

# How to introduce a social prescribing champion model and/or a digital platform to support your social prescribing offer

[healthinnovationnetwork.com](http://healthinnovationnetwork.com)

This report has been developed in conjunction with:  
NHS Merton CCG  
NHS Wandsworth CCG

**HealthUnlocked**



Health  
Innovation  
Network  
South London

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# Acknowledgement and Notices

## About the Health Innovation Network

The Health Innovation Network (HIN) is the Academic Health Science Network (AHSN) for South London, one of 15 AHSNs across England. It connects academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry in South London with the objective of accelerating the spread and adoption of evidence-based innovations and best practice across large populations. We focus on some major areas of improvement and key local clinical priorities (e.g. diabetes, musculoskeletal) and innovation themes (e.g. digital health) identified by our members. The HIN is hosted by Guy's and St Thomas' NHS Foundation Trust and based at London Bridge but we work locally, regionally and nationally.

More information about us and our work can be found here

<https://healthinnovationnetwork.com/>

## About HealthUnlocked

HealthUnlocked is an established, scaled online patient-centred self-care platform.

Through established partnerships with over 250 patient organisations, it brings experience of scalable peer support, that is more accessible to all patients. This means as well as local face-to-face peer support patients can access online local and national peer support 24/7.

Used by over 12 million people a year across the UK, it has integrated into NHS Choices since 2012 and is being supported by NHS England's Innovation Accelerator led by Bruce Keogh and supported by the 15 AHSNs.

## About Healthy London Partnership

Healthy London Partnership formed in 2015. Our aim is to make London the healthiest global city by working with partners to improve Londoners' health and well-being, so everyone can live healthier lives.

Our partners are many and include the NHS in London (Clinical Commissioning Groups, Health Education England, NHS England, NHS Digital, NHS Improvement, trusts and providers), the Greater London Authority, the Mayor of London, Public Health England and London Councils.

All our work is founded on common goals set out in [Better Health for London](#), [NHS Five Year Forward View](#) and the [Devolution Agreement](#).

## Acknowledgements

The Health Innovation Network would like to thank those whose insights contributed to the creation of this guide, including staff from Merton and Wandsworth CCG, Local Authority and Healthy London Partnership. The Health Innovation Network would also like to thank Healthy London Partnership for commissioning this report.

# Introduction

Social prescribing is gathering momentum. It is seen as an important function not only in keeping people physically and mentally well but also as part of the wider prevention strategy. Social prescribing is a way to support our communities, helping them to look after one another by considering all determinants of being and staying well. However, it is no easy challenge. The way we live our lives is changing, including the way we access information and services. New innovations must recognise this challenge and adapt to find solutions that encourage people to take control of their lives and become healthier, more active and more engaged with their community and to do so in a setting that is acceptable and accessible to them.

Amongst the many approaches to social prescribing that have been tested, there is a growing interest in the use of digital technology to support not only those delivering, but also those receiving, social prescribing. By using digital technology to support social prescribing initiatives, health, social care and voluntary organisations can join up all their sources of support, enabling health and social care professionals to have an up to date knowledge of available services, be able to easily refer individuals to activities and monitor the impact on the wider system.

The challenges faced by our health and social care services are well documented. There is a growing funding gap which is estimated to reach £30 billion by 2020 and a disparity between the demand for services and our ability to meet it. We need to think differently about how and where care is delivered, as well as who is delivering it. Volunteers and the voluntary sector are invaluable assets to our communities. They are trusted members of our society who already provide a host of services and activities that support individuals to live happier, healthier lives.

The HIN in partnership with Merton, Wandsworth and digital health company HealthUnlocked developed and delivered a pilot project to build on the existing social prescribing projects in the two boroughs and explored how volunteers can be recruited and supported to use digital health solutions to support social prescribing activities. We wanted to make social prescribing more widely available and sustainable and to find a model that would be scalable to other areas. Based on our experience of delivering this project and our learning through an evaluation we have developed this 'How to' guide. For more information about the projects aims and outcomes please see our full evaluation report ([Link](#))

## How to use this guide

This guide aims to give insight, support and practical tips to anyone wishing to implement a social prescribing intervention that is looking to:

- work with the voluntary and/or primary care workforce to identify people who can become social prescribing champions.
- implement a digital platform to support social prescribing activity.

The information in this guide can support areas with an existing social prescribing function within primary care as well as areas who are aiming to develop a wide-reaching social prescribing offer which could then be built upon in the future to include a primary care model such as those with a care navigator or link worker.

## Overview of the sections in the guide

### 1. Background and rationale

Information on the background of social prescribing and consideration for developing your rationale

### 2. Developing a social prescribing champion model

How you can maximise your workforce to recruit social prescribing champions

### 3. Considering a digital platform

Supporting social prescribing in your area with a digital platform

### 4. Our model of care

An overview of the Wandsworth and Merton project

### 5. Top tips and useful documents

Tools to help with implementation of social prescribing in your area

## What is Social Prescribing?

NHS England describes Social Prescribing as “helping patients to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the council or a local charity.” Community services could range from art classes to walking clubs or support groups. Social Prescribing enables health care professionals to refer people to a range of non-clinical support, often via a link worker who understands what is available in the community for a social prescription. It is intended to help people to have more control over their lives, avoiding them becoming trapped in a ‘revolving door’ of services.

Typically, Social Prescribing has been delivered in primary care through a link worker or navigator and Social Prescribing interventions focus on providing intensive support for people with the most complex health and care needs. However, Social Prescribing and link workers are not available in all GP surgeries and are often over-burdened when they are.

Social Prescribing is particularly useful for people who:

- Are lonely or isolated
- Have long-term conditions
- Use the NHS the most
- Have mental health needs
- Struggle to engage with services
- Have wider social issues e.g. debt, housing problems, employability issues, relationship problems
- Are carers

When this type of activity is delivered there are many different names or terms used to describe it, such as a ‘Social Prescribing connector scheme’ or ‘link worker model’.

## Policy Background

The five year forward view estimated there would be a £30 billion funding gap by 2020, suggesting that developing innovative approaches to delivering healthcare was integral to the long-term future of the National Health Service (NHS). The report highlighted the need to support people more holistically, linking health with social care and other support needs, and ensuring that there is a focus on prevention and early intervention.

Additionally, in 2016 NHS England published the General Practice forward View which set out ambitious plans to reduce workload, expand the wider workforce, invest in technology and estates and develop a national programme to speed up transformation of services in primary care. The report highlights several ways in which social prescribing can be used to achieve these ambitions.

In November 2018 Health London Partnership published the Next steps to the Strategic Commissioning Framework. This document sets out the London vision for strengthening collaboration within general practice with an aim to move towards more collaborative, at scale working with practices encouraged to consider new models of care to support sustainability and improved care delivery, Social Prescribing is anticipated to be a key feature of these new models.

Finally, the Mayor of London, Sadiq Khan has shown a firm commitment to supporting social prescribing. The Mayor 'will champion the work of NHS GPs and other frontline healthcare professionals to help people of all ages find social, emotional or practical solutions to improve their health and wellbeing'. He believes this will help address health inequalities across London.

Each of these strategies recognises the importance of utilising community assets to support people to live healthier lives. Community assets include the voluntary sectors, patient advocacy groups as well as patients themselves. Social prescribing interventions which utilise community assets and digital solutions widen access to social prescribing support, increasing the number of people who can benefit.

Further information about social prescribing can be found on the Healthy London Partnership Social Prescribing and self-care wiki [page](#).



# Background and Rationale

## Is a Social Prescribing champions model right for your locality?

The model below describes the different types of social prescribing provision. This model may help you understand if a social prescribing champions model and/or a digital platform would help improve the access and reach of social prescribing in your area. Each section of the pyramid is described in more detail below. The King's Fund expands on this model further, providing more detail and clarity at each of the levels of the pyramid. The full report can be found [here](#).

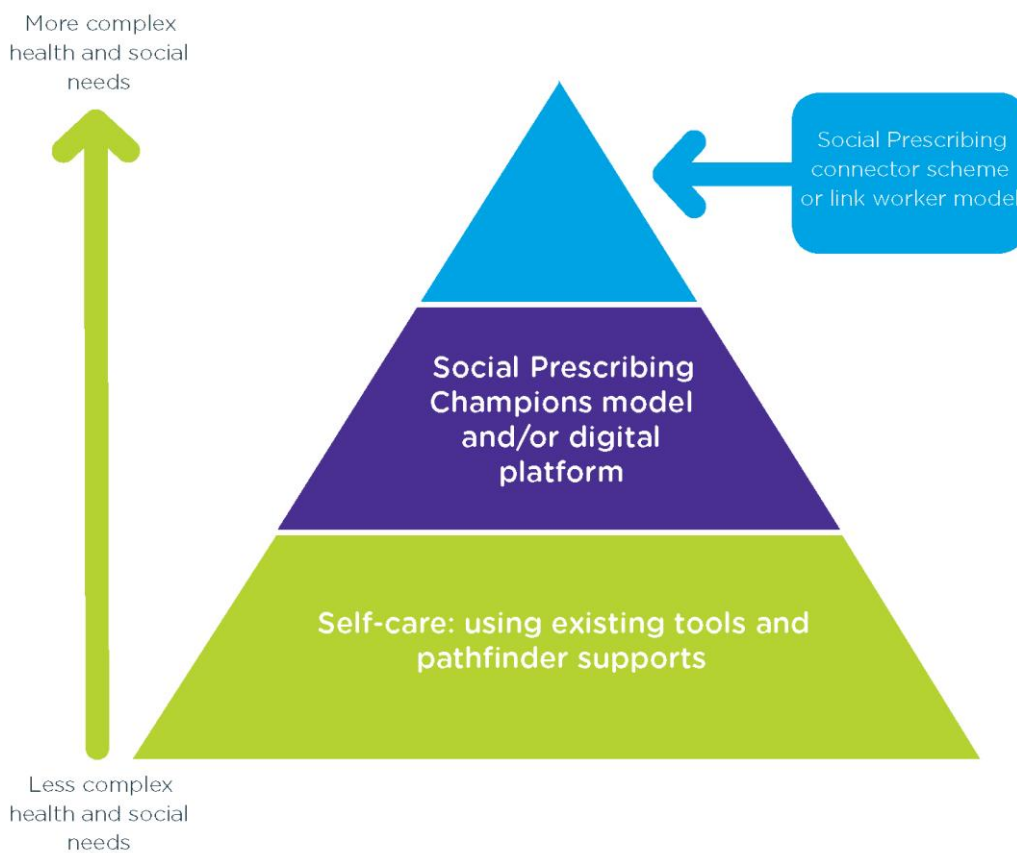


Figure 1: The different types of social prescribing provision.

### Social prescribing connector scheme or link worker models

In many localities there will be existing social prescribing schemes, often housed within GP practices. These schemes are targeted towards supporting people with the most complex health and/or social needs. Often people may become frequent attenders at the GP practice as a result of not receiving the support they require from statutory services to fully address their needs. These schemes often involve a link worker or community navigator who offers a series of face-to-face consultations. The primary aim of these social prescribing services is to support people to access community and voluntary groups that support them to stay connected and well, reducing the need for higher need statutory services.

This can reduce the need for care as well as help reduce GP consultations, Accident and Emergency (A&E) visits and referrals to secondary care. These schemes are represented as the top level of the pyramid in figure one.

#### **Social prescribing champions model and/or digital platform**

However, there are many more people, often with less complex health and/or social needs who would benefit from social prescribing. These people may fall outside of the referral criteria of typical link worker or navigator models within primary and secondary care, for example they may not have a long-term condition, or they do not meet the age criteria of that scheme. Additionally, they may not engage with statutory services such as the GP, hospital or Local Authority to access health and care support and therefore are unlikely to be referred into an existing social prescribing scheme. By engaging and training volunteers, voluntary sector staff and staff within GP practices such as healthcare assistants and receptionists, access to, and provision of, social prescribing could be increased significantly. They are shown as 'social prescribing champions model' in figure one.

#### **Self-care: using existing tools or pathfinder support**

Within our communities there will be several people who will not require dedicated support to access social prescribing. They will be able to access community assets and services using existing tools or pathfinder support. They are described as 'self-care: using existing tools or pathfinder support' in figure one.

A digital platform may be helpful in supporting activities at each level of the pyramid.

In our project, we wanted to support the existing social prescribing services by increasing the offer in the middle section of the pyramid. The aim was to help people to take control of their own health and wellbeing before developing more complex health and social needs. To help us achieve this we recruited 'social prescribing champions' (hereafter 'champions'), however you may wish to choose a different name for those undertaking the social prescribing role in your area.

# Developing a Social Prescribing Champion Model

## Adding support to current workforce

As previously described health and care services across the UK are facing huge challenges to meet the weight of demand, often with less resources than ever before. Additionally, the way people wish to access services is changing. People want to be able to access information and support in a setting that is convenient and familiar to them, delivered by people they trust. As the needs of our population changes, we need to think innovatively about how we can maximise our communities to support people better.

Within our communities there are many people who are working in roles to support others within their community; they are already working within the health, care or voluntary sector either as volunteers or paid employees. These individuals are an extremely important and valuable community asset. They often have extensive knowledge, skills and expertise in working with and supporting people to reach their goals and change behaviours. Even though they might not recognise their activities as social prescribing they are often undertaking activities associated with social prescribing, such as sign-posting patients to other services within the community or conducting needs assessments.

## Encouraging people from the current workforce to become a social prescribing champion

Several different techniques can be used to encourage people to become social prescribing champions. Engagement with your local stakeholders will help you to decide which are the most appropriate options for your local area. Where possible, it is helpful to use local social prescribing navigators, link workers or clinical leads to help disseminate the message and encourage uptake as they are often seen as a credible and trustworthy source. If you do not have an existing social prescribing scheme there are many other options available. Such as:

- Seeking support from the local council for voluntary services (CVS)
- Promoting on volunteering websites
- Newsletters or information emails which can be sent to GP practice managers for dissemination.
- Presenting at appropriate local events such as Community Education Provider Network events for non-clinical staff.

### **What are the challenges of recruiting social prescribing champions from the current workforce?**

- Champions already have an existing role which may reduce the amount of time they are able to dedicate to social prescribing activities
- Champions will require support from their managers to facilitate their participation in training and ongoing social prescribing activity.
- The number and type of clients accessing social prescribing may be limited by the activities of the organisation the champion works for.

## **Beyond the current workforce**

Beyond the groups described above, there are other people from the wider system who with support and training could also support the social prescribing agenda.

They may be:

- Representatives from local Patient Participant Groups (PPG)
- Employees of local businesses
- New volunteers that are not currently working for a voluntary sector organisation

### **What are the challenges associated with recruiting new volunteers?**

If you are considering recruiting new volunteers who are not already working in an existing organisation and will not be joining an existing organisation before undertaking social prescribing activities, you will need to consider the following:

- To recruit volunteers, induct/train and provide ongoing management requires a significant financial and time investment.
- Before starting their role, volunteers would need to undertake police checks such as disclosure and barring service (DBS).
- There will need to be a clear pathway in place for volunteers to be able to raise a safeguarding concern appropriately.

#### **Top tip:**

**If volunteers are recruited as champions from an existing role or organisation it is helpful to engage senior members of the organisation and their managers so that the champions are provided with ongoing support, governance and training, as well as general line management e.g raising a safeguarding concern or reporting sickness absence. Champions will need to know where they can turn to for 'on the ground' practical support.**

*To see how many champions were recruited as part of our project, as well as other important learning such as the roles they were working in and the type of organisation they worked for, please see our [Evaluation report](#).*

## Training for Social Prescribing champions

Once you have identified and recruited champions from your community, they may require additional training in social prescribing and/or using a digital platform. You may consider delivering training in specific skills such as motivational interviewing, this was identified as highly valuable by the champions who undertook our training course.

The aim of the training is to ensure all the champions have the relevant knowledge and skills to be able to undertake the social prescribing activities associated with your model. By providing training you will ensure that the people accessing your services receive a consistent standard of care, as well as ensuring fidelity to your model of care is maintained by the people and organisations undertaking the social prescribing role. Maintaining fidelity is important in evaluating your intervention, as it will reduce the number of variables and therefore increase the validity of your findings.

The training session, if you choose to have one, should reflect the learning needs of the champions you have recruited, taking into consideration the roles they are currently undertaking and the previous experience they have. You may wish to send out pre-course communications or include a field in your training application form to help identify their current role. This information may then be used to inform the learning needs of your participants and the length of the training.

### Top tip:

**To maximise the uptake of training, courses should be held in locations which are convenient and familiar to the participants for example, with good transport links, close to mainline train and bus stations and have free parking.**

The training session is a good opportunity to start developing a relationship with your champions and you may wish to ask them if they would like to be contacted and supported following the training. The champions can be given a range of on-going support options such as:

- Weekly/monthly emails
- Weekly/monthly telephone calls
- A whatsapp group for peer support
- A closed facebook group for peer support.

**Feedback from our training course suggested weekly emails and phone calls was the most popular method of support. However, some participants on the training course opted out of providing contact details and therefore it was very hard to follow up with them.**

### An example training course

The champions from our project received four hours of training. The training course was developed and delivered by the HIN. The aim of the training was to ensure champions had the adequate knowledge and skills to be able to deliver the social prescribing activities from our model. The following topics were covered during the training session.

- What is Social Prescribing?
- The Social Prescribing Champions model
- HealthUnlocked digital platform
- Supporting behaviour change: Communication Techniques and Motivational Interviewing
- Red flags Confidentiality and information governance
- Active signposting

Feedback from participants showed that they highly valued training in areas such as supporting behaviour change using motivational interviewing. The full evaluation of the training course can be found in our [Evaluation report](#). The training plan and course presentation can be found in the useful documents section of this guide.

### **Evaluating and reviewing each course**

At the end of each course the champions were asked to provide feedback about their experience of attending the course and their confidence to deliver the intervention. Feedback is an important mechanism in reviewing the training programme to ensure it meets the aims. An example of the feedback form used as part of this project can be found in the useful documents section of this guide. The full analysis of this feedback can be found in our [Evaluation report](#).

# Considering a Digital Platform

To maximise the impact of and support existing social prescribing programmes across all levels of the pyramid (figure one), organisations should consider whether a digital platform can add value and benefit to the social prescribing offer in their locality. If a bespoke digital platform is not considered appropriate, commissioners should consider whether their existing IT systems such as the local Directory of Services (DOS) are up to date or whether they have another digital tool which can support social prescribing activity in the area.

A digital platform allows information to be presented in a simple way that suits the service and the clients accessing it. The information can be transferred easily from the local DOS and can help champions to make quick but informed choices about the services they refer clients to. Unlike a DOS which requires less structured searching, a digital platform can generate bespoke results by selecting one or two relevant terms. The recommendations generated may extend far beyond the activities and services champions were previously aware of, giving quick and easy access to information they would previously have had to devote time and effort to learning.

It allows commissioners to make decisions about services they want to refer people to, including services which may not be kept on a DOS. It can also provide additional information such as condition specific information sheets and editorials, interface with other systems such as EMIS and provide access to online peer support groups.

Additionally, a digital platform can collect a range of bespoke metrics which can be set by commissioners at the design and planning stage of the project.

## An example digital platform - HealthUnlocked Discover

In our project we worked with HealthUnlocked to design a digital platform to support social prescribing. The HealthUnlocked 'Discover' digital platform enables champions to create digital social prescriptions that signpost or "prescribe" local support services chosen for their proximity to the client's postcode as well as other beneficial resources that relate to a holistic need (e.g. isolation, anxiety) or health condition (e.g. COPD, Diabetes).

Each digital social prescription created via the platform provides a client with relevant details of local services, voluntary sector online communities, editorial content and other online resources for disease-focused or holistic support. This information is provided in an email which can be referred to by the client at any point in their journey. Additionally, clients are prompted to take up recommendations through a series of bespoke follow up emails.

For more information about the Discover tool please see their user guide found in Useful documents, in section 5

## Things to consider when choosing a digital platform

### 1. Connectivity

Before procuring a digital platform think about how the system interacts with other IT systems. Do you need it to be able to interface with other operating systems, such as EMIS? Do you need it to be available off-line or will you always need to be connected to the internet?

### 2. Licence fees and on-going costs

A successful pilot will create an environment for the intervention you are testing to become sustained. However, sustaining an intervention may have additional costs and it is important to think about the ongoing licencing fees and any servicing cost. Be clear from the beginning about who will be responsible for making the decision to sustain and pay for any work beyond the lifetime of the project.

### 3. Content of activity reporting

One of the great advantages of using a digital platform is that you can collect numerous activity metrics from the platform such as the most common condition or need, frequency and type of referral and most common prescriptions or signposts. When designing the intervention be clear about what you are testing as this will inform which metrics you need to collect. Agree a schedule and format for reporting and have regular meetings with the developers where this information can be reviewed. The metrics should be agreed with all key stakeholders to ensure expectations are realistic and in line with the project priorities.

### 4. Generating and inputting content

A digital platform is only as good as the information in it. The information needs to reflect the local population, be up to date and relevant. Local services will change, and new services will start up, so make sure there are mechanisms in place to make these changes. Decide early in the project who is responsible for informing the digital company of changes that need to be made to the platform or consider having local champions who can access and update the services on the platform. Additionally, work out with the digital company any costs associated with updating information within the platform, how often you can update information and how much information you can update at any one time. These costs are likely to be separate to the cost of designing and building the platform.

### 5. Information Governance

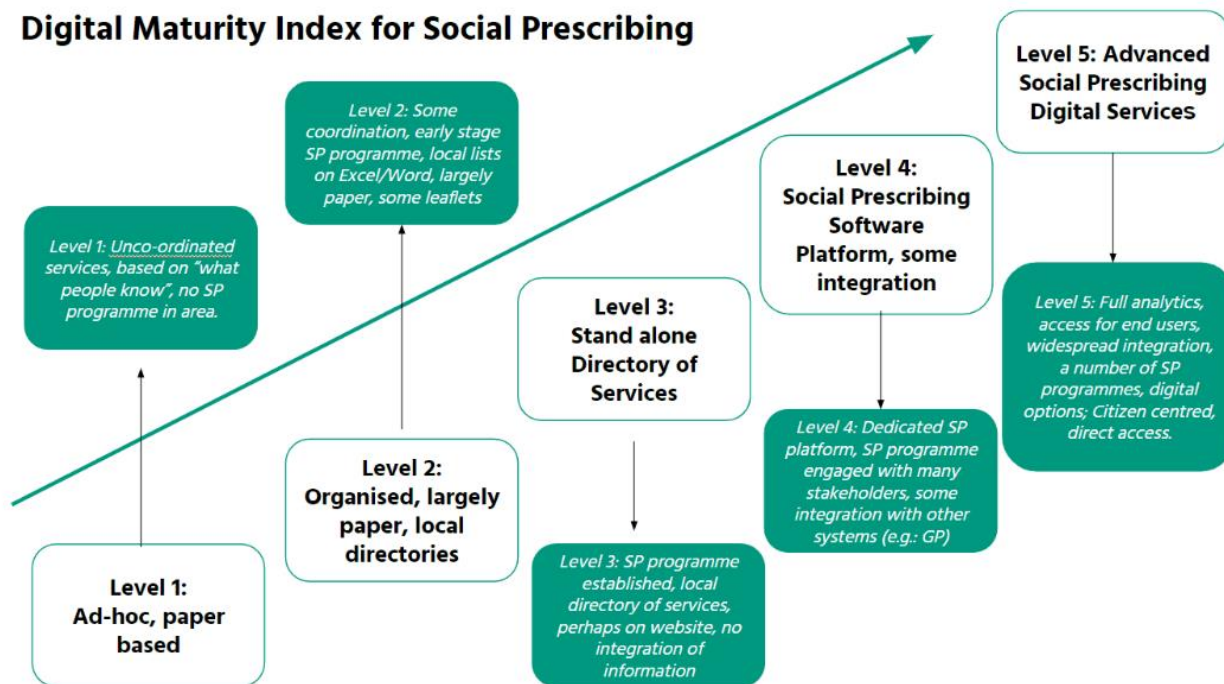
Any project, including digital interventions, where a client's personal data is collected needs careful consideration and you will need to be able to demonstrate the digital platform is compliant with General Data Protection Regulations (GDPR). Compliance is paramount and should be considered early in the project, where possible allow extra time to ensure adequate checks have been made and compliance can be demonstrated. There are a variety of tools and checklists available online which can support developers in ensuring their digital platform is compliant.

## How digitally mature is your social prescribing service?

Digital company, Elemental, have designed a digital maturity index (DMI). It is designed to outline the different levels of digital technology that exist and can be achieved to support social prescribing. You can bench mark your service against the index described below.



## Digital Maturity Index for Social Prescribing



Source: <http://elementsoftware.co/digital-maturity-index/>

# Our Model of Care

In the following section we describe our model of care in detail, outlining the actions that were taken by the social prescribing champion at each stage.

## Engagement with stakeholders

Early engagement with key stakeholders is extremely important to ensure senior buy-in and support for the project. Engagement with stakeholders provides an opportunity to explore and align organisational priorities, as well as to ensure that proposed projects do not conflict or compete with existing work. Engagement can take time and this should be reflected in your project plan. At the beginning of our project we spent time mapping the local social prescribing landscape, talking to the individuals delivering the local social prescribing services and meeting with key voluntary organisations including the voluntary services councils. As part of the mapping process we met or spoke to with the following stakeholders:

- CEO of Merton Voluntary Service Council
- Senior managers at Wandsworth Care Alliance
- GP clinical lead for Merton and Wandsworth CCG
- Lead navigator of the Merton social prescribing project
- CEO of AgeUK Merton
- CEO and senior manager at Wimbledon Guild

### Setting up a steering group

We felt a steering group with representation from all organisations involved in delivering the project was important to ensure local buy-in. The steering group can help sustain motivation as well as propel a project forward. Key stakeholders and local clinical champions such as GP leads can unblock local barriers and help disseminate messages to a wide audience by using their own local networks.

Our steering group met twice a month for one hour. To facilitate and maximise attendance at the steering group meeting, participants were invited to attend either in person or via conference call. The meetings were chaired by the HIN and during the meetings we discussed the project plan, HealthUnlocked data and key issues/challenges. Attendance at the meetings was variable, reflecting the real-life challenge and pressures faced by CCGs and Local Authorities. However, the meeting was only cancelled due to availability of members to attend on two occasions

A representative from Merton Voluntary Service Council (MVSC) attended early steering group meetings. However, this member of staff left during the project and MVSC declined to send another representative. Although we did not have any champions on the steering group, we were in regular contact with some of the most engaged champions through our

support offer and therefore were able to feedback their views to the group regularly. We did not invite service users to participate in the steering group but would consider this if we were to repeat the project.

### The project plan

Our project lasted 12 months in duration. The HIN team included:

- Programme Director
- Senior project manager – senior stakeholder engagement and oversight of project. Development and delivery of the training programme
- Project manager – day to day running of the project
- Project support officer – administrative support to the project

Below is a project plan showing the time spent on each activity over the course of the project.

Activity	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18
Engagement	■	■	■	■	■	■	■						
Digital platform design & development						■	■	■					
Recruitment of champions	■	■	■	■	■	■	■	■					
Training design & delivery								■	■	■			
Supporting champions								■	■	■	■	■	■
Evaluation design & delivery	■	■	■	■	■	■	■	■	■	■	■	■	■
Report writing												■	■

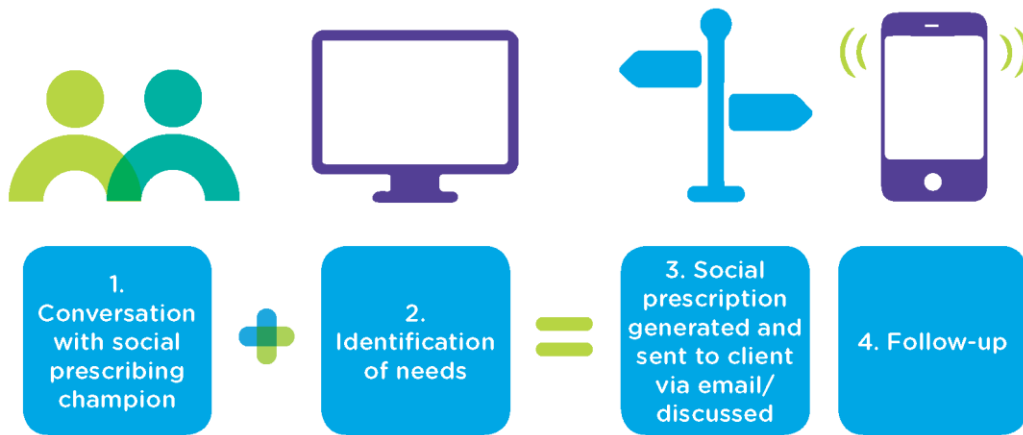
## Our model of care

Our model of care was designed in consultation with representatives from Merton and Wandsworth Clinical Commissioning Groups (CCG), Local Authorities (LA) and Voluntary Service Councils (VSC). It was then presented at a stakeholder engagement workshop where participants were invited to review and feedback on the model design.

Stakeholders from the following sectors attended the meeting:

- Primary care
- Secondary care
- CCG clinical leads
- Wandsworth GP federation
- Local Authority
- Voluntary and community sector

## The model



## Exploring the model by stage

### Stage 1 – Making every conversation count

At the heart of social prescribing is communication, forming relationships and making the connections that support and empower people to change their behaviour. This is still true even when implementing a model that utilises a digital platform.

In this model we start with a conversation and use principles of motivational interviewing to help clients explore their personal challenges and goals. Motivational interviewing is a collaborative, person-centred form of counselling to elicit and strengthen an individual's motivation for change. The individual, not the practitioner, expresses concerns about their current behaviour and expresses arguments in favour of change. Motivational interviewing recognises unresolved ambivalence is a key barrier to changing behaviour. Champions received training in the principles of motivational interviewing before undertaking their role, although many of them may have previously undertaken training in techniques to support behaviour change.

### Stage 2 – Identifying the patients' needs

As part of the conversation, champions will help clients to identify areas of their lives they would like help or support to improve or change. The area of focus or 'need' can relate to a health condition or a wider determinant of health such as financial concerns or carer support.

### Stage 3 – Creating a social prescription

At this stage the champions will utilise the digital tool to help them support the client. The champion selects the relevant terms pertaining to conditions or needs on the landing page. A list of relevant services and resources will be displayed for discussion with the client. To complete the prescription, the champion enters the client's email address in the

text box and obtains verbal consent to send the recommendations via email along with consent to send follow up emails to the client. The client will then receive an email from HealthUnlocked and can see the recommendations which were prescribed to them during the consultation.

#### **Stage 4 – Follow up**

Changing behaviour can be a difficult process and very rarely happens overnight. To change behaviour, people must believe in the efficacy of the proposed change, be adequately supported to make changes and receive follow-up support. In this model, clients will receive a series of emails to support them. The first email is received 5 days after the consultation and the second 10 days after. This email prompts clients to review the prescribed recommendations, encouraging them to access any local services which have been identified as appropriate.

# Top Tips and Useful Documents

In this section we have summarised our key learnings into a list of eight 'top tips'. Additionally, we have included examples of useful documents which we used throughout our project.

## Top Tips

### 1. Engage key stakeholders early

Ensure you understand the work that is already happening in an area and consider whether a digital platform will compliment (not conflict with) any existing projects. Timing and appetite are extremely important. Try to match project timelines to when motivation amongst stakeholders is highest and when there is capacity within the teams to deliver the project against other work/projects. Identify a clinical lead from the geography, as senior stakeholder buy-in is likely to improve the uptake of the intervention and ensure sustainability of the model beyond the lifetime of the pilot.

### 2. Work with the willing

There are many people within our communities who are working in a variety of roles to support other members of the community, these individuals should be seen as community assets. They are often highly enthusiastic individuals who are willing to go above and beyond what is expected. However, there are also several reasons why individuals might not engage with a project, such as time available to attend training, financial constraints within an organisation or simply the project isn't a priority for them. Don't worry – in the early stages of the project focus your efforts where the energy is, leaving the door open for the individuals who might not have been engaged at the beginning.

### 3. Ensure the Social Prescribing Champions are supported

In this project the champions were already working within the system. This was an important factor to ensure they were properly supported. Their organisations were able to provide line management support, as well as a point of contact for any safeguarding concerns that may arise. It is important to engage the champion's line manager from the beginning and discuss with them how the champions can and will be supported, helping managers to recognise the training programme is only the start of the champion's social prescribing journey. The champions will need support to fully embed a social prescribing digital platform in to their day-to-day work, this might include access to a computer or dedicated time for undertaking social prescribing.

### 4. Service user engagement

Where possible, to ensure the digital platform meets the needs of the service user you are aiming to work with, involve service users in the procurement and design of the platform. Their feedback can help shape what the platform looks like as well as the language used within the tool making sure it represents what they would/would not like to see in a digital platform.

### 5. Engage existing social prescribers, link workers and navigators

Prior to starting the pilot there were already excellent social prescribing schemes in both Merton and Wandsworth. The pilot aimed to complement these projects and the link workers involved in these services became important stakeholders in the design of the

intervention. You can invite existing link workers to help map services and activities, they will have a wide-reaching knowledge of the locality and therefore can ensure the most relevant and well-run services and activities are included.

#### **6. Identify the most appropriate services**

To ensure the services identified meet the needs of your local population, cast your net wide and seek feedback from a wide range of stakeholders including link workers, expert patients and navigators. The services identified will need to represent your population, including seldom heard groups. Where possible make services aware they have been included in your project and that they have the capacity to meet any increase in demand.

#### **7. Listen to feedback**

A good social prescribing digital platform meets the needs of the clients within your population. Mapping the right services is important, but things can and will change as services change and evolve. Ensure you have a mechanism for feedback between those on the ground delivering the service and your developers, so changes can be made quickly, keeping the tool relevant and up to date.

#### **8. Regularly review activity data**

Data can really help drive a project forward. It is important to have clear mechanisms to receive and share data. The advantage of working with a digital platform is that it provides real time activity data – this can be impactful and insightful. Localities can use these data to ensure they have the right services in place, for example, if low mood is the most commonly selected term, a locality might consider increasing their provision of mental health services.

## Useful documents

[Download Appendices](#)

[Evaluation report](#)

[Training outline plan](#)

[Social Prescribing  
Champions feedback  
on training survey](#)

[Social Prescribing  
Training Course](#)

[HealthUnlocked  
“Discover” User Guide](#)