Burnley, Pendle & Rossendale Council for Voluntary Service & Hyndburn and Ribble Valley Community Voluntary Support

Social Prescribing Teams' Monthly Report

March 2024

Locality	B	P	R	H	RV
New referrals	49	91	33	49	28
Current/Active cases	93	209	37	84	49
Closed/completed cases	52	97	17	33	24

Referrals for 2024 to date

B217 P310 R125

H 122 RV 85

13,863

Total number of referrals to the programme since commencement

Includes HRVCVS figures from Jan to March 2020 and again from March 2022 excluding May 2022

Average GP = £64 per patient per 10-minute face to face appointment
Average 6 visits per patient = £385 x 13,863 patients =

a saving in GP appointment costs of approximately

£5,337,255

16,356+ hours of SP support

(Average of 2 hours per session x 6 sessions x 13,863 people)

NB: this is GP time only taken from https://www.pssru.ac.uk/pub/uc/uc2020/2-communityhcstaff.pdf and does not take into account all other NHS services, other statutory services, etc

Check out our Final Report 2021/22

http://bprcvs.co.uk/bprcvs-news/social-prescribing-small-groups-grants-2021-2022-final-report-evaluation

Includes information on the Small Groups' Funding Programme as well as statistics from the SPLWs and H&Wb Coaches

Burnley, Pendle & Rossendale CVS
62-64 Yorkshire Street, Burnley, Lancs BB11 3BT

Hyndburn & Ribble Valley CVS
Suite 15, The Chambers, Town Hall Square, Great Harwood, Blackburn BB6 7DD

Check out some of our case studies below...

NHS Lancashire and South Cumbria Integrated Care Board

The Teams

Burnley East
3 x SPLW full time
2 x Community Connector part time

Rossendale
2 x Community Connector part time

Burnley West
2 x SPLW full time
Now employed by East Lancs Alliance and no longer report to BPRCVS

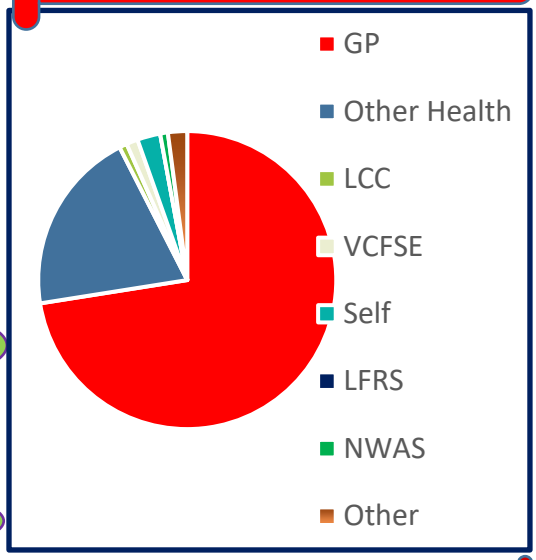
Pendle West
3 x SPLW full time
2 x Community Connector part time

Hyndburn
1 x Social Connector part time
2 x SPLW part time

Pendle East
2 x SPLW full time
1 x Community Connector part time

Ribble Valley
1 x Social Connector part time
3 x SPLW part time

This month the Teams have taken referrals from...



This month the Teams have (mostly) been supporting people with...

- Family Issues
- Self Harm
- ACEs
- Gambling Issues
- Bereavement
- Homelessness
- Behavioural Issues
- Rent Arrears
- Financial Issues
- Food Poverty
- Medicine Management/ Review
- Depression
- Panic Attacks
- Mental ill health
- Blue Badge Applications
- Fuel Poverty
- Substance Misuse
- Carer fatigue
- Housing
- Pain Management
- Befriending
- Anger
- Anxiety
- Employment
- Education
- Parenting Skills
- Care Needs
- Benefits Claims
- Liaising with GP/Healthcare Professional
- Relationships
- Isolation
- OCD
- Post Covid issues
- Accessing statutory services
- Education & Volunteering Opportunities
- Loneliness
- Mobility issues
- Searching for work
- Chronic Pain
- Accessing community activities
- Domestic Abuse
- Low self esteem & confidence
- Child care issues
- Language issues
- Emotional Support
- Stress

And many, many more!

…. And have supported voluntary, community & faith organisations…..

Burnley
- 9 Groups
- 7 Hours support

Pendle
- 9 Groups
- 26 Hours of support

Rossendale
- 4 Groups
- 2 Hours of support

Hyndburn
- 3 Groups
- 2.5 Hours of support

Ribble Valley
- 4 Groups
- 19.5 Hours of support

…. And have referred into…..

Burnley
- 47 VCFSE Organisations
- 20 Statutory Services

Pendle
- 40 VCFSE Organisations
- 23 Statutory Services

Rossendale
- 14 VCFSE Organisations
- 1 Statutory Services

Hyndburn
- 36 VCFSE Organisations
- 8 Statutory Services

Ribble Valley
- 28 VCFSE Organisations
- 8 Statutory Services

…. And have attended…..

Burnley
- 49 Hours of meetings
- 0 Hours of learning

Pendle
- 43.5 Hours of meetings
- 8 Hours of learning

Rossendale
- 0 Hours of meetings
- 0 Hours of learning

Hyndburn
- 51 Hours of meetings
- 15 Hours of learning

Ribble Valley
- 61 Hours of meetings
- 2.5 Hours of learning

Case Study: Burnley

Reasons indicated on initial referral.

This 34-year-old female was referred to Social Prescribing Service by Adult Social Care Reablement Service for support with finding new accommodation.

Background of client

Lives with her young child in private rented house and due to current health conditions struggling with managing the stairs and house is in disrepair.

Initial Assessment and Support Provided

Would like some help with increasing priority with Bwithus account. I have liaised with Social Worker and requested supporting letter for housing. I arranged for the Social Worker to visit and complete referral to their Occupation Health Team for support with mobility and managing in the home. The private landlord has not completed outstanding repairs. I have referred to Burnley Council Housing Standards for support with liaising with landlord and to conduct an inspection of the property. Wants to loose weight and feels isolated at times. Referral to Respiratory Health and Wellbeing Coach completed and signposted to BFC Claret in Mind Social Group.

Client Outcomes

Burnley Council have completed inspection of the property and are liaising with private landlord to complete the repairs. Referred to Reconnect Women's Health and Wellbeing group. PIP form requested. Review of Care Needs with Social Worker requested and supporting letter for Bwithus housing application. Referral to Respiratory Health and Wellbeing Coach for support with loosing weight and increasing activity.

This month the Burnley SP Team have taken referrals from. CMHT, Mental Health practitioner, IRS, Schools, Pharmacist, Self-referrals, Mental Health & Promotion Service, Health Visitor and GP's

Burnley Team

Tabby Shah
Community Connector

Louise Howorth
Full time SPLW (BE)

Vicky Ogretmen
Full time SPLW (BE)

Lois Metcalfe
Full time SPLW (BE)

Joanne Green
Community Connector

Burnley Team

Case Study: Pendle

Issues: Social Isolation, Depression / Anxiety, Mental Health Issues, Low Self-esteem / confidence, Lack of Physical Activity

At our initial meeting, the patient explained that she experiences lower back pain limiting her ability to exercise; but would like to take up some exercise to reduce her weight and get fitter. Patient explained that her physical health impacts on her mental health.

Patient not optimistic for the future; doesn't feel useful or good about herself; doesn't deal with problems well; has a lack of confidence; unable to make up her own mind

Previously been a victim of domestic abuse and scams and receiving support

Patient currently attends a couple of community groups weekly which she really enjoys but would like to widen her social activities.

Patient is supported by an elderly family member with housework as she struggles with this, due to her back pain, but has acknowledged that this cannot continue and has arranged to employed a cleaner. Hours to be determined. Discussed finances and patient acknowledged that she could do with some support.

Client also has a caring role for her partner

Support Given: Met with patient and Health & Wellbeing Coach to discuss patient accessing physical activities; referral made to Up & Active. Patient attended Weight Management Classes

Referral made to Carers Link who are providing support and client has been awarded a small amount of money

Referral made to Age UK for benefits check, LPOA and making a Will; Blue Badge application completed; Age UK Befriending Service

Discussed services available at Colne Citadel and accompanied her on a visit to introduce her to manager and staff

Accompanied client to wreath making classes at North Valley Community Centre

Encouraged to continue attending her regular weekly community activities

Outcome: Patient has lost some weight, Feeling more confidence in herself, Attending Women Kind and Knattershack at Colne Citadel, Continuing to attend weekly community/social activities and has been away on a group holiday

This month the pendle SP team have Taken referrals from, GP, NWAS, DWP, Primary School, ARRS mental health practitioner, Talking Therapies, Pendle CMHT, INT & Self referrals

Pendle Team

Zoe Brown
Full time SPLW (PW)

Pamela Bayliff
Full time SPLW (PE)

Salma Liaqat
Full time SPLW (PW)

Farrah Rafiq
Community Connector(PW)

James Smith
Full time SPLW (PE)

Amy Whitham
Full time SPLW (PW)

Audrey Drinkwater
Community Connector (PE)

Pendle Team

Case Study: Rossendale

Rossendale Team

Carole Williams
Community Connector

Sonia Javed
Community Connector

Needs: My client was referred by Age UK. The referral was for support and confidence building with walking outside and using public transport as the client had some mobility issues and wanted to build her confidence with using a bus to attend church and for shopping.

Action : Initially contacted my client via telephone. A meeting for an assessment was arranged at the client's house. Client explained that she had had a stroke recently and because of this and diagnosis of fibromyalgia, she had lost confidence on getting out and about on her own. She had started to use a walking stick but explained she may need to use a walker soon.

She was having to rely on her family but felt she was "putting them out" and so wanted the confidence to use the bus herself so she would not be reliant on them. Her mental health had started to be affected by this as she wanted to be independent but felt she was unable to do this on her own and needed support to overcome this.

Outcome: During our meeting, client explained she had a bus pass but was unsure of when and where to get the bus. We had a look online to see where the bus stop was near her house and how to get there. I suggested we could walk to the bus stop as a trial run, but the client was not feeling well that day and decided against this.

We also discussed the client's issues with housing and energy. She told me that she was having issues with house repairs as she was with the Guinness trust, and she felt their customer service had "gone downhill" in the past year. She explained that Age Uk were helping her with this.

She told me that she had had a boiler put in the property ten years ago but that it always gave her issues, and she was currently in debt with EON. I advised that she may need an energy review and asked for her consent to refer her to, and energy advise service for which she agreed.

Clients' daughter is very involved with her and supports her with making appointments etc

The case is still ongoing. At the next session we will go to the bus stop and take the bus for a dummy run to the client's church with the aim of making the client independent enough to take the bus on her own.

The community connectors providing a social prescribing service, will be continuing employment with BPRCVS, this also includes the ICB grants program. The social prescribing link workers have now been employed by Haslingden community link and will be providing their own report. (the figures on this report for Rossendale do not include the social prescribing link works as their figures were not provided.)

Rossendale Team

Case Study: Hyndburn

We had a referral from Hyndburn & Ribble Valley CMHT for a 41-year-old female. She is autistic and has bi-polar affective disorder that is stable.
The referral stated that she was staying in the house most of the time and not connecting with anyone except Mum and best friend. The desired outcome from the referral was to access autistic communities and access community groups to get out of the house.
A telephone appointment and a home visit was carried out. She discussed her desire to get back into work and her qualifications she had gained Level 4 Childcare degree in Childcare and Level 5 in special educational needs. She talked about the work experience she had in schools and her ideal plan would be to get back into some work in a school. She talked about the gaps in her education that she needs – Maths and English. They agreed a specific plan as she is very self-aware of her autism and knows that she finds it difficult to stay on task.
Plan
Referral into Ingeus for the Work & Health programme
Signposted to Lancashire Adult Learning to find out about maths level 2
Social prescriber to contact a local school they have contacts with to find out about volunteering opportunities
Just over a week after the first home visit the social prescriber attended a meeting with her at the school to discuss volunteering. She was nervous but handled it really well and they agreed that they could offer her a placement one afternoon a week reading with a class and one after school club with the choir. They discussed future development for her working with the SENCO. Client now has all the relevant information regarding DBS checks and paperwork that needs to be completed. Social prescriber to support as necessary.
Client was very happy that she has been supported to take up an opportunity to help her get back to work. She emailed the social prescriber with this feedback
'I feel Cvs have been brilliant in helping me to find a school placement which was fantastic as I am very passionate about the work I do with children and I am hoping they will recognise this at setting and open me up to new opportunities and steer me into the right direction.my interests would be to train in senco and help give a bit back to young children with similar conditions to that of my own'
Work is ongoing supporting client as she starts the volunteer role

Hyndburn Team

Susie Edwards
Social Connector

Shereen Gregory
Social Prescribing Link Workers

Zoe Yates
Social prescribing link workers

Tracey Jones
Social Prescribing Linkworker

This month the Hyndburn SP Team have taken referrals from:
GP, Community Mental Health Team, Talking Therapies, Home treatment team, ITT and RITT, Oak House,

Hyndburn Team

Case Study: Ribble Valley

Reasons indicated on initial referral: Anxiety, Depression (clinical) a referral to Talking Therapies had been made by the practice nurse

Background of client

Female aged 28, has a mild learning disability, lives at home with her mum and dogs, recently lost her job,

Initial Assessment, Findings and Support Provided:

Client reported to having mental health issue since early teenage years, this was due to past traumas and bereavements. Client spoke of several attempts in the past to take her own life. She has a supportive mum and friends, who knew when and how to support when client was low in mood. Client had concerns about the new laws for her dogs who are XLBullys, these are her protective factor. Client had lost her confidence and challenged daily with her mood. With so much going on for the client, I felt a more one to one approach would be beneficial, so we discussed CPET. Client consented to this referral. We agreed to carry on with phone follow ups until she was allocated a support worker.

Client Outcomes

On one of our follow up calls the client was having a particular bad day, she was hearing voices and feeling very low in mood, her mum and friend were with her offering support, keeping her safe, and she said she had no concerns for her safety. As a precaution I emailed the referrer to inform her of the clients situation, and a welfare check was made by the healthcare professional, which the client thanked me for on a later follow up. After a short wait of 4 weeks, client was allocated a CPET support worker and had an initial appointment, she engaged well and was booked in for a group session with Outdoors 4 All Together Wednesday Walk the following week. Client was then discharged as needs met.

	Q1 Satisfaction	Q2 Worthwhile	Q3 Happiness	Q4 Anxiety
Initial	7	7	8	8
Final	8	8	8	7

This month the Ribble Valley SP Team have taken referrals from:
GP, Community Mental Health Team, Talking Therapies, Home treatment team, ITT and RITT

Ribble Valley Team

Alison McGruer
Social Connector

Chelle Simpson
Social Prescribing Linkworker

Ummul Fayyaz
Social Prescribing Linkworker

Julie Mallinder-Smith
Social Prescribing Linkworker

Ribble Valley Team