**Creating social communities with Sutton Vision**

**Kerry Firth:** [00:00:00] My name is Kerry and I am the program manager for Social Change here at Fight for Sight. Really delighted to be here and welcome you to this next webinar in our program.

We're delighted to be joined by.

And also Rachel and Anna from Sutton primary care. For, so for those of you who are new to us and to fight for sight we fund the brilliant minds and bright ideas that put change in sight.

Everyone impacted by vision loss and there are already two sort of key, main areas of focus to our funding. We have our social change funding and you'll be hearing an example of that today in this webinar. And we have our scientific research and we do hold webinars that showcase that as well.

We're an evidence based funder, so we like do commission research and other types of scoping work so that we can assure that what we [00:01:00] fund is, is cru is crucial and that we hit issues that are most critical to our sector. So it's really important for us to gather that research so that we can have the maximum impact here.

Just to give you a flavor of some of our current focus, we've got an image here of someone called Dave from Jamie's farm. And Jamie's farm is is an organization who promotes social wellbeing and getting outside, being outdoors through farm work. And we recently led a project in partnership with Look uk.

Where a selection of young people went to Jamie's farm and were able to talk and make connections with each other. And this came out of our loneliness and isolation focus. We commissioned the Avatar University to run some research fors into why, how, and why vision impaired people were isolated.

And if you are vision impaired, you're three more times as likely. To experience loneliness and isolation. And the nature of this is tricky [00:02:00] because, if you're isolated, you are naturally not as engaged with communities and know it can be hard to reach. But we did find that it was prevalent and we wanted to run funding programs that would really help to alleviate those feelings of loneliness and isolation.

And that's why Sutton vision come in, who we are funding. And I know Denise very shortly is gonna tell us more about. But just a little bit more about our webinar programs for those of you Dunno. So we've delved into some of these issues with our webinars. So particularly looking at loneliness and isolation and we've looked at things like emotional support creative and innovative ways of getting vi people out and about we've had lots of different topics and obviously we've got the social connections today.

If you want more information on upcoming webinars, you will be able to visit our.

Up to date. I think now I will have Denise take the floor and talk to us about your current project, so [00:03:00] thank you, Denise.

**Denise Crone:** Thanks Kerry. And hello to everyone who's joining us. I'm gonna give just a brief overview of our Community Links project, which has been funded as Kerry has said by Fight for Sight for the past.

It's over a two B period. And the project really developed initially when I first joined the charity, which was about three and a half years ago now I dunno if you remember back then, but we were just opening up from lockdown. We'd had COVID, our services I guess a lot of other sight loss charities or services had gone virtually entirely online or over the telephone.

And it felt to us as an opportunity really for, to rethink and relaunch what we were doing rather than just necessarily going back to what we'd done previously. Everything had moved on and things had changed and people's needs, we felt it was an opportunity for us to find out a little bit more about that.

We used a survey we had over a hundred responses to that, but one-to-one conversations, phone discussions about what changed for people and what their most [00:04:00] pressing needs were as as a result of coming out of that COVID time. And as Kerry said, Fight for Sight, did some research on that.

Our findings at a local level as a local sight loss charity certainly supported that as well. Social isolation came out as a central theme in those conversations we had with people. Basically people said they were desperate to get out. They wanted to meet people again. They wanted to rebuild or start social networks.

They wanted to connect or reconnect with their local community as well as with people who'd also got experience of sight loss. And people. Al also talked about how their confidence had reduced over that time. We had all those lockdowns and no kind of contact with people. For some people, their sight had deteriorated over that time as well.

So things felt quite different and quite strange. In response to that, we've set up a program of a whole range of. Of groups, which some of which were center based. So we're quite lucky to have a centrally located building which is an accessible center. [00:05:00] So some of those things specific social groups that we've established here.

We run support groups here for glaucoma. We have our own living with sight loss workshops. But I think as well there's a Sutton amount of, stigma around loneliness and isolation. I think people maybe feel that it's a reflection on them rather than necessarily their circumstances or their environment.

And sometimes it's quite difficult as well for people just to turn up and start talking to other people. So we combine general social activities with a whole range of different activity groups as well. A lot of what we say is, would you like to come try Yoga Zumba? Join our audio book club.

We've brought a whole raft of activities and we ensure that they're accessible for people. So our Knit and Nater group, we've got large print patterns. Our art and craft, we use tactile stuff. Our Zumba teacher and yoga teacher, clearly audio describe everything that they're doing. So a lot of exercise activities outside.

People would be told to follow what the leader or the teacher was doing, but our. Our instructors are [00:06:00] very clear about their instructions. So we've done that, but we've also gone out into the wider community too because people said that they wanted to re reconnect with their local community.

We run community cuppers in local cafes. We've got groups set up in local pubs. We've got a working age, social and we've also organized, a range of visits and trips to different places that people may find difficult to access themselves. So things like the Christmas market, Hampton Court our most recent trip was to Brooklyn's Museum.

And that gives us an opportunity really to do a visit ahead of time to ensure that people will have an accessible opportunity while they're there. Brooklyn's were fabulous in lining up volunteers to. Provide support and information to people when they came. And obviously we can organize transport and things so that people don't have to worry about that kind of thing.

They can just come and have a good time with other people. In a similar situation for people who are isolated at home and who can't get out we still have a [00:07:00] telephone befriending service, but we focus that very much on, our volunteers who have a visual impairment themselves. They've got a level of empathy and contact.

I think that some of our other volunteers may not have that kind of experience. And we also have walking buddies and community volunteers who will enable people to take a more active part in their local community as well. That's as much as I wanted to say. It feels to me as if Sutton Vision has become more of community of support rather than us providing things for people.

We've got a small staff team but five out of those seven staff have visual impairment themselves and. People here, you can be a service user, you can be a volunteer, you can be a staff member, or you can be all three. And those are all interchangeable and that feels as if that's provided a real like I say, a community of support.

We have done a little bit of monitoring around, people's experience and 92% of people have said that as a result of taking part in our groups and [00:08:00] activities, they feel they're socially isolated. A hundred percent of people actually have said that the opportunities given have, given have enabled them to take up new things or to have the opportunity to meet new people.

But I've asked Pierre, who's somebody who, uses some of our services. He also volunteers for us just to talk a little bit about his experience now for a couple of minutes. So I'm gonna just turn the laptop around slightly so that you can also see Pierre. So Pierre just wondered if you could talk a little bit, if you wouldn't mind sharing a little bit about your sight loss experience or journey.

**Pierre:** Yeah, hopefully everyone can hear me and.

I'm completely blind since 2017. Around 2010. My life was quite different. I was taking flying lessons. I had some slight issues with my eyesight, and in those seven years, I went through two years without leaving the house. My dad passed away. My life went completely [00:09:00] upside down. I had a brain tumor.

My tumor was eventually removed. I had three operations and touchwood, I'm now okay in that respect while I lost all my eyesight. So it was massive change in many ways. Took me a lot to get outta the house again. Just slowly, I started to piece my life back together. And I started coming to Sutton Vision probably after COVID started a bit of local cane walking.

I enjoyed the outdoors around my house, but now I feel like I. I don't currently work in any way. I volunteer in music and audio, but it's all from home really. And I can feel that when I come here maybe three times a week. I could, I used to like going to the library. I can't go there on my own anymore.

I. I can't really do many things on my own anymore except go for a walk around my area or come here and I always feel happy here. Luckily, everyone is pretty easygoing. I can find my way around the place here and [00:10:00] I need Lyft or I can get an Uber here. And I've just really I feel like when people just gimme that confidence, if I speak to my peers who are, doing.

Other things which are normal for a 48-year-old I feel I can answer, what do you do? I'd say I go to Southern Vision a lot at the moment, and everyone's happy with that. So I feel like I'm part of society in a way. And that's important.

**Denise Crone:** You take you do join, you do, you've been along to our community couples and our Many Shades group and our working age social as well, haven't you in other places as well as the center.

**Pierre:** Yeah I've I try to go to, I'm lucky that I live with my mom and my aunt, and I can get Lyfts to places. If I don't, I can get an Uber or a cab. And I use I currently have a volunteer who we go walking. We try to go once a week, and sometimes we go on train rides. We've been to some pancreas for the day.

And so sometimes I went on the Brooklyns trip, obviously living with loss of all my sight [00:11:00] I love to revisit places that I haven't been to for a long time. Going to London, the only the downside of the big trips is that when you revisit places without, it can be overwhelming and it can take a week to recover 'cause it's a great time.

But you think, wow, that was insane. So I think such vision for me is great 'cause it has that from time to time, but at the same time it also has the weekly things where I can turn up and a lot of the activities I like where you don't have to think too much or like going a quiz, I like going to, and you're around people, but.

There isn't any pressure to socialize necessarily. You can just be around and do as little or as much as you want. And just to have a safe space where I can go and do that in a physical space rather than just online is I think, really important.

**Denise Crone:** I think as well just thinking about our living with sight loss workshops as well.

You coming to those and sharing your experience there I know has been a really positive source of [00:12:00] support for other people as well. In, in terms of particularly people when they're early on, maybe in, in their sight loss journey. To hear from that and to get that kind of support has been really beneficial for them as well.

And it works

**Pierre:** for me too. Sometimes I meet people who are born blind and I take inspiration from them. Or I feel and they're often, they're like so at ease with their sight loss. I think, why am I stressing so much, and they often say, don't worry, you will adjust. It just takes time.

Thanks.

**Denise Crone:** So I guess obviously if people have got any questions about what we are doing at Su vision or any questions for Pierre as part of the webinar, we'd obviously be delighted to answer any of those. But that at the moment is us but, and I'll hand back to Kerry, who I think is gonna introduce our next speakers.

**Kerry Firth:** Thanks so much, Denise and Pierre. And also, I just wanted to add actually that we visightd SU vision, I think it was around this time last year to to see how the project was running and to [00:13:00] speak to people and yeah, it was, it really was such a lovely environment and very contagious to hear about all of these lovely stories about people attending all these social events and getting to know each other and getting out and about. So yeah, I think I just wanted to add to that as well from our point of view that's been, it's been really lovely to hear about. Okay.

So as I said, we're really delighted to be joined by Rachel and Anna. From Sutton primary care networks, and Rachel is the social prescribing lead, and Anna is a deputy social prescribing lead. And social prescribing involves helping people to prepare, to helping people to improve their health and social wellbeing by connecting them to appropriate community services.

So Anna and Rachel are going to tell us a little bit more about that. So [00:14:00] welcome, welcome both.

**Rachel Jenkins:** It's lovely. Thank you, Kerry. Thanks for having us. My name is Rachel as Kerry introduced me, and I'm the social prescribing lead in Sutton Primary Care Networks, and that's Southwest London. I've been a social prescriber for five years.

And it could be something that you've heard about. Social prescribing has been around for a little while now. Some people might not have heard about it, we're still spreading the word. And we've got short presentation to share with you. And in particular we're looking at the benefits of social prescribing in terms of connecting with others and connecting with the community.

So I'll hand you over to Anna and I'll share the presentation. Thank you, Anna.

**Anna Peiris:** Thank you. Yes. So as Richard said, I'm Anna, the deputy leader of the social prescribing in Sutton. Just to introduce social prescribing and what it is. So as it says on the slide, it's a non-medical approach to health and wellbeing.

And the reason for that is obviously that. Lots of other things [00:15:00] impact people's health and wellbeing outside of just their medical needs and can have a huge impact on how they deal with their medical needs as well. It's estimated that about one in five people go to their GP with non-medical reasons.

And that's where we obviously step in with doing a holistic person centered approach. So we're talking about what matters to that in individual, what's important to them. And then it's helping people access support in their community. After doing the holistic assessment and identifying how that might be possible for them it compliments the traditional medical treatments.

So it's working alongside those medical treatments as well, and it's focusing on their social, emotional and practical issues. Can we go to the next slide, please, Rachel? Of course.

So in terms of focusing on their social, emotional, practical issues, we are looking at all these areas. So their loneliness and isolation might be a trigger. There's [00:16:00] the social connections, hobbies and interests their physical health and emotional wellbeing, the money, benefits and debts. The work and volunteering, practical support, family and home life, carer support and physical activity, loneliness and isolation, unfortunately is one of the highest reasons that we get for our referrals.

But it's often an accumulation of all these things that can impact how they can access areas where they might want to go to social con social connections and hobbies and interests might want to engage with those, but there might be financial elements that are preventing them from doing that.

It might be tra travel might be an issue for them and the practicalities of getting to places. So we explore all those areas to try and get them in a place where they can engage with different activities and interests or things that might be required to get them to that place. And that might be [00:17:00] referrals into different services within the community to try and get that support and advice that they need to get to that place.

I hand over to you for the next slide.

**Rachel Jenkins:** Lovely. Thank you, Anna. What are the benefits of social prescribing? As Anna mentioned, social prescribing is supporting our health and wellbeing in a non-medical way. And as we know our health and wellbeing can be supported with medical interventions.

However there are many benefits to support new health and wellbeing in a non-medical way. Some of the benefits are improving our mental health and wellbeing. So that could be improving our confidence, our self-esteem, and giving us a sense of choice and control and helping people to access the support that they actually need to support their health and wellbeing.

Reducing loneliness and isolation is one of the key benefits of social prescribing and one of the main outcomes when we work with the people we do. And that's involving connecting [00:18:00] people with others with maybe the same values and interests sharing ideas, building those networks and community ties to support with resilience.

We also support people with long-term conditions that can complement that medical care with the social, practical and emotional support. This could involve things like I dunno, having practical aids and adaptations in the house. It could involve people linking in with peer support to share experiences and ideas.

And it could also be supporting people to set goals to make positive lifestyle changes. Social prescribing is all about promoting self-management and independence. So when we work with people the aim is to support people to gain the choice of control and learn the tools and skills to self-manage the health and wellbeing in the best way possible, and also allowing them.

To know where to go and how to access support [00:19:00] in the community. And obviously linking in with wonderful organizations and services such as Sudden Vision. Social prescribing also addresses the social determinants of health. Often we're supporting people who are in financial hardship. They might be struggling to find employment where there may be food insecurity or difficulties with housing transport.

So social prescribing helps to support, break down those barriers with these non-medical issues and supporting people to access the right support in the right place at the right time. And actually as we in, within our model as many models in England we are one of the additional roles that are provided with within primary care and are accessible through the GP practices.

So the impact of our services are actually showing a reduction for those. That have received social prescribing and that they're less likely to visit their GP for issues that the GP might not be able to help with. [00:20:00] And this in turn might increase the capacity for other people to use those clinical services.

So I'll just move on to the next slide. So we've only got a couple of slides left. And obviously we'll answer some questions at the end. But I thought what would be good is just to highlight, the importance of connecting with others. And as we mentioned the majority of people we work with actually have elements of feeling isolated, feeling lonely, and have many barriers that are impacting on their ability to connect with others.

There's been many re there's been a lot of research to show that loneliness doesn't only impact our mental wellbeing, but it also impacts our. Physical wellbeing as well. And there has been some research to show that feeling lonely and isolated can actually be as bad for you as smoking 15 cigarettes a day.

So I think this just highlights how important it is that we take this holistic approach to health and wellbeing [00:21:00] and the important of those community connections. And as you can see there are some benefits to connecting with others that we've, we briefly mentioned before building those networks and that resilience, having somewhere to go to feel you belong and you feel valued and you have an increased self-worth and a sense of purpose.

I can actually boost happiness and mental wellbeing by sharing interests, experiences, and will actually produce hormones such as do dopamine and oxytocin, which will in turn make us feel better within our wellbeing. We can strengthen our physical health and immunity and also access other activities that will support our health and wellbeing, whether they're physical activities, doing things in nature, and meeting other people at the same time.

I can also encourage personal growth and learning opening doors to opportunities and also may for some people, increase their [00:22:00] motivation and accountability when they're trying to put changes and implement things that will be positive for their mental health and their wellbeing. And I'll just move to the next slide and move, pass over to you, Anna.

**Anna Peiris:** Yeah. So in building social connections within the community, we are obviously looking at what's available within Sutton, particularly for ourselves. And it's focusing on things like being more active, supporting your mental wellbeing, being healthier, being more socially connected and living well independently.

But also with the practical side of things like support with your finances. We are quite fortunate in Sutton to have quite a number of activities and groups within the borough. So we'd be looking at social groups. There's lunch clubs and coffee mornings. There's befriending services there's creative arts and activities singing in music groups.

There's specific support groups and services as well that [00:23:00] we can refer into or people can independently access. There's peer support faith groups. Exercise and physical and activity, nature-based activities such as gardening volunteering opportunities and skills and courses. So there's quite a quite a variety of different resources available to us.

And obviously as part of our role it's having that awareness of what's going on within the borough and being able to link. What would be most appropriate. And it, as I said before, it might be an accumulation of lots of things that we need to refer people into to get them to a place where they can access these.

**Rachel Jenkins:** Thank you. Yeah, so I'll stop sharing. And that was a brief overview on social prescribing and we'll be happy to take any questions also. Thank you. I'll move, I'll hand it back to Kerry.

**Kerry Firth:** Okay. Thank [00:24:00] you so much to you both for that was actually really interesting and it, so it's so great to, to hear you both talk about that and how important that you find social prescribing. And indeed, we found that it is, it can be a really good connection for people and can really help to combat those, as you say, those feelings of loneliness and isolation.

We're now gonna, we've got some time if anyone has any questions or anything, any, even any sort of observations or anything that they'd like to ask, either Denise or Michelle Pierre or Rachel and Anna.

**Fight for Sight:** Hi Kerry. Kim, I do, I've got a question from someone for Denise. Are the vision the second vision support groups led by a counselor or therapist?

If so, is this a paid role or is it volunteer?

**Denise Crone:** Our support groups are so disease specific support groups are facilitated by our outreach worker, and we sometimes have a specialist nurse who comes along to that. We don't [00:25:00] employ counselors or therapists to run those groups. They're not therapy based groups.

They're peer support groups. A lot of our the, we do have sessional staff to run our physical activity groups. So we have qualified and trained physical activity tutors for yoga and Zumba and so on. And our, more of our social activities and things like, our audiobook club and that kind of thing.

Most of those groups are run by volunteers who may or may not have sight loss themselves.

**Pierre:** Can I just add something? Yeah. Can I just add also when I asked my sight before I came to vision or around the same time, one thing that is offered by the RNIB when I lost my sight, I just signed up to anything I could.

And I did do a living with sight loss course on the telephone with the RNIB, I think it was about once a week for 12 weeks, something like that. And they provided a couple of free counseling sessions [00:26:00] as well for emotional support. They were free and I Suttonly took them and found 'em useful at the time.

I just. Combine things from and in terms of the living with sight loss, I think they're free here. And they even give us a lunch sometimes. Free lunch. Absolutely.

**Denise Crone:** I think from that, I, that's the other thing we would always do here as well. We deliver quite a lot ourselves, but we are always really keen to.

Signpost ourselves to other sources of support. And so as Pierre said, there are counseling services and other group support that people can access to. We've got information about that and we'll always refer people on where we can.

**Kerry Firth:** Brilliant. Thank you. I have a question about.

National health policy in 2019, rachel Anna, in your opinion, [00:27:00] what has been the biggest benefit of social prescribing in primary healthcare, would you say? Do you, in your opinion?

**Rachel Jenkins:** Yeah. What I would probably say is, I think traditionally within primary care. The model has always been a kind of top down approach where somebody might have low mood might be experiencing lots of challenges in their life. They might go to the gp. And traditionally I would say often that person might be prescribed a medication in the hope that it would make a difference.

To how they were feeling. And obviously that's not always the case. However, since social prescribing has come in as one of the personalized care practitioner roles within the practices, it really gives people that opportunity to take a holistic approach to their health and wellbeing to have the chance to talk about.

What's the most important thing to them? Rather than looking at a diagnosis and saying, what's the matter with you? We would speak to people and say actually, what's important to you? What [00:28:00] matters to you? And I think this way of changing and turning things around is actually enabling people to, to build those tools and resources to help manage the health and wellbeing.

And the opportunity to explore the richness of resources that we have in our community and how that can really have an impact. I think it's giving people back the power and supporting them to take it in their hands to have choice and hopefully hope to move forward. So that's from me.

**Anna Peiris:** Okay.

**Kerry Firth:** And I just had a sort of follow one from that, if that's okay. I'm just quite interested to know. So do you within your organization, so have you seen an, I suppose over the last sort of couple of years, few years, have you seen a sort of big increase in a need or an interest, or do you get like an influx of people who want this social prescribing?

Kind of, in terms referrals and things like that, have you seen [00:29:00] a trend?

**Rachel Jenkins:** I would say we know that when we did our impact report for last year, and it was quite consistent over the previous several years. So the main sort of referral trends we're looking at mental health low level, medium mental health.

Support in a non-medical way. People looking for support with loneliness, isolation, but also those other practical things around housing, finance and benefits since the cost of living has gone up. So actually those. When you look at Maslow's Hierarchy of Needs, obviously we are here to support people to link into different activities, services, support.

It might be that we are supporting people to meet those more basic needs, actually before we move on and explore other non-medical things. And it's personalized for every person that comes through the door.

I dunno if that answers okay.

**Kerry Firth:** Yeah. Yeah. Thank you. It does. [00:30:00] I had another question, if that's you.

It could be said that one of the very disadvantage difficulties of social describing is that in some cases it depends on limited resources of community services. Depending on limited re resources of community services. I think Denise might have just left the meeting.

She having a technical do we have Denise? I'm not sure. Sorry. She has

**Fight for Sight:** dropped off. I dunno if that was a tactical one. But hopefully she'll pop back in again.

**Kerry Firth:** Hopefully Rachel, I'm not sure if you would be able to answer this. Oh, she's back.

**Rachel Jenkins:** Yes, I can. I can add something after Denise. That'd be wonderful.

**Denise Crone:** Oh, fabulous. Hi. Really, I'm sorry to just. We've had real problems with our internet connection, which has dipped us in and out several times. Oh, don't worry, I haven't heard any of the q and a so far. I've turned our [00:31:00] video off, but it's definitely saying that we've got issues with our internet connection, so I do apologize for that.

I won't put us back on camera. Hopefully can contribute to anything else that the discussion or whatever. But I haven't heard any questions, I'm afraid.

**Kerry Firth:** That's fine. Denise you're in good timing because I was literally just posing a question to you. Excellent. I started wonder. But good to have you back.

Okay. So I'll just repeat the question again if that's, thank it can be said very disadvantages, difficulties, social prescribed.

Sort of limited resources of community services. Denise, would you say that you or have experienced or not, or.

**Denise Crone:** Yeah, I dunno whether all social prescribing services are the same, but a lot of them rely on linking [00:32:00] people in with other services and other support. And obviously those services and support have to be there in order to link people to them.

And there are real challenges for, we are, we're well served in Sutton with a really strong voluntary and community sector. But there are real challenges for us in maintaining our services. We are not, we don't get funding from the local authority 'cause we're not a traditional day service.

We don't get funding from the health service 'cause we are not a health service. So we have to fundraise for most of our income in order to be able to develop, deliver our services and support. Some of that is through trust and foundations like fight for sight. We have we make small charges for some of our supports or our yoga class and whatever.

But it is a continuing struggle and without the sort of support for organizations like ours that will be less that social prescribers can refer into or gain support from. So I guess, yeah. A [00:33:00] plea for small sight loss charities like ours.

**Kerry Firth:** Rachel, Anna, did you have anything to add?

**Anna Peiris:** Yeah, as did Denise said, unfortunately, obviously we're bound by what resources are there and what services are there. Yeah. And the demand on those services, obviously there has been increased demand on particular areas. So we do have to consider the capacity and spaces available.

Which obviously is a disadvantage, but a responsibility for us is ensuring that the person we're working with knows of those delays and aware of that just to keep them well informed. And just aware of the, the capacity of what these services can offer. But it's just, giving them the knowledge really.

So they're prepared for that.

**Kerry Firth:** Brilliant.

**Denise Crone:** I think sorry Kerry. I think it's again, from a kind of a sudden context. We are really quite well connected in terms of our i, in terms of our [00:34:00] sectors. And we've got a kind of an alliance across Sutton called together for Sutton, which is a really good information.

Resource and base. And we have links with other organizations as well, so where we can maybe if we've not got capacity, we can talk to another organization or they can talk to us. So there's a lot of partnership working that happens. With within the borough too. And I think that's really important 'cause everybody's in the same position, but our end goal is the same, which is we want to ensure that people living in the borough have got access to the range of support and help that they might need.

Yeah,

**Rachel Jenkins:** I'll second that actually. Denise, and I think, the strain on, some of the services such as the mental health services and, there's lots of housing issues, which are often things that aren't in people's control, and some services are being saturated because of the impact of sort of secondary care waiting lists and other waiting lists as well.

I agree that key is, effective communication building those relationships and that collaborative [00:35:00] working.

**Kerry Firth:** Brilliant. We know that there's a postcode lottery when it comes to sort of service provision within our sector. And in many ways, our funding programs are trying to tackle that and.

That these sort of smaller charities who are running activities could provide could apply or find ways to be funded so that they are available specifically for this social prescribing. I guess it's tricky.

**Rachel Jenkins:** Yes. There, there are lots of work that are happening in communities at the moment which are separate funding pots that, we might, we might do outreach, workout, and things like that. That's not really answering your question. I think in terms of funding, we don't specifically have a model where we are fund, we are able to support with that funding and in terms of people applying and developing groups. [00:36:00] But we do have an organization which is a community action organization which people can go to for advice and they actually support people.

If they find there's not a need if there's not a resource for a particular need in the community. I think an example of this was a sports group for older adults. And one of the parents I worked with, she went to the community action group and they were able to support with funding and the information and advice for her to set something up.

So that's the, that's how we would support someone with that.

**Kerry Firth:** Thank you. Brilliant. Thanks. That's really useful. Do we have Kim, any more questions coming through? Anyone would like to answer, but also, if people think of something, we can always can always send them in and we can I'm sure Rachel and Anna and Denise won't mind answering any questions that you might have later.

I know sometimes, you think of these things when things are finished.

**Fight for Sight:** I think just one, one final question [00:37:00] really. Yeah. How does more on a practical level, how does an organization link up with a link worker? So I know Rachel and Anna, you already do a lot with Trevor from Sudden Vision, but how would another organization go about getting into the, for lack of a better phrase, books of a.

**Rachel Jenkins:** Yeah that's a really good question. Thank you. So yeah we work within the PCN we get approached by quite a few different people in groups. So it could be something somebody might look up our websight and contact our comms team. And then that message will get sent to us. It could be someone speaking to a gp and that'll get passed to us as well.

And we also we attend a lot of different community events. And we do visit different groups different activities, obviously capacity permitting and yeah, just keeping those links up. We are very available. We, we always try to spread the word that anybody can pop into one of our weekly huddles to talk about their [00:38:00] services.

So just about getting the word out there so people know who to contact.

**Denise Crone:** I think Pierre wanted just to contribute something more, if that's all right.

**Pierre:** Yeah, of course. Yeah, it was just a, it was just a small thing. Just to, I have actually used before a few years ago, I used SU prescription.

I used prescriptive services myself. They helped me with a couple of small things. At the time, I think one was my. Pip, PIP form. And the other one was I think they, they told me about the tandem cycling in Sutton, which I still haven't done, but it was good to know, still know about.

And just in terms of the post postcode thing, I just, I hope it's right. All those Sutton vision is for the Borough of Sutton. There are Suttonly there's one person I know who lives just across, out of the bar in Epsom. So he comes under sight for sur. But he still is allowed to come, I think.

Yeah, for the occasional thing and someone from. Although you don't technically qualify for everything if you're not in the borough, but I don't think it's a, [00:39:00] like a lockdown rule. Some people, if they're just across the border they are allowed to come and they hopefully do benefit from some things.

**Denise Crone:** Yeah, absolutely. We got one service at Sutton Vision, which is borough. Based entirely, which is our low vision service, and that's commissioned by the ICB. So they've told us we can't work with anybody who isn't registered with a Sutton gp. But for lots of people who live round the, round, the boundary of Sutton, it's sometimes make, it makes it, it's easier to get to Sutton than it is to other places.

We are very happy to provide support and help to anybody. In, in the locality or the surrounding localities as well. It's really interesting to hear that you've used the social prescribing service before. Pierre. 'cause I we've got good links and I we've been to some of the primary care network.

Talks. So there's a really open environment in Sutton for organizations to make themselves known to get onto databases, to it so it, it's quite easy here to be known by the social prescribing [00:40:00] service. I don't know how that. Manifests itself outside of Sutton, but I feel like we're probably quite a good example of good practice.

**Pierre:** Yeah, I agree. I agree. Denise, say, I think I just randomly was contacted by social prescribing through my gp. I think I went to my GP for just general many things and maybe I asked them or maybe I just got a call from them, but it was useful by the time.

**Rachel Jenkins:** Oh, thank you, Pierre. That's really good to know.

And that's really help. We really appreciate having any feedback.

Thank you.

**Kerry Firth:** Thank you. And thank you to, to you all. It's been really wonderful to hear all these things and I know, I'm sure that everyone found it really in informative as well, so that, thank you we've got a list of resources that sort of connected with today's webinar that we thought you may find beneficial. But as I say, you'll get a copy of the transcripts of the slides and the recording and things. So everything will be in the transcripts there for you. And finally, [00:41:00] just. We are having a bit of a break in our webinar program just to because it's getting for summer and we know that quite a lot of people are out and about.

But we'll be back in September. So do keep a watch out on our websight. For information about our next season of webinars, if you will. Really exciting things coming up. So really hope that we can that we can see you there. But again, thank you so much to Rachel and Anna and Denise and Pierre.

It's been really wonderful to have you and thanks to everyone for taking the time to come and listen today and hopefully we'll see you in our next webinar. Thank so.