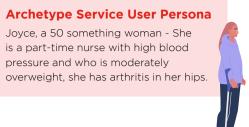
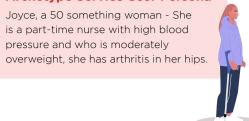
# Activating London | Service Design Blueprint

Join

This is the summary of research into 9 different social prescribing services in London, UK. The findings in this Blueprint represent an amalgamation of processes that can happen within the referrals process but not a representation of how all services work. Central London HealthCare Social Prescribing Service, Wandsworth Social Prescribing Service, EastLondon NHS, Staywell Services, SocialP, Eleanor Nursing and Social Care Ltd, Community Connections, Modality, Healthy Lifestyle Team (HLT)







**Front Stage** 

What happens

People

Info



for physical activity?

that is personalised.

opportunity for physical activity?

Aware

Joyce sees her GP as she is on waiting list for hip operation due to arthritis, but there is long waiting list, preventing her from getting out. The doctor asks to fill in questionnaire (mentioning referral to service provider) and signposts to Local Authority (LA) page for extra help. The Link Worker (LW) follows-up on the questionnaire and works through a plan and talks to her about the options available for referral over the phone (also recommends looking at the LA website

Who makes the user aware of an opportunity

There is a large variety of people who make aware/

refer including General Practitioners (GPs), Nurses,

CAHMS, Pastors/Imams, friends (e.g. from church),

The referrals outline physical activity and individual

goals and may identify a problem, recognising that

Link Workers (LWs) need a route in with individuals

Community Nurses, Occupational Therapists

(OTs), Physios, Youth Workers, School Nurses,

Pharmacists (e.g. within the PCN).



Use

## How does the user join up to a physical

LW has a home visit with Joyce to better understand her situation and to help make referrale ective (Joyce struggles with the computer/phone). She is nervous about first session and doesn't want to take public transport (Covid & hip concerns). The LW organises specialist transport and o ers to come along to her first session to intro Joyce to the session instructor. They talk through what she needs to do and bring

Who helps the user sign up to a physical

The LW, Community Connector or OT goes with the

Service User for the first session and family/friends

LWs, Peer Support Workers can provide buddying

Lifestyle coaches can also be allocated to clients.

support. Individuals will also sign themselves up, e.g.

Up to 2 befriending calls made to encourage the use

can provide support as informal carers.

of services.



#### What is the experience of the first use of the physical activity?

The LW reminds Joyce before sessions to make sure she has the date in her diary and has the things she needs to take. The LW calls before the first week too. They go to the first session together, this helps support Joyce and helps build her confidence when she has met the instructor and discuss her needs. The LW has regular weekly calls for first month to see how it's going. The LW suggests buddying with someone on the arthritis support programme to buddy with who has been involved for a while.

Who is instrumental in the user's first

A call from the LW the day before allowing questions

e.g. do you need support to attend, attending the first

session with them, reminder call/text, instructions for

The LW will also review well-being questions through

motivational interviewing - is the person at the right

Access information (which room classes are taking

changes will be provided by the LW. Notice boards,

In some cases clothing or equipment will be required. Membership loyalty card is provided by the provider

and printed liinks to activity classes/apps are also

place etc) as well as updates on venue or class

the day and phone and internet support to register.

experience of the activity?

offered as well as a checklist.

to encourage repeat attendance.

stage to attend?



Grow

experimentation?

the Service Users is ready.

are developing friendships).

activity providers.

the physical activities?

## How does the user grow into repeated use of

Joyce is given pamphlets on other activities now her mobility is improving slightly and she is keen to socialise more. The LW has check-in calls to review goals and set new ones every three months which helps her to build her confidence and take next steps in her care plan. Joyce's buddy suggests she might want to connect with a local charity to help others, Jovce mentions this to the LW who helps make the connection. In addition to this Joyce is pleased as she is getting vouchers for tea and cake for every block of sessions she attends, and there is a small group of regular attendee peers she likes to meet a er class.

Who builds user loyalty or encourages

It is the responsibility of the Coach, leisure centre staff,

wider support network to support/encourage Service

Users user to continue to attend the classes (or to join

new ones). They do this by using the right language

and making suggestions for new opportunities when

The support of buddies who shared their journey also

encourage loyalty, meaning Service Users are more

likely to continue to attend classes. It provides them

with an additional personal motivation to attend (they

Service Users also have follow-up appointments with

LW every three months to track progress over time.

LWs do less once a person is referred - the regular

contact about classes and attendance is left to

LW. OTs. Nurses review, facilitators, trainer and the

Legacy

#### How does the user benefit from sustained use of the physical activity?

Joyce is working now as a volunteer at a local arthritis charity. Her hip pain is better managed and she has more confidence to leave house and do things. She now spends time helping others going through a similar journey. She has also made new friends in the tea group and they have set up a peer support group. Joyce has also joined two other groups and is doing other things she has always wanted to, like singing in

Who measures the users benefit?

It is the responsibility of the Coach, leisure centre staff, LW, OTs, Nurses review, facilitators, trainer and the wider support network to support/encourage Service Users to continue to attend the classes (or to join new ones). They do this by using the right language and making suggestions for new opportunities when the

Service User is ready. The support of buddies who shared their journey also encourage loyalty, meaning Service Users are more likely to continue to attend classes. It provides them with an additional personal motivation to attend (they are developing friendships)

The Service Users also have follow-up appointments with LW every three months to track progress over time. LWs do less once a person is referred - the regular contact about classes and attendance is left to activity providers.

## What information is generated on the impact

shifts their mindset into a different place "reducing

etc)" or "reducing health inequalities".

Service Users can feel helpless and overwhelmed -

It is key that Service Users actually see and feel the benefits of the activities they are involved with, rather than being told what they should do. This physical health co-morbidities in mental health groups (diabetes type 2, cardiovascular conditions, obesity

The tracking by LW enables people to recognise that they can make a difference to their own lives and have agency in managing their own health and wellbeing. Sometimes they don't recognise they have this control

this tracking is an evidence-based way to show that real change has been made.

### What information sources make the user aware of potential physical activities?

Apps and online resources can be useful (e.g. the NHS Couch to 5K podcasts) and video links (YouTube/ Google) can be sent.

Other sources include a directory of services, search engines, Local Authority (LA) websites, local providers (e.g. GLL), public health comms (via the surgery, ty or website) LWs have local knowledge and keep folders on

groups, community/local social media streams, libraries and children's centres.

There are online databases of activity to which LWs have access (e.g. Elemental). Referrals are made using systems such as EMIS for GPs. Some LWs have attended a London Sport course to

find physical activity resources. There are currently no in-person physical activities available due to the pandemic although there are virtual opportunities to participate.

#### What information sources enable the user to sign up for a physical activity?

Service Users need a range of options in order to ensure they get the right info to lead to the right

Information sources include: social media, websites. telehealth via TV (e.g. at GP surgeries) and specialist orgs such as Age UK. Change4Life. Other lifestyle programmes can prompt sign-up. There are various forms and resources that help

joining e.g. activity form, referral form, Eventbrite, referral websites, online gym forms. OTs help Service Users register for different courses make connections to the LW and relevant social

media groups (e.g. Facebook).

I Ws may need to complete a referral form enables onward referral, such as Elemental. Specific additional details on access support and requirements are needed for those with disabilities.

#### use the physical activity? The LW and the activity provider share information on

What information sources enable the user to

Service Users in an email The LW will also review additional requirements

and adjust referral to consider extra support needs in the referral to ensure the user can engage with the physical activity. Needs include organising an interpreter or making a targeted referral to a bespoke class for a person with a specific conditions/interest e.g. walking football. The users is given the contact details of the person/

org delivering the session and what to expect, directions and pictures of the venue by the LVV. Before joining the class the user receives a personal welcome from the Instructor or Receptionist at the centre that includes an explanation of what to expect and what will happen in this 1:1 consultation. This briefing also covers how bookings are made, photos of staff (where available) and answers any FAQs. This information is all designed to reduce anxiety in the

#### repeat or try new activities? The LW will call the user to get first session feedback,

What information encourages the user to

what didn't feel was right, what could be improved/ can be addressed. Has the participation met personal goals? Adjustments (where needed) to the opportunity are made based

on the feedback where possible The Coaches/Instructors make the effort to get to know the participants and encourage chit chat

between classmates The courses are designed to make it easy for users to sign-up/come back week after week. The more people attend the more they build confidence as classes become routine and something they look forward to -

with peers. Service Users are offered incentives to continue (such as vouchers, free gifts, suggestions of other classes) - 'Something else you might like' to keep people

they are opportunities to share personal experiences

hooked. The LW also provides data feedback to Service Users on their personal achievements to date to motivate them e.g. a 12 week review, positive feedback from GPs or other health changes. They speak to the

Service User every 3 months to review progress.

#### What physical objects aid the user's **Physical** awareness of physical activity?

Local community notice boards, churches, temples, post offices, libraries, children's centres and advertising billboards.

Some Service Users are reluctant to use digital means and struggle to access or use. The phone is used for befriending.

Some want ongoing support from the LW. Many want information in a physical form rather than referrals to online resources. Much that is on offer online is not easily accessible nor easy to print off.

### What physical objects help the user sign up for a physical activity?

Breezie Tablet (like an iPad but targeted at seniors) for which older people can apply to be digitally

Physical provision includes activity taster sessions. activity diaries and activity welcome packs with a variety of contents including timetables, group profiles and numbers, photos, videos, free taster session vouchers, free mats/weights, discounted sessions or pedometers.

Website search activities can discover a site that passes Service Users on to an activity provider and that provides resources e.g. activity goal documents, healthy lifestyle programmes.

Many want information in a format for those who don't have access to the internet.

#### What physical objects help a user perform a physical activity?

A call from the LW the day before allowing questions e.g. do you need support to attend, attending the first session with them, reminder call/text, instructions for the day and phone and internet support to register. The LW will also review well-being questions through motivational interviewing - is the person at the right stage to attend?

Access information (which room classes are taking place etc) as well as updates on venue or class changes will be provided by the LW. Notice boards, and printed liinks to activity classes/apps are also offered as well as a checklist.

In some cases clothing or equipment will be required. Membership loyalty card is provided by the provider to encourage repeat attendance.

#### What physical objects help a user grow into repeated use of a physical activity?

Calls are made by LWs to check-in to make personalised exercise programmes and offer emotional support to Service Users. The calls enable them to track progress with personal goals -including measurements e.g. weight loss, before/after pics, diaries of participants

(height, weight and targets). The sharing of case studies are used by LWs, showcasing services and the impact they have on individuals as benefits of being part of the programme.

The social dimension of the classes is also important - users build new networks of peers and have opportunities to socialise e.g. in the cafe, interacting with Coaches/Instructors, receiving newsletters and joining WhatsApp/Facebook groups to have access to an online community of peers in between classes. Incentives like free cups of tea are important to encourage repeat use of classes. Service Users value rewards for going each week and it gives them something to motivate their return such as biscuits, loyalty stamps, prizes, certificates or even Breezie tablets offered where appropriate to improve their

#### What physical artefacts result from the activity?

People realise the importance of physical activity to their mental health

Social groups arise as part of being involved in physical activity session and this helps with adherence to classes but also sets up new friendship groups, meaning better participation in the community in addition to being involved in physical activity. The engagement with physical activity helps reduce isolation and builds confidence physically and mentally. It enables individuals to become active participants in their communities.



Roles

## **Backstage**

#### Roles How do referral agencies/ physical activity providers make users aware?

Link Workers (LWs) meet with GPs and Practice Staff to inform them about Social Prescribing (SP). LW sends regular email shots to clinical staff. GP/ healthcare professional introduces the idea of a service to the Service User and then uses an SP platform such as EMIS.

This is emailed (securely) to the LW who connects users with a LW operating in the Healthy Lifestyles Team (HLT), who makes a plan, flags the best way to signpost and contacts the user.

LWs send links to organisations that are providing relevant activities - there is an holistic approach taken in order to build trust and discover barriers. SPs can also make referrals over phone and some info passed on by hand (e.g. supporting info for classes). Medical information has to be provided by GP. Community Connectors link up with services and ways to use them

#### How do referral agencies/ physical activity providers help sign-up?

The LW contacts a physical activity provider (provider) to learn about the service available and determine how and what is available relative to the

users needs and condition. There is a conversation between the LW and health professional re the suitability of activity (with patient The LW identifies suitable opportunities. Service Users

are encouraged to sign up themselves, although the LW will support the user over the phone to help them sign-up if they are not online. LWs also help plan the specific route someone would

need to take - e.g. finding bus routes and printing out Platforms encourage provider to enter referral criteria and there is a common standard referral form. LWs contact user and log the case notes in the SP

platform.

#### Which referral agencies/ physical activity providers help first use?

LW (mostly within HLT) connect users with established exercise classes and referral programmes. LW fills in Physical Activity Readiness Questionnaire (PARQ).

The LWs are regularly in contact with users in the early stages of the process (weekly calls and contact) and they give feedback to both the Service Users and

plan and goals over 12 week programme. Receptionist for provider will fill in ONS (Office for National Statistics) questions on wellbeing, the referral and

(which helps allay fear) and organises pick-up service for user if needed. The provider and LW support usership - especially for specialist classes. To encourage repeat attendance, the provider will make connections to established friendly users. This is captured by the LW in the SP platform and emailed (e.g. using EMIS) back to GP.

#### How do stakeholders help users grow into repeated use of physical activities?

digital access.

The provider encourages continued participation from Service Users by providing low-cost alternative o ers. They will also respond to feedback provided by the LW to meet Service User needs

The provider will o en o er social facilities such a cafes and other activities such as loyalty offers. There is an agreed follow-up with the user, supported by ongoing communication with the health coordinator by the LW. There are regular reviews

every 3 months with Service User. There are opportunities for ongoing social interaction amongst peers outside classes such as WhatsApp groups (with consent). Participating Service Users

opportunities to connect with volunteers from specific groups.

#### How do stakeholders amplify the use of physical activities?

There are additional opportunities for Service Users to productively use their experience in classes to connect with others such as informal buddying /

volunteer support. There are also opportunities for Service Users to connect with peer networks through WhatsApp groups or volunteer networks and this enables individuals to share personal stories with peer support

groups. Such information can also be used by LWs to support others and some build mailing lists. The feedback from LWs and users builds an evidence

base to secure funding.

### Rules

#### What are the comms rules and constraints for agencies and providers?

Criteria around SP are set by recommendations from the health practitioner in a letter concerning the Service User's ability to do physical activity and/or referral criteria.

SP asks for a Physical Activity Readiness

and collect data on locality, age, condition.

Questionnaire (PARQ) form, gets permission from GP (to safeguard health) and asks Service Users for Some sessions delivered are condition specific and therefore may require additional diagnosis. SPs act as gatekeepers on personal info (photos etc)

Consent is required to pass information between There is always a follow-up to check user has heard from the physical activity provider

Cost can be an issue for referrals as many Service Users can't afford to pay for classes once funded places stop.

#### What tools are used to make users aware of physical activities?

LWs use a mix of tools and systems including: SP platforms that integrate with Local Authority (LA) directories of services; spreadsheets; word documents (arranged by neighbourhood) including day, time, transport, accessibility, summary of what the activity

Signposting happens over the phone and hard copies of documents are often printed.

#### What are the recruitment rules and constraints for agencies and providers?

For the Service Users, there needs to be written consent in the PARQ form. This may be used by LWs to determine suitability for exercise. Much depends on what services are on offer.

The LW matches activities to health conditions although the choice of opportunities is often limited. LWs will often refer to activities delivered by providers they trust, as a proxy for being accredited and safe Platforms can offer a 'readiness questionnaire' to guide the choice of activities - both from a health and motivational point of view as LWs encourage the

LWs complete monitoring information e.g. using

Service User to take responsibility.

ONS4 (Office for National Statistics Wellbeing Survey) and PAM (Patient Activation Measure) stored in the SP Platform Providers check that due diligence is in place and

sometimes look for and record evidence of impact. They also ensure health and safety, risk assessment, insurance, qualifications of provider staff. There are sometimes issues with matching activity timings to blocks of classes. Covid-19 has seen a lowered attendance to classes.

## physical activities?

and Views (monitoring and evaluation).

Registers are taken at activities - there is often no pre-

booking facility. LWs need to manage issues of digital exclusion e.g. using video calling (e.g. Zoom) to complete forms with Service Users.

Some LWs have a quality assurance form for referral services and to monitor numbers referred etc. LWs often provide extra support to users with links to NHS videos or other resources and can use incentives such as memberships.

## GLL Healthwise - 1:1 meetings before session - build

what is wanted from the class (using CRM, by hand or over phone). LW will go along to the activity, talk on the phone

What are the constraints and best practice for

The LW has a number of due diligence checks they

need to go through with a user including matching

referral criteria, completing PARQ to monitor risks of

referrals against health conditions, a registration form

for Service Users to complete before and after classes

There are compliance checks against providers before

to collect lots of data: Demographics, barriers, goals,

It is important that Service Users are not struck off

referrals are made to ensure the suitability of the

provider these include: liability insurance, first aid,

DBS checks, governance, policies, the recruitment

impact of their delivery and ability to deliver against

processes of providers and/or their Coaches, the

There may also be additional checks vetting the

appropriateness of organisations for higher need

using a physical activity?

urrent status, consent for contact

courses or classes if they miss a session.

Service User:

Provider:

NHS guidelines.

Service User referrals

### What rules or conventions help the user grow into more or di erent activities?

## **Service User:**

The LW collects feedback on the user (e.g. how they are progressing against agreed targets) and their engagement with a physical activity. The LW will offer stepping stones after an activity goal review to encourage theuser to move on to the next stage in their development e.g. free access to the gym for 3 nonths. The criteria of such offers are detern age and condition.

Goal diaries may be reviewed with other specialists

e.g. a Nutritionist It is important that all information collected about Service Users complies with GDPR standards ensuring there are clear guidance about what is collected/by whom/with what consent.

Provider: LWs will provide positive and negative feedback to providers by phone. Typically they will discuss serious issues face to face (LWs may not endorse the

organisation if there are serious concerns raised by

former class attendees).

#### What rules or constraints exist for a lasting legacy?

The LW typically has to manage and track communications and mark progress. There is certain Service Users information that they are only allowed to keep for a certain length of time. It is important that progress forward is not seen as the only benchmark of success. For many with long term conditions, maintaining a level of health or fitness is enough of a mark of suc

**Tools** 

Wellbeing maps can also be used.

## What tools are used to help users sign up to

A mix of systems are used to help sign-ups, some using appropriate referral forms. LWs often use platforms to simplify the process of making referrals. They may use various internal and external systems such as Use Dimensions (bookings)

## What tools help first use?

The LW and instructor must assess the individual level and readiness and the instructor offers suitable exercise options - most LWs will have their own lists or search for suitable referral organisations. Some providers have their own assessment processes for users. LWs use other comms channels with Service Users (email, phone and post) as appropriate. LWs provide users with 'patient packs' which include diet advice timetables etc.

They often have to manually go through lists to see who has actually attended. They will go through statistics on turn ups/drop outs, the instructor will call Service Users before sessions, and text message is sent to the Service User via the local surgery. There is ongoing communication between the provider and

LWs manage lists of people who have been referred.

Zoom is used by some organisations to deliver classes. Providers offer opportunities to connect users with their peers via WhatsApp. Covid has disrupted much of the face to face work.

(emails/calls) some use SP platform to manage.

#### What tools help the user repeat or try new activities?

LWs organise one to one conversations including wellbeing checks before and after a class. They will also have a follow-up call 8 weeks later. They will also aim to get feedback in ways that suit Service Users (considering digital exclusion).

Service Users receive information about onging and new classes via print/social/digital media (in accessible formats). They are also able to receive automated email alerts when activities are reactivated by certain providers. Additionally there is additional support on offer to

interested users via social media apps associated with activities.

In some cases provider use SP platforms to manage participation tracking and link incentives, signposting other services that may apply such as open day

### What tools are needed to ensure a lasting legacy of the service?

LWs will track the progress of individuals. To achieve the objectives to support change in individuals they undertake before and after surveys (e.g. Mailchimp). The aim is demonstrate the journey travelled and to produce case studies for comms activities both to commissioners and to the public using this data. This helps underline the successes and achievements in individuals showing transitions to, for example, volunteering and employment gives purpose to the whole process.

Using digital platforms to track information (where possible). The aim is to be able to show the proof of impact

relative to local objectives - SROI (social return on investment) and the achievement of contractual targets to demonstrate the transfer of workload from primary/secondary care via SP. The impact work is supported by internal and external comms activity.

LWs now have access to resources they didn't prior to Covid-19, due to the global reliance on video-based interactions.