Everywhere is connected” – Mobile Data (3, 4 and soon 5G) is highly prevalent, and wireless broadband (WiFi) is fairly common



place at home and out and about – however, it is not everywhere, and both highly urban communities (many in London) and very rural communities, can struggle to get mobile signals and fast internet connectivity.

- “We all have devices at home” – for many this may be true, but whilst we must be careful not to generalise or stereotype, it is still true that more elderly citizens are less likely to be online, have a smartphone, own a computer, etc. Information online is often provided in English only, and some of the hardest to reach citizens may also have social and financial issues that make “devices” a luxury.
- Research done by the Pew Research Centre in the USA in 2015, showed that 15% of teenagers did not have a Smartphone, and only had a basic phone. It is likely this group will be in more deprived communities.

We mention these points here because as we look more deeply into digital to support social prescribing in London, to ensure equity of access as the Mayor’s initiative progresses, we may need to consider ensuring that access to basic digital “tools” is not a barrier to increased digital support for social prescription – one might even say that in some cases, the digital could become a social prescription in itself if it was felt needed.

It will be important to ensure that face to face support, even if those support workers (e.g.: link workers, health and wellbeing coordinators, community connectors etc) themselves are digitally enabled, is available in all arenas so as not to excluded sizeable parts of the community that are also some of the more likely groups to need supported assistance via social prescribing.



**Social prescribing is for everyone, and whilst that means that London has the chance for a wide ranging inclusive strategy across all its communities, as with all policies, it should ensure it doesn’t unintentionally exclude some of those who may benefit most.**

# DIGITAL SUPPLY CHAIN

Looking across the country, we see a range of digital support for social prescribing. By far the most common form of support currently is not digital at all, it's paper. Paper is still how the majority of social prescribing information, and the schemes that support them are managed. This might be supplemented by local databases (perhaps in Microsoft Excel) and the use of email to communicate.

Some have progressed beyond a wholly paper-based approach, and there are examples of online directories being made available, for example on a council or voluntary sector website. These are often static "one off" productions and fall quickly out of date in many cases. They also tend to offer sign posting, which is an important part of social prescribing, but only part of it.



This approach also fails to deliver any integration with key systems, such as GPs, who are a key driver for social prescribing both for its own merits and because social prescribing is one of the 10 high impact changes that must be delivered by the NHS. All GPs are required to deliver 2 of these 10 – and social prescribing is well placed with many GPs and Clinical Commissioning Groups (CCGs) to be one to deliver.

Increasingly organisations are looking at social prescribing platforms to make and manage referrals, provide online directories of services, easily update and manage details on the citizen, social prescribers and services, provide analysis, capacity management, utilisation and take up of services offered, and social and financial return on investment impact analysis.

These software platforms provide the intelligence to manage a social prescribing programme, across an area or multiple areas, and all of the services, users and social prescribing professionals who need to be involved.

Some of these systems are now integrating with leading GP clinical systems, such as EMISWeb from EMIS Health and SystmOne from TPP, as well as some platforms having open APIs to provider systems (for example in the VCSE or charity sector), to build on existing systems that are in place.

This helps uptake, security, integration with existing processes, and makes life easier for the GP, easier for the link worker who gets the referral, and more likely that the citizen will get benefit from receiving a social prescription.

Much further work is required to embed social prescribing software solutions into organisations – health, housing, local government, VCSE – to support them to deliver social prescribing, and analyse the data generated by social prescribing. Much more work is required in terms of systems integration, but this is very much the direction of travel across the social prescribing landscape.

Indeed, one of the main opportunities digital affords, but equally one of the main challenges, is the connecting of information between different organisations and connecting different systems, to enable those involved in social prescribing to best serve their citizens and communities. This "interoperability" is complex but provides a real opportunity to build and support the social prescribing fabric.

## But what else could digital offer?

The Healthy London Partnership report on supporting self-directed care reported that:

**41%**

of those surveyed said they had learned to access health information online for the first time.



After learning how to access information:

**56%**

of learners went on to find information on the internet about health conditions.



**65%**

of those surveyed felt better informed about their health.



**10%**

of learners made fewer calls to 111.



**32%**

further, had learned to access health information online more efficiently.



**54%**

of learners in need of non-urgent medical advice said they would now go to the internet before consulting their GP and look at sites such as NHS Choices.



**21%**

of learners made fewer calls or visits to their GP, with 54% of these, saving at least 3 calls in 3 months.



**52%**

of respondents felt less lonely and isolated and 62% felt happier as a result of more social contact.



**51%**

of learners have used the internet to explore ways to improve mental health and wellbeing.



**59%**

of respondents felt more confident in using online tools to manage their health.



**6%**

of learners made fewer visits to A&E.



A recent Healthy London Partnership report produced in collaboration with The NHS North West London Collaboration of Clinical Commissioning Groups and Orcha, a digital health apps library provider stated:

- Where people are already using digital health services, they overwhelmingly value these services.
- Where people are not currently engaged with digital health services, there is a clear appetite to engage with these services in the future.
- There are clear preferences outlined within the survey responses about which digital services people value most.
- This enables improvement teams to prioritise areas for development.
- People understand that there are potentially many benefits to them if they can access digital health services, which suggests that they would engage if their primary concerns are addressed.

## The survey highlights the following obstacles to digital health engagement:

People are not motivated to use digital health services until they are ill themselves



People are concerned about their privacy and confidentiality being undermined online.



Clinical recommendation and NHS assurance of digital services are important factors in digital service take up.

People are not sufficiently aware of the potential of digital health services to promote wellbeing, illness prevention and improved self-management of long-term conditions.



Many hard to reach patient groups will need support to be available to realise the full range of benefits of digital health services.

People are not sufficiently aware of the digital services that already exist.



Culturally, many people are uncomfortable about losing the face to face relationships with their clinicians.



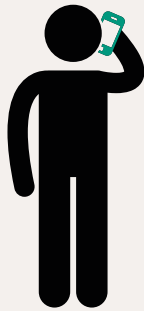
If these survey results were scaled across London the benefits to the population, the improvement in wellness and the positive impact on health and other services would be of a scale of magnitude unseen previously, and truly beckon the dawn of a digital health and wellbeing revolution, supporting social prescribing.



In addition:

## Digital Apps

Digital Apps are an obvious area that could support citizens in their social prescribing journey. Whether for weight loss, increased exercise, managing diet, lower level mental health issues such as mild anxiety, sleeplessness, even social isolation through chat applications – accredited, reputable apps (like those that have been validated by the NHS Apps Library or via the EMIS Apps Library for GPs to prescribe) could provide additional support for citizens and relieve some burden on link workers, etc.



## Wearables

Wearables, although at present costlier than apps on the whole, will increasingly come into play as ways to monitor certain types of progress – steps, weight loss, exercise/breathing levels.

How costs for both of the above can be managed in multi organisational social prescribing programmes, all with limited resources, is an interesting challenge. Uptake can be a challenge, and if cost is an additional factor – for commissioner, provider or citizen – this will make the adoption and spread challenge harder still.

## Online information services

Online information services provide an obvious resource, especially if driven and updated from a software management platform that can help to keep them up to date. As witnessed by the usage and impact from the Healthy London Partnership report, there is a huge appetite for information amongst large sections of the population.

## Chatbot

With link worker, voluntary, GP and other resources already highly utilised, introducing online web chat for low level enquiries or using “chatbot” technology could support people making initial enquiries and increase capacity for those managing the referrals and contacts.

## Web-based chat

Introducing web-based chat for example, where link workers could carry out a series of online conversations in the same time as one face to face conversation, could also support a wider online reach – these kinds of technologies are widely used in financial services and banking, as well as travel and hospitality.

Ensuring an equity of access, that doesn’t disadvantage those with limited English, limited digital skills, or indeed, no financial resources for any that might bare a cost, again, is a challenge to consider and an opportunity to relish.

## UK AND LONDON LANDSCAPE

Social prescribing reaches across all health and wellbeing domains – the NHS, local government, the voluntary, community and social enterprise sector, charities and private organisations and of course, housing associations.

As such, the range of digital and technology solutions in place already in these sectors, whether directly or indirectly supporting social prescribing, or not yet supporting social prescribing but have potential, is extensive and varied.

Building on these foundations to positively enhance what already exists, as well as delivering new capabilities and functionality for those engaged in social prescribing and the citizens of London, is vital. Whether it is ensuring existing information is included, population data is visualised appropriately to identify gaps in service provision, tap into existing community assets, support services, or existing systems are integrated and become part of the social prescribing digital ecosystem, even where digital maturity may be lower than desired, positive work already exists that can be built on.



You will see later in this report that one of the big challenges for those working in the social prescribing space is connecting these systems together, or perhaps rather the information within them, to best effect for the populations and communities they support.

There are a number of national policy drivers to get communities, especially health and social care communities, working together more closely and understanding each other's pressures, challenges and opportunities, to better and in a more joined up way, service their population.

For the NHS and Local Authorities this has been driven through the Sustainability and Transformation Partnerships (STPs), which bring together health organisations from all sectors, often with local government around social care, to co-ordinate health and wellbeing across a geography. London has a number of these, and if we are looking at a potential “test bed” for social prescribing ideas around digital, an STP footprint, with the challenges and opportunities it presents, could be a good-sized area to try this in.

# Five London Sustainability and Transformation Partnerships

- EAST
- NORTH
- NORTH WEST
- SOUTH EAST
- SOUTH WEST



In London there are 5 STPs:

- East London
- North London
- North West London
- South East London
- South West London.

Nationally, as well as social prescribing being one of the 10 high impact changes, NHS England is also looking at developing an outcomes framework, and reviewing what lessons can be drawn together centrally and shared, to support social prescribing across England.

## The NHS

The National Health Service (NHS) is not a single organisation. It is a range of provider and commissioning organisations including acute hospital trusts (some district general hospitals, some secondary care acute providers, some tertiary and in the

case of London, even international centres of excellence). There are community trusts and community interest companies delivering services such as district nursing, mental health trusts supporting patients in community settings and through inpatient facilities, the London Ambulance Service, and then general practice, organised into clinical commissioning group (CCG) areas where services are commissioned.

There are also then a range of associated agencies and bodies supporting the NHS, including Academic Health Sciences Networks (AHSNs) supporting research, innovation, as well as national bodies such as NHS England, NHS Digital and so on. A complex and varied world of systems.

The level of organisational maturity that the STPs are at will vary across the country and across London, and in part, define their journey times to becoming Integrated Care Systems (ICSs) which is the ultimate policy goal.

What all of these provider services at least have in common, is that they all do have at their heart some form of patient administration / clinical system

(sometimes called an electronic patient record or EPR) which supports the management of their patients.

These systems vary in size and also come from a broad range of vendors. In acute hospitals in London, the systems tend to be Cerner and Epic, in community organisations there is a mixture of TPP, Servelec and EMIS Health. In Mental health there is a mix of Servelec, TPP and Advanced, and in primary care a mix of EMIS Health, TPP and Vision.

London has a number of initiatives to get health systems talking to each other in a more effective way (for example the work in East London around the Health Information Exchange, linking EMIS Health and Cerner together), and has some London wide initiatives such as Co-Ordinate My Care around end of life. There is an evolving picture of shared care records within geographies, often including social care.

London has an exciting and national leading innovation and incubation programme to support new digital health start-ups and this has produced many innovative solutions for the NHS market.



## Local Government

Local Government social services have numerous systems providing services to adult and children's social services. Market leaders in this space are LiquidLogic (from System C) and Mosaic (from Servelec now, ex Core Logic).

Increasingly there are moves toward integrating social care with health, to better support citizens, and to enable better hospital discharges and packages of care to be made available. However, many councils still run older, more legacy social care systems, that may be harder to integrate with newer systems from other sectors.

## VCSE

VCSE is a variety of organisations, and as such, is almost a series of markets itself, rather than one, as per the grouping that tends to occur.

A range of systems, such as CharityLog, CiviCRM and Upshot exist to support VCSE organisation, charities, community groups to effectively run what we might call customer relationship management systems (CRMs), and/or impact measurement to support the work they do.

These will manage membership lists, contacts, services that might be offered. They tend to be focused on individual organisations, not unlike the other sectors mentioned, but as yet without the drivers to join these systems into a wider eco-system.

Currently most of these systems operate within their organisational spaces, separate from other systems, however, they offer the potential as part of the GLA strategy around social prescribing, and indeed wider health and wellbeing, to be one of those foundation building blocks, already in part in place, that can be used to move the overall digital agenda forward, in an appropriate way.

London already has Team London platforms to support volunteers, and organisations such as Just Add Spice, that can offer digital time credit solutions, to support increases in volunteer uptake (and therefore support the very services that are often delivering social prescribing in their local communities, but with finite resources) exist, as do local time credit solutions, where volunteers might get discounted access to things they want (e.g.: cinemas, theme parks, etc).

Platforms such as HealthUnlocked, provide a space online to connect VCSE and citizens. They specialise in peer-to-peer support, providing a network for patients, caregivers and health advocates to connect safely online with guidance from credible organizations and institutions.

**This all forms part of that wider picture of how digital can support social prescribing, and how a well-rounded approach to digital may present the most sensible way forward for London to deliver its aims.**



## Housing Associations

If we add to this mix housing associations and other organisations that might be involved in delivering social prescribing or social prescribing related schemes, whether locally or indeed nationally (such as larger national charities like MacMillan Cancer Support or Age UK) there is a complex mix of technology in play, all at different levels of maturity, with different reaches and audiences.

As the nation's capital, London has a good overall fundamental infrastructure, with wide coverage of 4G networks to allow connection and data to mobile devices (and 5G to shortly follow), and extensive wireless connectivity, whether through public organisations, or local coffee shops, supermarkets and such like. However, these are not without issue.

Whilst the mountains of Wales or Cumbria might block signals and create "dead zones" where people are not connected, equally some of the densely built areas of London can create the same effect. Broadband speeds can vary, and not everyone can afford the fastest connectivity. However, overall, there is a good infrastructure base to build on.

## Sharing information

Sharing information often delivered via interoperability, between systems in different settings is a complex issue.

Whilst progress is being made to connect health systems together, although this is by no means universal, and some progress has been made connecting social care systems with health, the challenges and issues of connecting systems to enable social prescribing across the landscape are many and varied – from supplier challenges, standards challenges, resource, finance and so on.

EMIS Health has extended its remit into social prescribing having partnered with tech for good company, Elemental Software, enabling EMIS Web GP practices to make, manage and measure the impact of social prescribing referrals via the patient portal within EMIS Web. Elemental's platform also connects with other services and CRM systems via their Rest API, to support the flow of citizen data and provide more information around utilisation of services and the impact on the citizen's journey and the wider community impact.

For NHS systems there is a growing move towards more open standards and eventually FHIR (Fast Healthcare Interoperability Resources) and also a number of local shared care records (including in London). These could potentially provide the basis for increased connectivity of systems and sharing of information, although other challenges do exist.

## Privacy

Privacy of data has perhaps never been larger in the public's mind than at present, following the issues surrounding Facebook. Whilst most people thought Facebook was merely taking data posted on its social media platform, it was in fact taking data directly off devices including apps, contact and texts.

Whilst new data privacy rules and regulations, such as the General Data Protection Regulations (GDPR) should help to address these issues and create a greater degree of confidence, Facebook is by no means the only organisation to take data without consent.

The NHS has faced its own challenges around sharing data without patients giving consent for that data to be shared, and whilst citizens might be happy to share some data in certain contexts, they are not always happy to give universal consent. Clinicians can be hesitant to share patient information where they have any doubts of trust issues in the process.

There are however examples of developing models which attempt to obtain consent up front, and "in context" – for example in the North East of England, the Great North Care Record has the motto "How do you get consent? Get consent" and is developing a model to ask people how they want their health data shared.

**If one considers this in the wider context, and given the many organisations involved and the sensitivities for citizens with some of those organisations (for example some people may be concerned about the police having access to certain records, or may not want all their health data shared, and so on), ensuring a framework to the safe sharing of relevant information to support citizens and those supporting them is key.**

**If we consider this in a social prescribing context, with a multitude of organisations potentially involved in delivering the overall eco system of services, ensuring the safe and secure movement of information between partners, with people consenting to that usage of their information, especially the vulnerable or those with essentially sensitive data, is critical both for legality, but perhaps more importantly trust.**

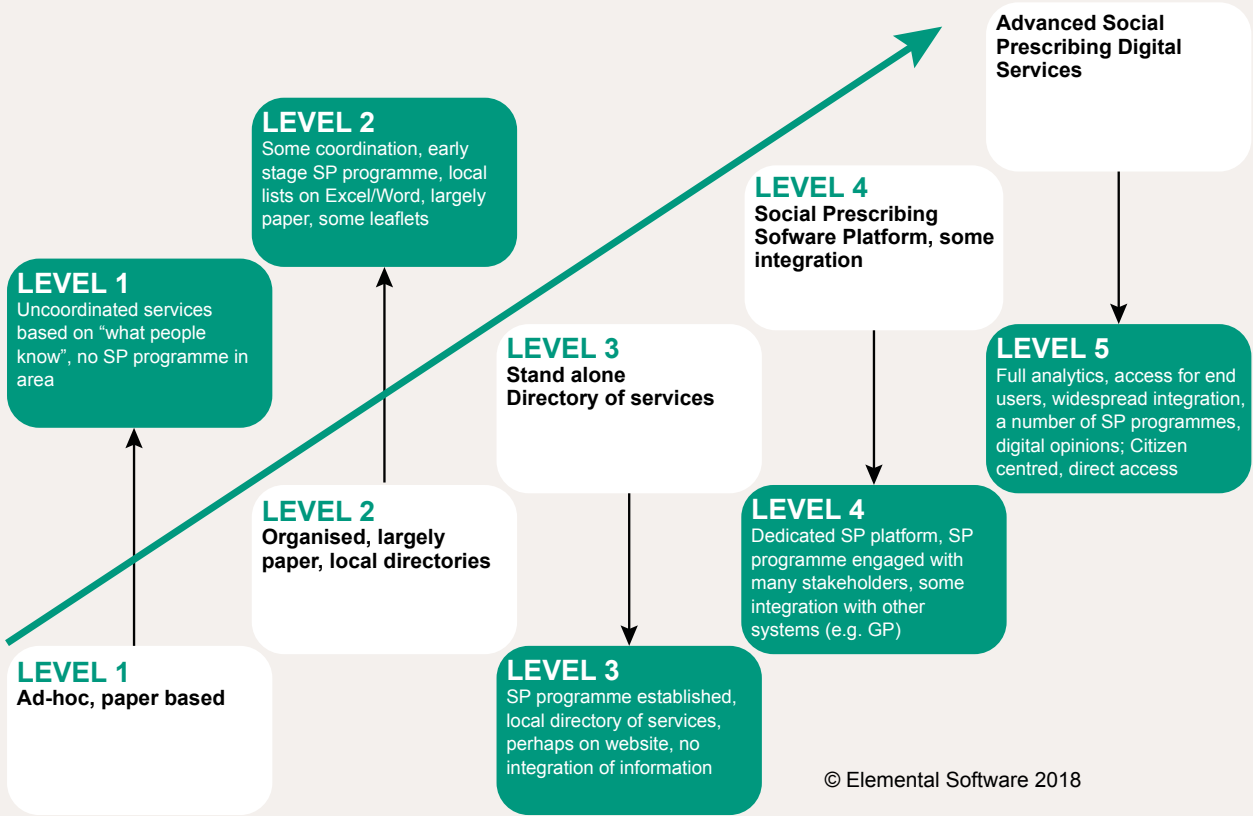
# INTRODUCING THE DIGITAL MATURITY INDEX

The Digital Maturity Index (DMI) was developed to support the Mayor’s vision for social prescribing, is a way of showing how digital and information technology – in the widest sense – could support social prescribing, and the people and communities who benefit from it.

The DMI can be used alongside (or separate from) a Social Prescribing Motivation Model (SPMM), to also support the Mayor’s vision for social prescribing to show the levels of motivation that citizens may exhibit, to help define the different real world and online strategies that might support these different levels of motivated citizens, and make the links to the DMI to show how digital could support the self-motivated, citizens requiring support and the harder to reach groups defined in it.

Neither of these tools is a “Gospel Truth”. They are designed to frame the conversations we might have around these respective areas, enable strategies to be set about what we

## Digital Maturity Index for Social Prescribing



might want to achieve and how we might want to achieve them, and to measure where groups, individuals or technologies might be on a scale.

Appendix 1 contains a more detailed report on the DMI.

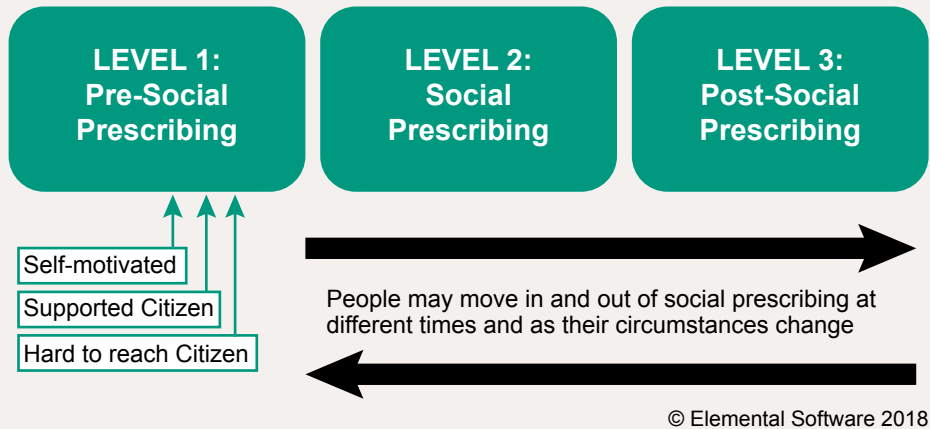
The Digital Maturity Index below sets out 5 levels for digital maturity to support organisations, groups, communities and citizens engaged with social prescribing.

At the bottom level of the index, an area may have no formal social

prescribing programme, social prescribing may be happening ad hoc, if at all and there is no co-ordinated information available for citizens or organisations. What information does exist is likely to be fragmented, unshared, incomplete and exist entirely on paper.

# 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 non further engagement or a move to a new prescription or support further down the line/online support as circumstances alter.



At Level 3, we see that a social prescribing programme has been established, and some level of stakeholder engagement is taking place. Information is likely more complete and may exist either in paper directories or in a simple online directory of services on a website. Updating information is time consuming, and there is no way to measure referrals, capacity, take up levels etc in any meaningful or accurate way.

At the top of the model, Level 5, a full social prescribing programme will exist, and everyone will be engaged in delivering it. Many active social prescriptions are being issued and take up of schemes is good.

Digital and information technologies are not only driving forward mainstreaming and supporting the management of social prescribing, and providing critical information on usage, referrals, take up, utilisation, return on investment, etc but a range of online services and information

is in use, digital apps and wearables are supporting citizens through their social prescribing journey, and more advanced technologies, such as artificial intelligence chatbots, might be supporting simple enquiries online to support link workers, etc.

The Social Prescribing Motivation Model (SPMM) will be covered in more detail in *Deliverable 2 - VCSE Sector Engagement and Social Prescribing*, as it is not necessarily linked to digital. However, if we are considering the motivation, level of support, difficulty of reaching different citizen groups, we can also start to consider the types of digital support that may be of benefit.

We should also bear in mind that the level of support someone may need will vary through their lives – from being highly self-motivated, to perhaps being hard to reach.

For example, a self-motivated citizen, as we saw from the Healthy London Partnership report, may get huge benefit from “self-support” via online information sources. Equally, one of the over 75s who has never used the internet and has no intention of doing so, can benefit from a support worker, who is digitally enabled, supporting

them.

Both the DMI and the SPMM have been developed by Elemental to help us consider more strategically how the GLA can support citizens and those involved in social prescribing in all areas of London to get the best digital support to deliver what is needed to improve London’s overall health and wellbeing. They are tools to help us as we pull together this report and suggest areas that the GLA may wish to focus on in the near, medium and longer term.



# DIGITAL ROADMAP FOR SOCIAL PRESCRIBING

In exploring the current landscape of digital support for social prescribing in London, and in looking at what some of the future digital support and innovation might look like, we felt that it was helpful to suggest a vision and roadmap - an approach that London might adopt to support its citizens with social prescribing, support those working in the social prescribing arena, and to improve, enhance and innovate digital in and for social prescribing.

We have set out in this section some thoughts and suggestions on how the GLA and the Mayor's Office might take this forward. It is a very much a series of proposals, partly based on what we have seen for social prescribing, partly on the digital feedback we have received, partly on what we know, and partly based on our knowledge of the wider digital landscape and how this might help London with its overall vision for social prescribing.

We also view this as “work in progress”, work that requires further discussion, alignment with other London policies and strategies (for example the wider health and inequalities work, the work of Theo Blackwell, the Chief Digital Officer), but felt it appropriate as part of this report to suggest an approach that might work.

## Vision

**“We will use digital services to support social prescribing for Londoners, to enhance existing services and provide new services and capacity.**

**We will help Londoners and their communities to improve their mental and physical health and wellbeing, through a wide range of social and community-based support that is digitally enabled and readily accessible.”**

## Principles

- 1 The digital Strategy is not about Digital, IT or technology – It is about people, place and communities. We must never forget this.
- 2 Person to person, face to face contact is at the heart of social prescribing. It's about people and communities. Digital is not designed to replace this.
- 3 Digital needs to support services for Londoners to give them choices or provide easy access to support.
- 4 Digital needs to support those working in the social prescribing arena (whether in health, local government, housing, voluntary and community sectors – wherever), to help them be more efficient to deliver services to their communities.
- 5 Digital can help deliver on the recommendations being made to mainstream social prescribing, gathering evidence, helping identifying gaps in services and demands and enable some social prescribing services to be scaled across larger populations of Londoners than is possible via face to face support.
- 6 The focus is on what digital can have a positive impact on, in a reasonable timeframe, not digital innovation for the sake of it.

So, in short:

1. **It's about people, not technology.**
2. **Excellent face to face services are critical.**
3. **Citizens need services for them.**
4. **Social prescribers need support to deliver.**
5. **Digital is an enabler in delivering on the recommendations on social prescribing.**
6. **London wants to deliver, not just talk about it – focus on low hanging fruit with high early impact.**

# Approach

Social prescribing in London as in the rest of the country, is a complex mix of different organisations, different sectors of society, a range of services and service provision, different funding streams, variations in procurement approach, different regulations around privacy and information security – and even a range of definitions as to exactly what social prescribing is, and what is needed to support it.

All of the organisations and individuals involved are delivering services to support people in their communities and make people and place better, for health, wellbeing and general social good.

Digital is no different. During the production of this report, we have heard from a wide range of stakeholders, several of whom have expressed opposing views on certain topic areas, whilst on others there has been largely agreement.

For example, some believe that social prescribing is best driven by General Practice, and therefore integration of systems with GP systems is critical. Others have expressed the view that the GP “centric” model is not the way forward, and that a different approach is needed.

**We have seen some key areas develop as areas of interest and focus. Six main areas or themes have arisen.**



<b>Finances</b>	has been raised by many people as an issue. Who should be responsible for funding social prescribing, the challenges of pooling budgets from different organisations and across different sectors. As well as the more obvious issue of simply not enough funding to provide services.
<b>Complexity</b>	the complexity of the social prescribing landscape, different organisations involved in commissioning and delivery and multiple stakeholders often needing to be brought together has been a recurring theme.
<b>Interoperability</b>	with numerous organisations involved and even more systems supporting them already, the issue of how to bring data together to serve the citizen came up a lot.
<b>Privacy</b>	whether directly linked to the new GDPR regulations, information governance in the NHS, general data protection or the differences between organisations and their data protection approaches, many have felt that this area is a barrier to progress and free flowing information.
<b>Maturity</b>	whether the digital maturity of citizens, and the varying levels of skills and potential engagement, the digital skills of those working in areas such as the voluntary sector or the maturity of the offerings in the marketplace to support social prescribing, the need to increase the maturity of digital and technology usage to support social prescribing was another key theme in discussions.
<b>Evidence</b>	the need for robust information around different social prescribing interventions has been a common theme. Whilst there is an increasing evidence base, especially around NHS related benefits at the urgent and emergency care “front door”, other benefits and return on investment are less well founded.

Community Assets – One of the strongest things we have heard is the need to have up to date, live and fully connected, accurate information available on all services that can be socially prescribed, but to note that this needs to be on the communities own terms and driven by each community. In terms of inclusion, the community may opt for a select list of providers of community assets in the first instance and grow that list over the lifetime of the service or they may opt to work with all providers across their remit area.

If London is to develop a strategy for digital in relation to social prescribing it will need to address these challenges, and in a deliverable and achievable way.

## FINANCES

Funding will always be an issue, as there will never likely be enough money to provide all the services that may be desired.

Different organisations and sectors, public, private, voluntary and charitable, will have at times competing objectives, and rules or laws or policies may prevent them at times from pooling budgets or co-funding and delivering services together.

However, that does not mean that this cannot be the aspiration and on many occasions could be achieved. The GLA has a key role to play in this executive level, multi-stakeholder engagement.

## COMPLEXITY

We live in a complex world. All sectors of society are complex and the public sector is one of the most complex, especially when allied with VCSE, as it covers so much of what people need and want.

We know that boundaries in and between any organisation are where problems arise. Keeping the number of “handoffs” between organisations,



agencies, departments, people is key to simplifying.

However, sometimes complexity is created or increased through how we look at things. If we focus on the needs of the person, and then consider how those around them can best be supported to support them, we can start to at least address some of the common issues.

Again, the GLA has a major policy and engagement role here, to bring together a collaboration of key London organisations, as well as setting a framework in which social prescribing can operate.

## INTEROPERABILITY

We live in a digital age. We therefore have many digital systems. Interoperability between systems is at a very early stage. Most people believe that connecting systems and information together is a good thing.

Generally, it is, if systems are connected then information can flow to follow the person and support their needs. However there are issues with this. A person might not want their information to be shared. Enabling



or blocking sharing might not be that sophisticated in some systems, so “sledgehammer” rules might be applied to prevent issues.

Some systems are more relevant than others in terms of immediate impact. For example, we know there is a huge flow and potential for more flow from GPs to link workers/connectors. Ensuring that these connections are strong could be a good first step. Meanwhile, pulling together information from disparate voluntary or charity organisation, whilst laudable, is a longer-term project and may never be fully achieved. In addition to this, using the data and intelligence that social prescribing provides helps to better identify needs and the availability of effective services in the local community.

The GLA should consider where it will get most positive impact on the health, wealth and wellbeing of Londoners for its effort and any potential investment.

## PRIVACY

The privacy of data, of people’s personal information is very important. Aside from some obvious consequences should the wrong data be shared in the wrong way with the wrong people, and obvious changes such as GDPR, which gives more rights to the individual – the complexity of understanding how people use data, how they view the usage of their own data, how consent is obtained, and the context for that consent are all vast topics in their own right.

For example, a person may be very happy to give consent for some health information to be shared with another health organisation, but not for some sensitive health information from their past to be shared as they may have put that behind them or not want someone else in their family to find out.

Cross organisation sharing may create issues, whether of actual privacy or of trust between the person needing services and the professional they are dealing with (for example, between health and police), and sharing data inappropriately could



lead to direct harm (for example, if information on new address details for a victim of domestic abuse went to the wrong organisation and the abuser found out). All these points need consideration.

However, there are models that allow consent to be obtained, for specific purposes, in context – “Want consent? Get consent” – a model promoted in the North East of England by the local NHS, somewhat at odds from the rest of the NHS’ still evolving consent model. These are worth exploring.

## MATURITY

From the work we have done we can see that in summary, and with a few exceptions, social prescribing is not digitally mature.

We have developed the digital maturity index as a way to plot the maturity of communities, projects, organisations and technologies and it would be interesting to complete this across every London Borough in detail with areas self-assessing the digital maturity of their current and future social prescribing programmes and plans.



We surmise that there would be a heavy bunching from at best, the middle down towards the bottom left – from “somewhat mature” down to “not mature at all” in other words. We would expect only a scattering in the higher maturity categories.

Many citizens may be digitally mature, but as information elsewhere in this report shows, we should not assume that everyone is, and not even assume that every young person is, or has the access to digital devices. Even those who are digitally enabled, still only a quarter were able to verify the information they found online in a recent survey (Lloyds Bank), so whilst digital skills might be high, information skills may still be low.

Those working in the social prescribing space often have older equipment, restrictions on what they can do either technical ones or rule-based ones, they may have older systems that work in a certain way but are largely administrative and may not have access to other information stored in other systems.

Some sectors are more advanced than others. It is important to note that whilst an area maybe advanced in its social prescribing ecosystem and



delivery model, it may be primitive in terms of its digital maturity in relation to social prescribing. It's reasonable to assume that many voluntary organisations or small charities do not have huge budgets to invest in IT to make themselves "digitally enabled", to spend on staff or volunteer training.

However, even organisations such as the NHS and Local Government with large budgets, whilst they may have robust core systems, still struggle with many facets of digital. Although, in the case of London, there is significant work between the NHS and Local Authorities to drive shared care records, join up the sharing of data and systems for patients and citizens and to include other organisations in this work.

It may be interesting for the GLA to look at digital maturity, perhaps across the boroughs and identify the levels of maturity for further work that will be required, and also to consider where to target initial effort and where may require a longer-term approach.

## EVIDENCE

There is a strong growing body of evidence that shows the benefits of social prescribing. Less is available specifically in terms of digital supporting social prescribing however, although again, certainly in the app space, there is a growing body of evidence to show how apps can support people and improve lives.

Much of the research to date around social prescribing benefits has focused on reductions in GP and A&E attendances. A wider body of evidence is needed, and to cover more sectors than just health.

London is well placed to consider a wider range of real world metrics, economic, social, health and wellbeing, etc that can demonstrate the wide positive impact social prescribing can have, and perhaps be in the vanguard of demonstrating how a digitally mature environment can drive these forward even more positively.



Although quite specific at face value, the need for an accurate understanding of the assets available in the community and a clear understanding of how meaningful connections are made. Without knowing what services exist, people cannot access them, professionals and volunteers cannot help people with them. Without an easy way to refer, and then manage those referred, track take up and show benefit, it's hard to commission and support such services, and difficult for the providers to get paid.

More than just the "list" of providers however, is also how these providers and services are validated and verified as being of the required quality. How do we know that the weight loss class run in centre "A" is to the same standard as the one run in centre "B" – and does it matter? It is also important to add that we need to be careful that the type of validation and verification doesn't exclude the smaller providers that more than often provide an invaluable service to citizens.

The regulatory framework underpinning services, given that some sectors have regulatory regimes already in place, whilst others do not, is key for both impact and outcomes, assurance and trust for the public, and also to avoid abuse of either citizens or indeed any funding systems in place.

London has a role to play in establishing some "ground rules" and giving some levels of assurance. It may be able to further incentivise those services that reach certain standards or influence other sectors and commissioners especially to do so.

The above represents the key areas of focus and indeed challenge that came up during our report. There were many others, however, we feel by focusing on the key areas that need to be addressed, London can have a real impact on social prescribing, and can bring online and build on existing digital services and digital support to further enhance what is available to Londoners.

## Top Ten Practical Recommendations

In this section we make some specific suggestions that the GLA may wish to take on board.

We acknowledge that not all of them may be feasible now or in the future, but we have focused on what we believe is achievable. We know that some will be harder than others, and we know that timescales will vary.

However, we also believe that having listened to what we have been told, observed what we have seen, and knowing what we know drawing on our own experience and that of other communities across the country, that these recommendations represent a good place to start the discussion.

**In summary, we have provided the Top Ten practical recommendations we believe would make the biggest impact for digital support and services for social prescribing in London:**

- 1 Support the creation of a digital strategy for social prescribing** in London with the buy in of all intended users and beneficiaries for it to be truly effective, connecting to and embedded in the London wide digital work already taking place.
- 2 Live, fully connected and accurate information on community assets (providers and services) that can be socially prescribed.** This will be driven by the local need, in the community's own terms and will be inclusive and measurable.
- 3** Where possible, **implement appropriate social prescribing referral management platforms**, connected initially to GP systems, to make it easier for those making referrals in primary care and improve the management of community-based services and experience to citizens.
- 4** Maximise the use of the Social Prescribing Digital Maturity Index to create 2-3 geographies to be **Global Digital Social Prescribing Exemplars**, which trials a range of digital solutions, including referral management, system interoperability across sectors, volunteer services, population information management, apps library, chatbots and other supportive technologies to grow scale for social prescribing, trial new technologies and develop blueprints for use across London.
- 5** **Maximise the use of population-based analytics** for communities in London, drawing on data from all sectors, take proactive steps to deliver social prescribing to help better inform commissioners and to measure and monitor the impact on citizens.
- 6** Link with a **framework being developed for the usage of digital across London**, ensuring social prescribing is included, including information sharing, citizen consent to sharing, funding, etc.
- 7** **Brand a pan London approach to social prescribing** that enables projects, communities and areas delivering social prescribing with a strong message about London's commitment and diverse approach to social prescribing,
- 8** **Publicise existing digital solutions** so they are scaled and used and build on these moving forward as well as introducing more.
- 9** Consider a London wide **volunteer strategy that increases capacity and improves the digital skills of those volunteers** who require it, to enable future digital services.
- 10** Align with and maximise the benefits of, **social prescribing policy across sectors as this develops, to ensure that both London and sector** needs are met and avoid more complexity.

## Cross Cutting Themes:

### FINANCES



1. With all London partners, develop a toolkit for the funding of social prescribing services that covers local and pan London provision (where appropriate) and addresses the needs of both citizens, moving across boundaries, and providers, commissioning across boundaries and sectors, building on what already exists.
2. Develop a toolkit for those funding arrangements across London for different services, and seek to share for all partners how all those involved might access funding to support understanding of “who pays”, “who buys”, “how people get paid” and “how people commission”.
3. Provide some seed corn/incentive funding to encourage digital social prescribing services, across London, feeding these into the Exemplar programmes (see later), to create an innovative digital blueprint to support social prescribing.

### COMPLEXITY



1. Using all London partners, create a capital wide framework for multi-organisational working to deliver social prescribing – digital or face to face – working to break down complexity in doing so.
2. Draw on existing guidance for the procurement of digital services and support covering how social prescribing solutions can be purchased by different organisations in different sectors, given the complexity of the landscape, with so many partners involved.
3. Look at developing STP based digital single points of access, some information resources that explain “how things work” – for citizens, professionals, volunteers and suppliers/vendors in the social prescribing space or those who wish to get involved. Pan London may be too large, but basing these around the STPs, with some of those coming together, might provide the right level of approach.

### INTEROPERABILITY



1. Sponsor 2-3 areas, using the Digital Maturity Index, (Borough or community level) to be Digital Social Prescribing Exemplars, to trial, test and use digital solutions, to create a blueprint that can then be adopted across the rest of London – matching pan London, with local identity.
2. Ensure social prescribing is involved in the interoperability work already well advanced in London, between clinical, local authority and other systems and any social prescribing referral management systems, to ensure an integrated referral pathway.
3. Within the Digital Exemplar programme, sponsor connectivity testing with other sector systems – Local Government, Charity, Voluntary, Housing, to showcase how this can assist information flow.

4. Work with pan-London partners to ensure that all existing shared record, portal and other platforms that do exist, continue to be made open and available for a wide range of organisations to connect to as is feasible, to ensure the smooth flow of people’s health and wellbeing information, in the widest sense.

## PRIVACY



1. Work with all relevant partners across London to ensure social prescribing is part of the developing shared records work taking place across London, so that providers of services across all sectors can sign up.
2. Ensure social prescribing is plugged into the work in London around consent agreements, such that all citizens can be talked through how information will be shared and with whom, so they can trust how it will be used.
3. Encourage all London partners to work together to break down information sharing barriers and provide a “hot resolution” service to enable blockages to be discussed and resolved at the highest executive level if necessary.

## MATURITY



1. Create an awareness/advertising campaign, across London, to raise awareness of social prescribing, and specifically here, digital services supporting social prescribing as these are introduced and/or scaled.
2. Leverage the existing training and skills capabilities across London to enhance the digital skills of especially those working in community, voluntary and social enterprise sectors to support capability in this sector.
3. Conduct a borough by borough piece of work to support boroughs in assessing the digital maturity of their social prescribing provision, identifying which systems are in place already, and where the gaps exist that need filling to improve and build digital capability. This could initially be carried out as a self-assessment by partners in each area.
4. Build on the Digital Maturity Index with the above information and develop a plan for the advancement of digital services and support in each area identified over the next 5 years.

## EVIDENCE



1. Agree and create some simple metrics for measuring success of social prescribing in London, in line with the NHS' focus on the common outcomes framework, based on existing measures available and new ones London wishes to add, with a focus on real world outcomes. We would suggest no more than 5 to 10, well rounded and ultimately focused on improvement in the quality of life.
2. As the digital strategy is rolled out, commission one of London's universities to conduct research into how social programmes using digital drive benefits, deliver positive impact and compare to the measurements agreed and the baseline established.

## COMMUNITY ASSETS

1. Ensure simple, joined up points of access at STP level to provide points of entry to all services available, ensuring a suitable front end that facilitates areas to use their existing branding, even if this then branches to multiple existing systems.
2. Manage these specific points of entry via a single referral platform, either at community level (e.g.: one for each NHS STP or one for each borough or group of boroughs), but connected to avoid cross boundary issues, to manage referrals, directories, usage, reporting, etc.
3. Create a set of standards and a minimum information dataset that all providers of services must supply to appear on the directory of services, with rules around updating.
4. Consider how providers of social prescribing services, digital or real world might be “approved” and monitored (perhaps by some kind of badge or “kite mark” scheme) for these services to be supported by and published on the GLA central register.



# STAKEHOLDER FEEDBACK AND INTERVIEWS

As part of the report we wanted to ensure that we spoke to a wide range of stakeholders from across the broadest possible social prescribing spectrum.

A number of workshops were run involving the voluntary and community sector and social enterprises to gain their insight and input. As part of the digital report specifically, we also then spoke to a range of “market makers”, those organisations and stakeholders with a presence in the social prescribing digital landscape already, a presence in London or nationally, or with insight and knowledge of how digital could support social prescribing in the future, as well as how it does, or does not, at present.

The NHS recently ran a digital participation exercise (in partnership with the Good Things Foundation) with over 100,000 people in the UK. What were some of the headlines, and, how might these translate for social prescribing?

## Don't say digital

The work suggested that, for example, if blood levels were being checked, that is what should be said, not “we are now going to use some tech to check your blood levels”.



## Invest in people not just technology

Build on digital literacy, find champions, invest in adoption and spread innovation.



## Understand the context of trust

For example, a person using an app suggested by a friend, will use it with a high level of trust. A professional may view the app with suspicion, but may want to consider a supportive response, even if they don't entirely trust it, because it's good for the person.



## Collaborate

There are already people trying to solve “this”, whatever the “this” might be. Indeed, it's highly likely that a number of people in a space will have parts of the solution, that when brought together, prove far more powerful than individual components.



## Go where the patients are

For this NHS work is visiting the homeless at 4am or travellers in their own camps, not just inviting people to a central location.



If we consider this feedback, especially given the size of the work, in the context of London and social prescribing, we might conclude:

- We have used the word “digital” in writing this report but might propose that this is not the kind of language to use with programmes of work that might come off the back of the report. These should perhaps be more grounded in the work being undertaken.
- We have touched upon “trust” in this report already. It is vital that people trust the services, the information given to them or that they find themselves. How to ensure this is done, is a key question to answer. For example, ensuring directory of service information is up to date.
- Ensuring services are delivered where citizens will go is key. We have heard of examples of services perhaps a half or one mile away from where people live having lower attendances than those 500 yards from where people live. Take up increased when services relocated more locally. Digital can help to deliver services to everyone, where they will go, on their device, smartphone or tablet/computer.

- Invest in people not just technology. The Healthy London Partnership data we shared some of earlier, shows the power of supporting citizens directly, and we also remember supporting those supporting citizens, whether link workers, GPs, charities, volunteers and such like.
- In a digital context, we have talked of a blended solution to support digital supporting social prescribing in London. This will necessitate collaboration, between provider organisations, commissioners, community groups, and between digital solution providers, to develop the very best solutions for Londoners.

These are some timely reflections as we undertook our own feedback sessions, with questions around digital and technology for this report. The read across from the NHS to social prescribing of the above is clear. But what did those we spoke to say?

In total we spoke with 17 organisations, each interview taking approximately 1 hour. The interviews were broad conversations with the focus very much on gaining the insight of the interviewee, across the 5 broad questions that we asked (a “listening



exercise”). The interview was then “topped and tailed” with an overview of the GLA work for this report, and how the information would be used.

It was made clear that any feedback would be anonymised, summarised and aggregated, so no single individual or organisation would be highlighted. The feedback that follows here is in that format, and is a summary of the conversations, comments and themes from the various interviews, not a verbatim reproduction of what was actually said.

As well as providing the detail of the key comments made, we have then taken these and summarised the key themes, points or commentary from each of the sections or questions that we discussed. These will be a key focus for inclusion in both the strategy and the detailed recommendations.

The questions asked were deliberately kept broad, with the definitions of “digital” and “social prescribing” being kept equally broad, to enable the maximum amount of insight to be gained and avoid constraining, leading or channel the interviews.

The 5 questions that were covered during the course of each interview were:

What has been your **experience** of digital or information technology as part of social prescribing?

1

What do you see the key **challenges** are for digital or information technology supporting social prescribing?

2

What do you think the main **opportunities** are for digital or information technology to support social prescribing?

3

If you had a blank canvas, what would you most like to see for digital or information technology supporting social prescribing in the **future**? What would be your ideal, your aspiration, of most value to you?

4

Is there **anything else** you would like to tell us about digital or information technology and social prescribing?

5

Before detailing the summary of the feedback that we received from the interviews, we would like to give our huge thanks to everyone who gave their time willingly and enthusiastically during the calls, and for the vast insight they all provided, to inform, support and indeed we hope drive forward, the digital agenda around social prescribing for London. The key themes, insight and ideas generated from these calls very much help to form the recommendations made in this report, as well as the Digital Strategy for Social Prescribing, suggested in this report. We thank you all!

We have detailed the key comments and insights from the interviews in a series of statements, categorised by each of the questions asked, which broadly broke down into: Experience, Challenges, Opportunities, Feedback and Anything Else. This last section was a general catch all, should anyone have anything else they wished to make comment on that had not been covered in the previous questions.

The questions and categories as asked and listed, did seem to provide the right chronology and flow for the interviews, with experience typically leading initially into challenges, and then on to opportunities.

However, some themes appear as both challenges and opportunities. For example, depending on who you might be, and the particular circumstance. Additionally, as the interviews were deliberately kept broad, they varied in nature between very strategic comments and some quite specific insights, which is great for breadth and depth. They also included a number of comments that may apply to social prescribing more generally and aren't specifically digital related. These are all included for completeness.





## So, what were the key themes to emerge?

From all the conversations and feedback, the key themes to emerge were as follows.

- 1** Digital support for social prescribing is currently very limited. There was a general feeling it was not mature.
- 2** Funding challenges – Who pays for social prescribing? This is an area where money is tight across all organisations, and specific funding is not always identified.
- 3** Complexity of data sharing across multiple organisations and issues of personal data, security, privacy, GDPR, information governance and confidentiality.
- 4** Social prescribing provides a real opportunity for different organisations to work together in a more joined up way, often called the “way in”. Through digital, services and community assets can be drawn upon from the very local to the national or even international.
- 5** Social prescribing is on the national policy agenda now, across multiple sectors, which is great to see, and the NHS seems to have some significant drivers in this area – this was viewed as both good, and potentially a risk.
- 6** A framework around social prescribing would help to create an improved environment in which to operate, in a London context, allowing local identity but set in a city-wide context. There were various comments around the need to balance “central” versus “local”, with most people favouring the protection and strengthening of the local, even if within an improved centrally supported framework or infrastructure.
- 7** Information shared appropriately can help citizens to not have to keep retelling their story. This makes it easier for them, builds trust and ensures that the right information is available about a person when needed.
- 8** Social prescribing can help to re-energise communities, building “community wealth”, improving health and wellbeing, creating jobs and improving the overall infrastructure.
- 9** Navigating the social prescribing landscape can be difficult for suppliers, the complexity of organisations involved, large complex organisations such as the NHS, understanding interoperability between systems, etc.
- 10** More evidence base is needed. A broader focus of evidence is needed rather than too much focus on reducing GP appointments and A&E attendances. A full spectrum of improved outcomes is needed (national minimum dataset from the NHS may help with this) to give better transparency and include within this the ability to capture outcomes and results of services better and track patient journeys.

These were the main areas of feedback that came up across the conversations and feedback. As this is the interim submission, there are still some further conversations to be had, these may change the key themes, or may not, but this will be updated as needed.

A few areas came up time and time again.



Finances – there was much talk of how to fund social prescribing. Who should be responsible for funding social prescribing, the challenges of pooling budgets from different organisations and across different sectors. The GLA should continue to support the forums where commissioners are brought together to discuss funding and continue to support the work of the Healthy London Partnership in this area already.



Complexity – the complexity of the social prescribing landscape, different organisations involved in commissioning and delivery and in particular, the complexity/difficulty of dealing with the NHS. The GLA should continue to support the forums where commissioners are brought together to discuss funding and continue to support the work of the Healthy London Partnership in this area already.



Interoperability – with numerous organisations involved and even more systems supporting them already, the issue of how to bring data together to serve the citizen came up a lot. There is already a huge amount of work going on across London to share information within health, social care and other public and voluntary sectors. This work can be built on. For example, NHS England has announced One London as one of the first three ‘Local Health and Care Record Exemplars’ (LHCRE), including One London. One London will receive up to £7.5 million over two years to put in place an electronic shared local health and care record that makes the relevant information about people instantly available to everyone involved in their care and support.



Privacy – whether directly linked to the new GDPR regulations, information governance in the NHS, general data protection or the differences between organisations and their data protection approaches, comments around a common data sharing agreement or approach were mentioned often. Work around social prescribing should link to the significant work already going on around data sharing agreements, overseen by the London Digital Board and Smart London plan.



Maturity – whether the digital maturity of citizens, and the varying levels of skills and potential engagement or the maturity of the offerings in the marketplace to support social prescribing, the need to increase the maturity of digital and technology usage to support social prescribing was another key theme in discussions. How can citizens and social prescribers be supported to use existing and new technologies to support social prescribing?

## Experiences

### HEADLINES

1. **Digital usage is limited and often immature.**
2. **Information exists in silos and systems do not connect to each other.**
3. **Complexity and funding make digital introduction difficult.**
4. **The type and maturity of digital varies depending on each situation and the maturity of the social prescribing taking place.**
5. **The experience, generally, was at best limited, in some cases poor, and in many cases absent.**

### DETAILS

Feedback extracted from interviews, and not repeated verbatim, but designed to give a flavour of the kind of things that were said. Statements may be opinions rather than facts, but we felt the GLA needed to see the kinds of things being said about this area. Highlighting is to emphasise some of the key or interesting points raised.

- **Information is disconnected** between different sectors and stakeholders.
- Information exists in different silos, unconnected with each other.
- Expectations varies between different sectors (e.g.: Health, Local Government, VCSE, Housing, etc), but generally expectations are quite low.
- People – citizens and those work in the social prescribing space – are frustrated.
- Some suppliers did express that selling social prescribing digital solutions had been a struggle and they had not made much headway. Lots of conversations were cited but sometimes limited progress due to funding, complexity, multiple partners.
- Very little digital exists to support social prescribing.
- Others did not have the same experience, although did acknowledge often complex arrangements and longer than expected procurement times.
- **The need for digital support varies depending on what stage the social prescribing project is at.**
- At the first stage, when a project is just starting often people are still thinking about how it might work.
- At the second stage, when social prescribing is up and running, then GP numbers using for example may increase to many from a few, or multiple practices.



- At the third stage, with well-established programmes, then some kind of digital will nearly always be used, even if its spreadsheets and local databases, but might also including directory of service websites, or simple referral forms.
- Some people expressed a very positive experience of digital and working in the social prescribing space, and found that once explained and adopted, it was readily accepted.

## Challenges

### HEADLINES

1. **Evidence base, return on investment and true impact needs further building.**
2. **Multiple providers, partners and sectors creates extreme complexity.**
3. **Funding is a massive challenge, with many stretched budgets and not always clear commissioning lines.**
4. **Interoperability between systems (not just GP systems) is a huge issue, alongside data protection and information governance.**
5. **Having an accurate, up to date, updated and localised understanding of what exists in the community is a critical foundation stone, alongside how provider services are to be assured.**

### DETAILS

Feedback extracted from interviews, and not repeated verbatim, but designed to give a flavour of the kind of things that were said. Statements may be opinions rather than facts, but we felt the GLA needed to see the kinds of things being said about this area. Highlighting is to emphasise some of the key or interesting points raised.

- **More evidence** for the various social prescribing models, including digital support, and the return on investment both in financial terms but also social terms and citizen outcomes, is needed.
- There is some opposition in some sectors of the social prescribing “world” to working with private companies (this was especially mentioned in relation to some sectors of health), and some concern over the potential proprietary nature of software developed, versus open source being used.
- **The multiplicity of partners involved in delivering social prescribing activity creates complexity.**



- The multiplicity of partners involved in delivering social prescribing activity creates issues around **information sharing and information governance** and data privacy and security, with different policies, approaches and attitudes in place.
- The VCSE sector especially was felt to have been doing social prescribing for a very long time. Social prescribing is not new, even if the tag or label is. They especially don't wish to be told what to do, and baulk at excessive academic or central body (e.g.: NHS England) input.
- **Funding is a huge challenge.** Multiple sectors, multiple organisations, multiple providers and commissioners, different procurement and payment approaches – “Who pays for social prescribing and the digital to support it?” a key question that needs answering.
- **Working with NHS IT is a challenge**, with often slow progress and “pilot cul de sacs” that can cause problems for suppliers/vendors into the social prescribing digital space.



- **Creating a balance** - broadening the shoulders of the bill for social prescribing and digital and being something that can release in year savings.
- Some GPs see social prescribing as another public health intervention and are not interested.
- **Digital support and services should be shaped around what people want**, not made to look like a piece of public sector software.
- NHS IT is a challenge – may need to be broken up into smaller pieces to deal with, interoperability between systems needed, perhaps the NHS could create social prescribing digital champions, perhaps the new GPSoC (GP Systems of Choice) contract can help.
- Some public-sector procurements around social prescribing and digital effectively drive out smaller organisations from competing.
- **Social prescribing is one term – some people call it different things.**
- **Communities in London and across the UK, already have solutions in place that partly address the social prescribing digital challenge, and these should be built on not discarded.**
- Some noted that whilst social prescribing could drive reductions in GP and A&E attendances, for example, this may invoke the law of unintended consequences, and push up demand on other stretched services such as mental health support, drug and alcohol abuse, etc.
- A small number of interviewees felt some of the current models of social prescribing did not support those with deeper routed problems, especially to address whole life issues, rather than individual specific issues. A number felt a more engaged, holistic model was required.
- Measuring what success looks like will be important, to show wider metrics such as crime reduction and employment increases – wider community value impact.
- **Ensuring accurate asset mapping and details of services** that could be provided across the public and private sectors, voluntary, community and social enterprises, as well as hyperlocal services, was a key theme mentioned by many in the interviews. Having a platform to ensure these services could be known about and accessed, but also a mechanism to ensure they were up to date and current, was seen as a critical foundation for social prescribing and digitals support of it.
- Within the community asset model, stratifying the hyper local, local, community based, regional, national and perhaps even international (especially perhaps in the case of London) services that might be available, face to face and digitally was mentioned.
- **A number of people felt that current digital solutions addressing the social prescribing space were based around the “provider” rather than the “person”.** A common theme was that digital solutions needed to support all stakeholders, including the citizen in delivering, managing, monitoring and reporting on social prescribing and its impact.
- **The lack of current flexibility over budgets and funding** with these being in silos, and inflexible between organisations and sectors was highlighted.
- **Some expressed concern that social prescribing was becoming too health and GP focused**, and that this limited or could limit the social prescribing offer available.
- Others felt that social prescribing was largely driven by health and especially GPs and that this could be the focus. A large number felt that social prescribing included a wide spectrum across VCSE, health, local government, housing, etc and was not tied to one sector more than any other.
- **Technological challenges around interoperability** of data, and the movement of information between organisations and sectors came up time and time again. NHS IT was a particular barrier, but all sectors were regarded as generally poor in this area. VCSE for example was viewed as a multiplicity of small providers, by

and large, each with their own systems and varying levels of digital maturity.

- Some felt that we need to have true interoperability between systems and to allow the sharing of appropriate level of care / health history. Allowing people to keep using their same systems but connect them together. And allow us all to use population health data.
- **The challenge of digital maturity amongst some of the providers in the social prescribing space** came up several times. In the volunteer space, some felt that the older demographic of many volunteers, coupled with the lower levels of digital maturity and usage amongst that population group, created a challenge for digital and social prescribing.
- Others referred simply to the capacity and funding of some organisations delivering socially prescribed services to increase their digital usage.
- Some smaller vendors felt there was confusion over who to sell solutions too, and who would buy them.

- **Interoperability with GPs especially was cited as a key challenge by many.** It was noted that many GPs were happy to simply refer, however others stated the ability to follow up on the uptake and impact of the referral.
- **The NHS was mentioned by many for its complexity.**
- Several people commented on some existing digital referral solutions, where referrals were made normally by GPs, but then that was the last feedback they ever got, as these solutions were unintegrated with them or their workflows.
- **The issue was how to regulate, assure and validate organisations,** especially smaller VCSE, community, charity-based organisations, to ensure they were providing appropriate, adequate, safe levels of service was raised.
- **Digitally, online security, the impact of GDPR, existing DPA regulations,** NHS and other sector governance felt like a complex challenge to many.

- **Several people also highlighted, in the context of the NHS “shifting” people to the VCSE sector as a way to relieve their own pressures,** that many VCSE organisations are run on limited resources, and do not have the capacity to pick up this slack, so how can that capacity be increased?
- **Some citizens are digitally mature,** some are resistant to change and not engaged. However, this shouldn't matter, as a blended approach of face to face support and/or digital services can support best.
- Technology needs to be simple and easy to use so that everyone regardless of digital maturity or their access to technology can use.
- Link worker/community connectors find managing many people on their books hard on paper.
- Existing professionals (clinicians, social workers) have existing systems, they are under pressure for time and want easy access which they don't always have. They may not want to create a prescription but do want to make an easy referral.

- **Commissioners need different information** again – is their money being well spent? Is it delivering value? How can they monitor?
- Partners who provide services in the community will want to ensure they are paid, and need reporting, which most don't have or is difficult to do now.
- **Interoperability needs to not just be about GPs and the NHS,** but all the other sectors and organisations too.
- “Almost no talk about digital at social prescribing conferences”. No sense of digital or what it could do, or what the benefits would be.
- A lack of convergence between the digital innovators and the social prescribing people.
- In some areas, very limited leadership or resource “driving” social prescribing, never mind digital.
- **Multiple systems and legacy systems,** different standards and policies between sectors and organisations, different software in use.

- **“One size fits all doesn’t work”.** An incremental approach is needed. Need to test how any digital solution actually gets used in the field, by social prescribers or citizens, not just how it’s thought it might be used.
- **If volunteers are to collect data (to show usage of service, etc), it needs to be simple,** as many don’t or won’t. This was raised by a few people.
- **Health in London quite well co-ordinated** with the Healthy London partnership and Office of the CCGs, however this is not the case in local government.
- There are disconnects between different groups of people, so for example, a clinician may develop a solution, but the CIO is unaware.
- There are language differences and some mistrust between “technical” and “clinical” and much distrust of NHS Digital, who have a poor reputation.
- Sometimes cheaper solutions are rejected by financial people as they are viewed as “too cheap to work”.



- **Commissioning is immature.** Many are not experienced at commercial contracting, they spend time instead on procurement and buy the wrong thing. They are not commercially astute, though more senior people support the change in approach.
- Engagement a challenge, with often relatively low-level staff saying “no” to doing things differently or advising a person, even though more senior people support a change in approach.
- Loads of people have social prescribing in place, but don’t have digital support. Even in one geography it can vary between CCGs in the same area.

- **Often doesn’t feel like anything connects well.**
- GP makes a referral into social prescribing services, but often doesn’t hear back until they see the patient again. Providers struggle to report, commissioners not sure about funding.
- **Individual schemes, no links, no digital.**
- **How can we share best practice between areas,** which isn’t being done right now, so the wheel keeps being re-invented, mistakes repeated? Case studies and blue prints should be created and shared.
- Some felt that companies just selling software into the space wasn’t the right way, and there should be a procurement framework around it. There was some national thought here around GP IT Futures.
- **Is there a way that social prescribing services can be tariffed like drugs** are, so that there is a limit and a consistency between the charges made?
- **The definition of social prescribing is a problem in itself** and needs interpretation.

- **Understanding funding arrangements and stakeholders is complex.**
- **Multiple stakeholders seem to be involved in each transaction.**
- **Technology needs to be robust, safe, tested, scalable, built to last and to recognise technical standards.**
- Some felt back end systems needed to be bespoke, crafted for each clients needs, whilst front end systems should be agnostic.
- Top down initiatives could conflict with bottom up initiatives, creating conflict.
- In an emerging poorly evidenced market, early adopters will adopt by their nature, early, but getting the ground swell across professionals is harder.
- More return on investment evidence is needed.
- “Prescribing is not the key word, social is”, alongside “community”.

## Opportunities

### HEADLINES

1. **Raising awareness and educating people and professionals is key, not just in digital but around social prescribing.**
2. **Building on and incorporating existing digital solutions where appropriate into any advancement is important.**
3. **An opportunity to support social prescribing for all citizens of London, and scale services to meet larger demand.**
4. **A chance to create a London wide, but locally focused social prescribing referral management solution, that connects with other solutions in the eco-system.**
5. **London has the opportunity to innovate in this space, drawing on new and existing technologies, addressing the “whole person” in the round, and focusing on “real world” outcomes, as well as aligning with other national initiatives.**

### DETAILS

Feedback extracted from interviews, and not repeated verbatim, but designed to give a flavour of the kind of things that were said. Statements may be opinions rather than facts, but we felt the GLA needed to see the kinds of things being said about this area. Highlighting is to emphasise some of the key or interesting points raised.

- We should consider the “art of the possible” and frame in the correct language.
- **There should be a large education and awareness push** around digital for citizens and those working in the various social prescribing sectors (e.g.: VCSE).
- **Link workers/care navigators/connectors should be used more** than they are and could be seen to both compete with and complement digital approaches.
- **How social prescribing referral management platforms are presented to stakeholders is important**, as when done in the right way, there is quick engagement.
- Various models of social prescribing already exist, and these should be built on (not re-invented).
- There is good sharing already of best practice, and attitudes are positive.
- **Social prescribing is now appearing in national policies** (e.g.: NHS England, one of the 10 high impact changes, mentioned in STP plans).
- **A chance for stakeholders to work together to create exciting change for health and social care.**

- Social prescribing provides services where there is less risk than in the medical arena if they fail to work first time, so changes can be made as the social prescribing journey progresses.
- Lots of blind trials and a multiyear evidence base is not needed. Some comments referred to multi-agency initiatives where one agency had taken an agile approach to a social prescribing pilot, whilst others (normally health) had insisted on randomised controlled tests, that caused the initiatives to collapse.





- **A real opportunity to capitalise on the next generation who are more technically mature.**
- **There is an opportunity to bring people together, without it being obvious this is what is happening.**
- **London already has some solutions in place supporting social prescribing digitally and these can be built on.**
- London can draw lessons from solutions supporting social prescribing across the UK already in places, to help build its strategy.
- **There is an opportunity to use digital to address the low hanging fruit of health and wellbeing,** support the relatively self-motivated through digital support tools.
- Some felt those with deeper life issues would not use either digital or social prescribing for long, others felt that social prescribing was largely for the socially deprived, whilst others felt social prescribing was for everyone, and that people could move between categories of support needed, whether digital or face to face, depending on life circumstance.

- **Social prescribing can drive a reduction in GP and A&E attendances, and there is a reasonably good evidence base to support this.**
- **Digital has a key role to play in signposting,** which a number saw as a first step in social prescribing, but many also articulated as only being part of the solution. Websites with directories, apps pointing at services, could also be used to relieve face to face workload and support those who may be more self-motivated or require lower levels of support.
- **The opportunity for London and the GLA with a key role in this, to bring together potential funders and commissioners,** to create a freer flowing, shared, pooled funding mechanism for social prescribing, and digital services to support it was mentioned by a number of people.
- **There was a general technological theme, that there were plenty of solutions available that could address many needs, but that this was not widely or consistently implemented.**

The majority felt that a range of digital solutions should be used to support both those providing and commissioning social prescribing services, as well as people and communities accessing them.

Some people felt that open source, open platforms, cloud-based solutions and essentially a replication of more consumer oriented offerings in other walks of life, would deliver the results, as these were person centred.

- Some felt social prescribing had the ability to deliver more than just the individual support, but could help to grow investment in communities, develop community health and wealth building, creating a healthier, wealthier and more pleasant overall environments in communities, impacting on wider social policies such as crime, employment, education, etc.
- **A number of people mentioned the opportunity to join up processes using digital,** to allow referrals to be made, tracked, reported, followed up and fed back. A number felt this would help drive uptake in some services, support commissioning decisions and improve funding.

- **The chance for London to create a collaboration, a consortium, of private, public, voluntary, etc partners to deliver a digital social prescribing vision was mentioned by a number of people.**
- Building on existing VCSE and charity systems in existence, where you might have a number of local systems in local organisations, and then some national systems in larger charities (like Age UK for example), and leveraging the information stored in these systems for the wider population and social prescribing services, not just the organisation, was something that came up a few times.
- **A number of people also highlighted, in the context of the NHS “shifting” people to the VCSE sector as a way to relieve their own pressures, that many VCSE organisations are run on limited resources,** and do not have the capacity to pick up this slack, so how can that capacity be increased? Some people suggested the use of a time-based incentive scheme (which already has some presence

in London), to encourage people to volunteer by provide “points” to spend then at things they might want to do (e.g.: cinema, cafes, leisure centres, etc.). This approach was also mentioned by a small number of people as a way to incentivise some citizens who might need more motivation to get involved and engage with social prescribing services, the aim being to provide some small incentive to encourage them to attend a class, activity, access an online service, etc.

- **Overall, digital was seen as having a massive role to play in health and care for social prescribing.**
- There was much talk of the need for digital solutions to be responsive to the needs to each social prescribing project, not just to each organisation, to ensure they meet the needs of that particular programme.
- Community/geography management of referrals can help stop things being so piecemeal.
- Some of the more basic digital needs may work best at first, some community workers may not be ready to take on board “snazzier things”.

- **Digital has a big role to play in engaging the more self-motivated.**
- The ability to use the data and intelligence that SP gives you, providing a gap analysis of the needs and how they are met and using data capture to understand the effectiveness of interventions.
- **Most people felt multiple touch points or channels worked best, with a variety of physical and virtual approaches.**
- “Everyone needs a social prescription, not everyone needs a link worker”.
- **“Move quick and start somewhere”.**
- An opportunity to create an eco-system to support organisations engaged in social prescribing digitally, as well as the people of London, including patient empowerment, and including online peer supported communities. London can draw on a body of evidence in this area including evolving patient activation measures work.
- **Potential London wide framework for approved social prescribing software** if a pan London approach is not adopted, and a more local approach is taken.



- **A small but vocal voice for using open source** and open standards on everything, versus commercial, proprietary software.
- **Time credits could provide incentive to build volunteer capacity** and incentivise citizens.
- **For health the co-ordination of the Healthy London Partnership could be very valuable.**
- The presence of Theo Blackwell should be an advantage.
- The presence and evolution of STPs should help to remove barriers and include all organisations.
- **London has a digital first approach to most things**, so it can build on this and lessons learnt elsewhere for social prescribing.
- NHS 111 might be used. Provides a single gateway, a single route to access digital services, and perhaps non-digital services. However, they have no direct booking with GPs, for example, so the quickest route to care is still to visit a GP.

- **New GPsoc framework, GP IT Futures, is in the early stages of looking at social prescribing and social prescribing capabilities**, which links to the work around personal health budgets.
- **NHS England are working on a social prescribing outcomes framework** that is very much in its infancy.
- **Creating standardisation is important** – the Alvaney practice and their social prescription was cited – and linking this to a tariff that means people either don't pay or only pay a reasonable fee for services, rather than having uncontrolled costs that are difficult for commissioners to manage or personal health budgets to cope with. Could social prescribing areas be placed into broad categories, and then a prescription charge be based on those areas, supporting link workers to create packages of care? How we remunerate the VCSE sector fairly for the referrals we make into them was also mentioned - the model used in Rotherham was referred to.



- We've only seen the first wave of digital for social prescribing so far, there is so much more to come.
- Future solutions may be internet based, focused around the citizens rather than organisations.
- **GP centric view is already outdated**, and multiple providers will come to the fore.
- **Social prescribing is for everyone**, not just those traditionally seen to need it.
- **Many spoke of the biggest challenge being identifying and maintaining the content of any online information sources**, around service provision, providers, ensuring it was up to date, had correct details, so people can access easily.

- **Culture was mentioned numerous times as being a huge challenge**, for citizens, but especially amongst professionals.
- Terminology whether in IT terms or social prescribing terms was mentioned, as language differs across sectors (e.g.: patients, clients, customers, consumers, citizens, service users, etc).



### HEADLINES

1. **Develop a multi-year strategy for social prescribing and the digital strategy to support and enable it.**
2. **Create a collaboration of public and private sector partners, with VCSE at the core, including bringing together the strands of various national strategies and policies, across sectors, using digital to deliver widespread social prescribing.**
3. **Create a collaboration of innovative digital partners to work together to deliver a London wide, but locally focused digital solutions, building on existing foundations where appropriate.**
4. **Drive the intelligent usage of data from systems to support funding and commissioning, show improvements and impact for people and provide population health and social insights.**

5. **Use digital to support social prescribing to deliver improved health, wellbeing and quality of life for the citizens of London – and deliver early, positive impacts and celebrate the positive difference digital is and will make to social prescribing.**

### DETAILS

Feedback extracted from interviews, and not repeated verbatim, but designed to give a flavour of the kind of things that were said. Statements may be opinions rather than facts, but we felt the GLA needed to see the kinds of things being said about this area. Highlighting is to emphasise some of the key or interesting points raised.

- **Could London create a framework** that enables the sharing of best practice?
- Culturally, a large cosmopolitan city like London, with a range of communities from many backgrounds, can build on digitals ability to personalise and focus – whether it's utilising messaging services used by younger people or digital services for some communities who may find these easier to access than traditional face to face.



- **A 10-year social prescribing strategy for London**, supported and in part delivered digitally, providing sustainability and longevity.
- **Deliver “pan-London”, people live, work and play in all parts of the city.**
- **Share and pool budgets** to drive collaboration.
- Include social prescribing in all strategies developed around health, social care, VCSE, housing, and other areas including GLA policies.
- **Educate the public as to what social prescribing** is and how it can help them improve, maintain, develop their health and well-being in the widest sense. Aim to make social prescribing acceptable to all, as would any other care pathway be.



- **Create a base for all partners, sectors, etc to collaborate, provide a strong infrastructure for social prescribing**, and ensure that the value to people being referred into social prescribing schemes can be demonstrated publicly, to commissioners and providers and also back to the people engaging in those programmes.
- **People do or should embrace social prescribing, but ultimately it comes down to funding.** How can the GLA play a role in supporting organisations, whether face to face services or real world or corralling other organisations and sectors to do so?
- **London is a key influencer and player, and this report could be defining.**
- **The data generated from social prescribing activity, a great of what already exists stored in silos that are inaccessible in individual organisations, could be used to help manage and improve the populations health across London.**
- London could create a free to use, single source of information, hub to deliver digital solutions to its citizens.
- **The GLA has a key role to play in getting senior level engagement across sectors.**
- **London could aspire to different metrics than those that might be driven by bodies** such as the NHS, centred around “Is this really making people’s lives better?” and asking whether the person themselves feels “better/ happy/improved” etc post a social prescribing intervention.
- **A number of people felt that London had the chance to develop a “funding flow” to support social prescribing** – face to face or digitally – that might marry up with the NHS initiatives around personal care budgets, existing social care personal budgets, enabling the citizen to have greater freedom over where to spend this money, perhaps based on a digital currency, and enabling providers to get paid easily as they would receive the funding “token” when a person turned up for the activity prescribed. In this context, the adoption of new technologies such as cryptocurrency and blockchain was mentioned by a few.
- **London has the chance to create a single strategic and practical approach to social prescribing.**
- **The GLA has a role in bringing all parties together.**
- London can support the mapping of how referrals flow across settings and sectors.
- **Opportunity to align with Health and other strategies being promoted around social prescribing**, but also a need to ensure that some agendas (e.g.: NHS, NHS new outcomes framework) don’t take over and squash local innovation, local measurement, other metrics – it’s much broader than just reducing GP attendances.
- **Important for London to set its vision, goals, objectives and be clear about what it wants to achieve in what timescale** – both in terms of delivering social prescribing and digital support, but the outcomes it wants to see from that.
- **London can take a leadership role nationally and internationally around social prescribing** – value-based commissioning, collaboration across sectors and organisations, setting a London wide framework, citizen engagement, reaching hard to reach populations, connecting information and systems – “Engaging, empowering and retaining people in their health and wellbeing”, removing or reducing complexity, scaling social prescribing for all/more by using digital – 1-1 face to face is not scalable.
- “Transparent digital solutions, where you can get information and connect with people and their communities” – London has the chance to create this, blending face to face supported social prescribing with digital.
- **Critical that London addresses the issue of “cross borough” or “cross CCG” area services**, so people can access the services nearest and best for them, not just where they are directed.

- **Biggest mindset for GLA/ Mayor – “This is a London challenge, not health or local government or VCSE, etc”.**
- **People in London are very mobile** – they live, work and play in different parts of the city, digital can address this. However, this does add complexity as the organisations and systems are different in each place. Professionals also move across these boundaries, so need to be catered for in this.
- A consistent approach across London would be great and ensuring a “quality assurance” process around service and other information made available via various platforms.
- The only way to track people is via digital, so it has to be used.
- Consistency across any initiatives is key and the GLA can play a role in this.
- Linking health and local government systems and processes somehow key, but challenging.
- **Much conversation about the level to “pitch” solutions out, or even the need for multi-layer** – for example, National, London, STP areas (as a proxy), CCGs level (as a proxy), neighbourhoods, etc. This is an interesting challenge and probably key to success, both overall for social prescribing, and digitally.
- **Interoperability is critical, but not just with GP systems.**
- **Significant work done by some to identify populations who could already benefit from social prescribing.** Whilst this may conflict with some views of the more organic nature of social prescribing, it could provide a base to build on, especially for health care to support people through social prescribing journeys that can help them, but also enable commissioners of especially health services, but others could be included, to get a good financial and social return on investment.
- **Support of integrated personal commissioning (personal health budgets).** Connecting people with services, from all sides of the social prescribing space, not just from the GP side.

## Anything else

- A few interviewees did express concern over a potential conflict of interest in the production of this report in relation to Elemental's involvement. We should highlight that the GLA briefing was used, and no trade secrets were requested or divulged. We stressed the independence and integrity of the report production.
- Digital addiction came up in some conversations. Both in terms of excess online or digital usage causing mental health issues and other problems, but also in relation to professionals, especially GPs, where people are using unvetted online resources to then tell the clinicians what is wrong with them (what is often called the "Dr Google" issue).

The "raw" notes from the interviews have all been kept and can be used in the future to draw out specific remarks, comments and ideas, so none of this information will be lost (although it will not be published or included in this report as it is anonymous).



# ANALYSIS OF USING DIGITAL TO ENHANCE AND SUPPORT SOCIAL PRESCRIBING – STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS

It is helpful in looking a digital to enhance and support social prescribing to consider a SWOT analysis. Digital social prescribing and digital to support social prescribing has many strengths – for example the ability to deliver central, validated information, scale social prescribing reach to hundreds of thousands of people and effectively manage referrals across organisation and sector boundaries, things that paper based or immature digital solutions simply cannot not and never will.

There are some weaknesses – for example, a digital skills deficit may slow the pace that digital can be deployed, social exclusion from digital services needs to be considered and the significant task of simplifying

a complex systems and agency landscape may not lend itself to fast, swift digital innovation.

The opportunities for London are clear – establishing London as the Digital Social Prescribing capital of the UK and perhaps further afield, massively scaling up the number of people who can benefit from social prescribing services and of course, overall improving the health, wellbeing, wealth, social value of Londoners and helping to make London an even better place to live, work and play.

Threats include the complexity of the landscape with so many existing IT systems, some of which would be used, some not; so many new solutions to choose from; multiple players and partners; funding challenges and perhaps the key one – a slowness to act.

**We think the opportunities presented to London to become a Digital Social Prescribing capital are significant and are there for the taking. Digital aside, it is about improving the lives of Londoners.**

## STRENGTHS

1. Direct support and access for citizens
2. Scalable digital social prescribing
3. Always available, 24/7 provision
4. Broad range of technologies
5. Managed, central information
6. Single point of entry, single service directory
7. Automated assistants supporting link workers
8. App libraries to support citizens
9. Connected information for professionals
10. Connected systems to support social prescribing
11. Effective referral management
12. Additional capacity and capability to face to face
13. Innovative solutions available to support in many ways

## WEAKNESSES

1. Some people may be excluded
2. Face to face support still needs investment
3. Digital skills may not be adequate for professionals
4. Complex landscape of existing systems
5. Multiple partners need to be engaged
6. Ongoing funding unclear
7. Innovation needs to fit within procurement rules
8. Most vulnerable/needy may not have required digital access
9. Information sharing barriers and privacy concerns
10. May be seen as a way to reduce VCSE funding

## OPPORTUNITIES

1. London to be a Global Digital Social Prescribing Exemplar
2. Enhance and increase social prescribing capacity and scale to reach many new people
3. Significantly improve the digital maturity across London
4. Connected disparate systems, improve referral management for citizens and share information
5. Innovate with new and supportive technologies
6. Bring together multiple partners and simplify landscape, removing barriers
7. Significantly improve the overall well being of Londoners

## THREATS

1. Potential negative impact on face to face services
2. Multiple partners won't work collaborate
3. Vendor market won't collaborate
4. Digital exclusion increases
5. Digital addiction increases
6. Unintended consequences do not deliver desirable social impact
7. Funding is not available to deliver exemplars, blue prints, innovation or sustainable future
8. London takes too long to act, and digital and social prescribing moves on



# NHS AND PRIMARY CARE LANDSCAPING

The NHS have reorganised themselves to promote closer integration both from a technical perspective but also from a patient care/citizen perspective. Whilst the NHS is only part of the social prescribing landscape, it is a key part, a key driver for the link between primary care, especially GPs, and social prescribing providers, and has adopted social prescribing as a key future enabler in its future strategy, including having social prescribing as one of its 10 high impact changes.

**Driving social prescriptions through primary care is a key way for people to access services and offers a significant early impact for any strategy for London.**

Primary Care are already playing a leading role in delivering the Paperless 2020 initiative as well as the requirements of NHS Forward View and the General Practice Forward View (the NHS strategies for the near future). Many GP practices already adopt digital technology and have started to change the culture to accept diverse ways of delivering care such as mobile working and on-line consultations.

Practices are working collaboratively in networks and federations allowing standardisation of processes and services provided.

More broadly, although a multitude of acronyms exist to describe integrated care in the NHS, all areas of England are moving towards more closely aligned working between different providers in the health space, and also starting to increasingly work more closely with social services, care homes and others.

Social prescribing fits perfectly into front line Primary Care allowing clinicians to promote proactive approaches, early intervention and more ownership by citizens to look after their own health and wellbeing. There is also significant scope to support this digitally, and have strong, early impact.



This can also play a key role in reducing costs and improving efficiencies. Prescribing costs and Medicines Management have been under scrutiny for some time and social prescribing is a cost-effective way to deliver alternative care, support existing care arrangements or intervene before longer term conditions bed in.

## London Summary

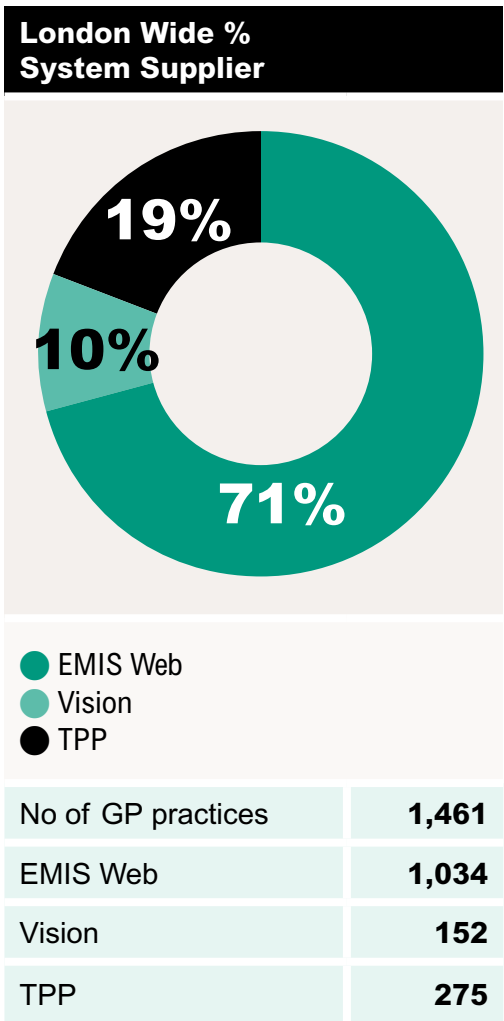
There are 5 Sustainability and Transformation Partnerships (STP's) across London who are collectively working with 31 Clinical Commissioning Groups (CCGs) and 33 Councils. STPs are the de factor model for integrated working in the NHS, dividing the country into 44 regional areas where health and often social care are committed to work together.

Some have been named as Integrated Care Systems (previously Accountable Care Organisations, although for political sensitivities this was changed), an initial 10, who will have pooled budgets and greater autonomy. These are currently being reviewed after various concerns being raised about how these may operate. However, there are a range of other integrated health initiatives including vanguards of recent years, and other joint working.

Each STP has their overarching plan and each STP footprint has 1 (Local Digital Roadmaps) with one exception in London, being East London which has 3 LDRs.

The LDR's feed into the STP plan and exist to deliver the digital and information technology needs of the STP plan. There has been some commentary that some of the STP plans across the country have not always featured digital heavily as one of the channels and drivers to deliver more integrated care.

Although each plan is different there are some common themes of interest around integration, interoperability, digital, NHS Forward View and Paperless 2020, empowering citizens, proactive and preventative solutions, tackling obesity and dealing with medicines management. One LDR specifically mentions the use of social prescribing.



With nearly 1,500 GP practices in London, this accounts for around 20% of English practices.

## North London Summary

The North London STP footprint could be argued to benefit from a 100% single supplier solution, as interoperability between systems in health is still evolving, and although increasing at pace, is not yet universal or as functionally rich as same system solutions.

There is one LDR underpinning the STP which reduces the complexity of objectives and barriers to change.

Although there is no specific reference to social prescribing in either the STP or LDR there is a focus on empowering patients to manage their own health and wellbeing, a focus on prevention and early intervention, which is all part of social prescribing in the broader sense.

### North London Wide % System Supplier



● EMIS Web

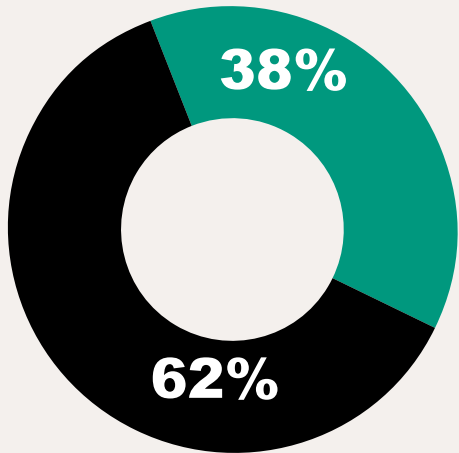
CCGs	No of GP practices
Barnet	69
Camden	39
Enfield	54
Haringey	51
Islington	37

## North West London Summary

The North West London STP is supported by the North West London LDR. Delivery Area 1 of the STP makes specific reference to the utilisation of social prescribing to support everybody playing a part in staying healthy. As part of the Mayor's/GLA digital strategy, alignment with NHS policies and areas where social prescribing is seen as key, could be a way forward for early impact.

North West London has a complex and diverse population and technological footprint but there are a number of CCGs that have single systems across their areas, and this could make for easier integration with other systems.

### North West London Wide % System Supplier



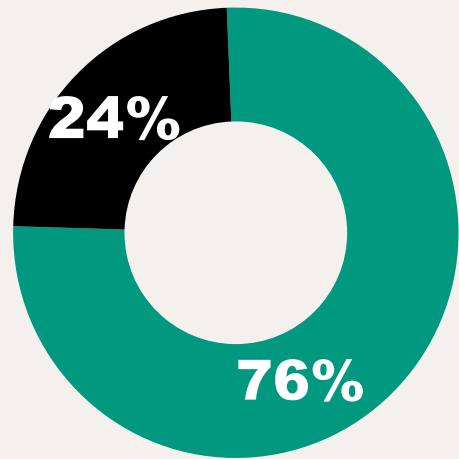
● EMIS Web  
● TPP

CCGs	No of GP practices
Brent	69
Central London (Westminster)	38
Ealing	79
Hammersmith & Fulham	30
Harrow	35
Hillingdon	48
Hounslow	54
West London	52

## South East London Summary

The South East London STP has one LDR feeding into the STP plans with some high-profile trusts involved in the delivery of the STP and LDR. There is mention of social prescribing in the STP plan and their objectives include providing every citizen with services digitally as well as the proactive and early intervention approach to long term conditions such as diabetes. There is an EMIS and Vision in this STP at GP practice system level.

### South East London Wide % System Supplier



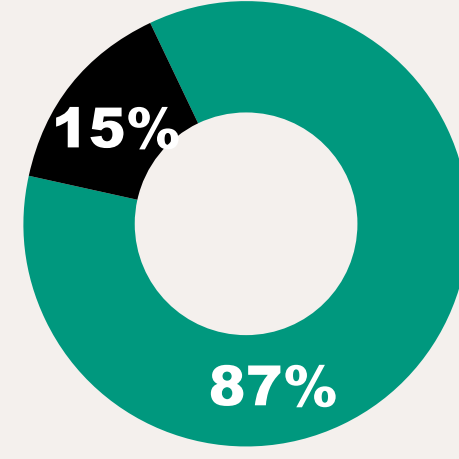
- EMIS Web
- Vision

CCGs	No of GP practices
Bromley	47
Greenwich	45
Lambeth	50
Lewisham	44
Southwark	47
Bexley	24

## South West London Summary

The South West London STP has one LDR feeding into the plan. Social prescribing is mentioned in the STP plan and their plans include digitally enabled self-care, improving their ability to provide proactive care and the technology to support this as well as a focus on obesity.

### South West London Wide % System Supplier



- EMIS Web
- Vision

CCGs	No of GP practices
Croydon	62
Kingston	28
Merton	26
Sutton	28
Wandsworth	46
Richmond	30

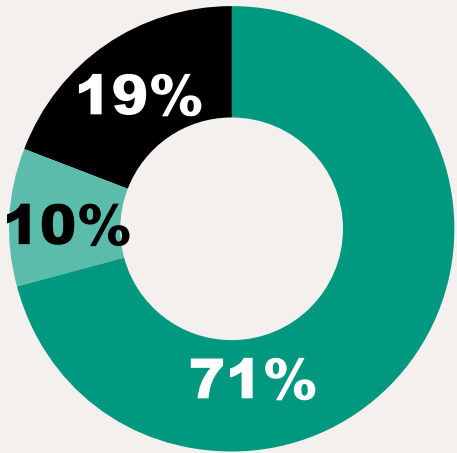


## East London Summary

The East London STP has 3 LDRs feeding into the plan which creates complexities. East London is also one of the most diverse in terms of population and economy.

The 3 LDRs are not the same and none of them mention social prescribing specifically however there is a focus on encouraging self-care and with patients having an active role in their own health and wellbeing and reference in Waltham Forest and East London on Medicines Management which could lead to a focus on prescribing costs.

East London Wide %  
System Supplier



- EMIS Web
- Vision
- TPP

CCGs	No of GP practices
Barking & Dagenham	40
City & Hackney	45
Havering	51
Newham	65
Redbridge	47
Tower Hamlets	36
Waltham Forest	45

# REFERENCES

A range of references have been used to support the creation of this report. These are listed here.

[National Information Board Personalised Health and Care 2020](#)

[Widening Digital Participation Programme](#)

[GLA Strategy for Digital Inclusion \(Mayor of London 2015\)](#)

[Local Digital Roadmap Footprints](#)

[Sustainability and Transformation Partnerships \(STPs\): Improving health and care in practical ways through local collaboration.](#)

[Integrated Care Systems \(ICSs\)](#)

[New Care Models \(Vanguards\)](#)

[Government Transformation Strategy: Policy of moving services to be more online and making them available to the citizen.](#)

Minister for Digital appointed as part of his DCMS portfolio (Matt Hague). Sadiq Khan appointed a Director of Digital last year for London.

[Digital Index](#)

[NHS Forward View](#)

[NHS GP Forward View](#)

[Dot Everyone report](#)

[GDE and fast followers](#)

[VCSE Review](#)

[Orcha Digital Attitude Survey](#)

Knowledge and experience of Elemental and associated consultants.

Interview and workshop feedback from face to face meetings and phone calls.

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