# 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)

**Archetype Service User Persona** Joyce, a 50 something woman - She is a part-time nurse with high blood pressure and who is moderately overweight, she has arthritis in her hips.

Aware

User Journey



How does the user become aware of an opportunity for physical activity?

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 for ideas).

## How does the user join up to a physical activity?

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 with her.

What is the experience of the first use of the

The LW reminds Joyce before sessions to make sure

she has the date in her diary and has the things she

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

needs to take. The LW calls before the first week

## Grow

the physical activities?





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 a local choir

**Front Stage** 

People

What happens

Who makes the user aware of an opportunity for physical activity?

There is a large variety of people who make aware/ refer including General Practitioners (GPs), Nurses, Community Nurses, Occupational Therapists (OTs), Physios, Youth Workers, School Nurses, CAHMS, Pastors/Imams, friends (e.g. from church), Pharmacists (e.g. within the PCN). The referrals outline physical activity and individual

goals and may identify a problem, recognising that Link Workers (LWs) need a route in with individuals that is personalised.

## Who helps the user sign up to a physical activity?

The LW, Community Connector or OT goes with the Service User for the first session and family/friends can provide support as informal carers. LWs, Peer Support Workers can provide buddying support. Individuals will also sign themselves up, e.g. in day centres

Lifestyle coaches can also be allocated to clients. Up to 2 befriending calls made to encourage the use of services.

## Who is instrumental in the user's first experience of the activity?

who has been involved for a while.

Use

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.

## Who builds user loyalty or encourages experimentation?

It is the responsibility of the Coach, leisure centre staff, I.W. OTs. Nurses review, facilitators, trainer and the 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 Service Users is ready.

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

in her care plan. Joyce's buddy suggests she might

want to connect with a local charity to help others,

Joyce mentions this to the LW who helps make the

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.

connection. In addition to this Joyce is pleased as she

helps her to build her confidence and take next steps

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).

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.

### Who measures the users benefit?

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## What information is generated on the impact for users?

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 shifts their mindset into a different place "reducing physical health co-morbidities in mental health groups (diabetes type 2, cardiovascular conditions, obesity etc)" or "reducing health inequalities". 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 at the stage of being prescribed

Service Users can feel helpless and overwhelmed -

real change has been made.

activity?

this tracking is an evidence-based way to show that

## 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, tv 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

## 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 outcome.

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

## What information sources enable the user to use the physical activity?

The LW and the activity provider share information on 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,

## What information encourages the user to repeat or try new activities?

The LW will call the user to get first session feedback, 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 they are opportunities to share personal experiences with peers.

Info

Physical

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 physical objects aid the user's

post offices, libraries, children's centres and

Some want ongoing support from the LW.

Local community notice boards, churches, temples,

Some Service Users are reluctant to use digital means

and struggle to access or use. The phone is used for

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.

awareness of physical activity?

advertising billboards.

befriending.

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.

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 user

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

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.

What physical artefacts result from the

The engagement with physical activity helps reduce isolation and builds confidence physically and mentally. It enables individuals to become active participants in their communities.

## Backstage

Roles

Rules

Tools

Roles How do referral agencies/ physical activity providers make users aware?	How do referral agencies/ physical activity providers help sign-up?
Link Workers (LWs) meet with GPs and Practice Staff to inform them about Social Prescribing (SP).	The LW contacts a physical activity provider (provider) to learn about the service available and
LW sends regular email shots to clinical staff. GP/ healthcare professional introduces the idea of a	determine how and what is available relative to the users needs and condition.

service to the Service User and then uses an SP There is a conversation between the LW and health platform such as EMIS professional re the suitability of activity (with patient consent). This is emailed (securely) to the LW who connects The LW identifies suitable opportunities. Service Users users with a LW operating in the Healthy Lifestyles Team (HLT) , who makes a plan, flags the best way to are encouraged to sign up themselves, although the signpost and contacts the user. LW will support the user over the phone to help them sign-up if they are not online. LWs send links to organisations that are providing relevant activities - there is an holistic approach taken LWs also help plan the specific route someone would in order to build trust and discover barriers. SPs can need to take - e.g. finding bus routes and printing out also make referrals over phone and some info passed a map. on by hand (e.g. supporting info for classes). Platforms encourage provider to enter referral criteria

Medical information has to be provided by GP. Community Connectors link up with services and ways to use them

## 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 included.

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.

## 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 also can be o ered opportunities to connect with volunteers from specific

groups.

## physical activities?

How do stakeholders amplify the use of

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.

# emailed (e.g. using EMIS) back to GP.

## What are the constraints and best practice for using a physical activity?

### Service User:

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

classes. Providers offer opportunities to connect users

Covid has disrupted much of the face to face work.

with their peers via WhatsApp.

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

## 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

## What are the comms rules and constraints for

platform

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 Questionnaire (PARQ) form, gets permission from GP (to safeguard health) and asks Service Users for

agencies and providers?

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

and there is a common standard referral form.

LWs contact user and log the case notes in the SP

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

## (which helps allay fear) and organises pick-up service for user if needed. The provider and LW

established exercise classes and referral programmes. LW fills in Physical Activity Readiness Questionnaire (PARQ).

Which referral agencies/ physical activity

provider

GLL Healthwise - 1:1 meetings before session - build plan and goals over 12 week programme. Receptionist for provider will fill in ONS (Office for National Statistics) questions on wellbeing, the referral and what is wanted from the class (using CRM, by hand or

LW will go along to the activity, talk on the phone 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

## LW (mostly within HLT) connect users with ne how and what is available relative to the

providers help first use?

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

over phone).

		Evis will often refer to detivities delivered by providers	to concer fors of data. Derhographies, barriers, goals,	their development e.g. nee decess to the gymnor 5	conditions, maintaining a level of nearth of miness is
	patient consent to share info.	they trust, as a proxy for being accredited and safe.	current status, consent for contact.	months. The criteria of such offers are determined by	enough of a mark of success.
	Some sessions delivered are condition specific and	Platforms can offer a 'readiness questionnaire' to	It is important that Service Users are not struck off	age and condition.	
	therefore may require additional diagnosis.	guide the choice of activities - both from a health	courses or classes if they miss a session.	Goal diaries may be reviewed with other specialists	
	SPs act as gatekeepers on personal info (photos etc)	and motivational point of view as LWs encourage the	Provider:	e.g. a Nutritionist.	
	and collect data on locality, age, condition.	Service User to take responsibility.	There are compliance checks against providers before	It is important that all information collected about	
	Consent is required to pass information between	LWs complete monitoring information e.g. using	referrals are made to ensure the suitability of the	Service Users complies with GDPR standards ensuring	
	internal teams.	ONS4 (Office for National Statistics Wellbeing Survey)	provider these include: liability insurance, first aid,	there are clear guidance about what is collected/by	
	There is always a follow-up to check user has heard	and PAM (Patient Activation Measure) stored in the	DBS checks, governance, policies, the recruitment	whom/with what consent.	
	from the physical activity provider	SP Platform.	processes of providers and/or their Coaches, the	Provider:	
	(provider).	Providers check that due diligence is in place and	impact of their delivery and ability to deliver against	LWs will provide positive and negative feedback	
	Cost can be an issue for referrals as many Service	sometimes look for and record evidence of impact.	NHS guidelines.	to providers by phone. Typically they will discuss	
	Users can't afford to pay for classes once funded	They also ensure health and safety, risk assessment,	There may also be additional checks vetting the	serious issues face to face (LWs may not endorse the	
	places stop.	insurance, qualifications of provider staff.	appropriateness of organisations for higher need	organisation if there are serious concerns raised by	
		There are sometimes issues with matching activity	Service User referrals	former class attendees).	
		timings to blocks of classes.			
		Covid-19 has seen a lowered attendance to classes.			
	What tools are used to make users aware of physical activities?	What tools are used to help users sign up to physical activities?	What tools help first use?	What tools help the user repeat or try new activities?	What tools are needed to ensure a lasting legacy of the service?
		physical activities:		activities:	
	LWs use a mix of tools and systems including: SP	A mix of systems are used to help sign-ups, some	The LW and instructor must assess the individual	LWs organise one to one conversations including	LWs will track the progress of individuals. To achieve
	platforms that integrate with Local Authority (LA)	using appropriate referral forms.	level and readiness and the instructor offers suitable	wellbeing checks before and after a class. They will	the objectives to support change in individuals they
	directories of services; spreadsheets; word documents	LWs often use platforms to simplify the process of	exercise options - most LWs will have their own lists	also have a follow-up call 8 weeks later. They will also	undertake before and after surveys (e.g. Mailchimp).
	(arranged by neighbourhood) including day, time,	making referrals. They may use various internal and	or search for suitable referral organisations. Some	aim to get feedback in ways that suit Service Users	The aim is demonstrate the journey travelled and
	transport, accessibility, summary of what the activity	external systems such as Use Dimensions (bookings)	providers have their own assessment processes for	(considering digital exclusion).	to produce case studies for comms activities both
	is like.	and Views (monitoring and evaluation).	users. LWs use other comms channels with Service	Service Users receive information about onging	to commissioners and to the public using this data.
	Wellbeing maps can also be used.	Registers are taken at activities - there is often no pre-	Users (email, phone and post) as appropriate.	and new classes via print/social/digital media (in	This helps underline the successes and achievements in individuals showing transitions to, for example,
	Signposting happens over the phone and hard copies	booking facility.	LWs provide users with 'patient packs' which include	accessible formats). They are also able to receive	volunteering and employment gives purpose to the
	of documents are often printed.	LWs need to manage issues of digital exclusion e.g.	diet advice, timetables etc.	automated email alerts when activities are reactivated	whole process.
		using video calling (e.g. Zoom) to complete forms	LWs manage lists of people who have been referred.	by certain providers.	Using digital platforms to track information (where
		with Service Users.	They often have to manually go through lists to see	Additionally there is additional support on offer to interested users via social media apps associated with	possible).
		Some LWs have a quality assurance form for referral	who has actually attended. They will go through statistics on turn ups/drop outs, the instructor will	activities.	The aim is to be able to show the proof of impact
		services and to monitor numbers referred etc.	call Service Users before sessions, and text message		relative to local objectives - SROI (social return on
		LWs often provide extra support to users with links to	is sent to the Service User via the local surgery. There	In some cases provider use SP platforms to manage participation tracking and link incentives, signposting	investment) and the achievement of contractual
		NHS videos or other resources and can use incentives	is ongoing communication between the provider and	other services that may apply such as open day	targets to demonstrate the transfer of workload from
		such as memberships.	LW	events.	primary/secondary care via SP.
			(emails/calls) some use SP platform to manage.		The impact work is supported by internal and external
			Zoom is used by some organisations to deliver		comms activity.

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