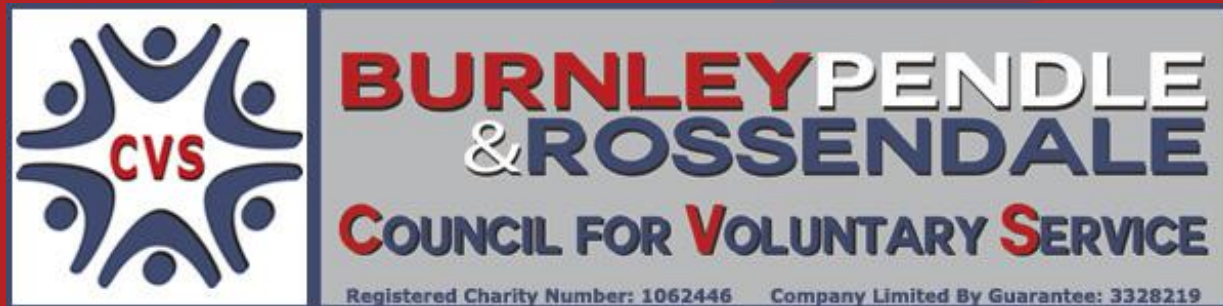


Social Prescribing MONTHLY REPORT

MARCH
2026

Working in partnership in
East Lancashire



Social Prescribing is a person-centred, holistic approach to health and wellbeing that connects individuals to non-clinical sources of support within their community.

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What Is Social Prescribing?

Social prescribing offers a way to access non-medical support within the wider community. It connects people with local services, groups, and activities that help address emotional, social, and practical challenges recognising that issues like loneliness, housing problems, or financial stress can all affect our health and wellbeing.

Referrals are open to everyone and can come from schools, councils, health and care professionals or you can refer yourself.

Social prescribing can help people to:

- Build confidence and reduce feelings of isolation
- Manage mild to moderate mental health needs
- Access community services and peer support
- Take part in volunteering, training, or employment
- Improve quality of life and regain independence

By addressing the broader factors that influence health, social prescribing works alongside traditional medical care. It reduces pressure on NHS services, provides early intervention, and empowers individuals to take greater control of their wellbeing.

In East Lancashire, BPRCVS and HRVCVS deliver high-quality social prescribing in partnership with Primary Care Networks (PCNs), the voluntary sector, and other local partners. This work is supported by Integrated Care Board (ICB) and Lancashire County Council Adult Social Care (LCC ASC) funding, and relies on the strength and diversity of our local community groups.

20,678

Total number of referrals since commencement.

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

7,961,030

Approximate saving in GP appointment costs

Average GP = £64 per patient per 10-minute face to face appointment.

Average 6 visits per patient = £385 x 20,678 patients.

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.

248,136

Hours of SP Support

(Average of 2 hours per session x 6 sessions x 20,678)



National Social Prescribing Day held at Park Social, giving Information and activities

Meet The Team!



Lynne Hargreaves-Walker
Health & Wellbeing
Programme Manager



Tracey Noon
Operations
Manager

Burnley



Louise Howarth
Social Prescribing
Linkworker (BE)



Vicky Ogretmen
Social Prescribing
Linkworker (BE)



Lois Metcalfe
Social Prescribing
Linkworker (BE)



Christina Howarth
ASC Social Connector



Carol Driver
Social Connector



Joanne Green
Social Connector



Annie Anderson
ASC Social Connector
Holding all areas

Pendle



James Smith
Social Prescribing
Linkworker (PE)



Amy Whitham
Social Prescribing
Linkworker (PW)



Zoe Bell
Social Prescribing
Linkworker (PW)



Ummul Fayyaz
Social Prescribing
Linkworker (PW)



Pam Bailiff
Social Prescribing
Linkworker (PE)



Farrah Rafiq
Social Connector



Rebecca Hayworth
ASC Social Connector



John Verity
Social Connector

Rossendale



Mandy Richardson
Social Connector



Jonathan Sheriff
Social Connector



Julie Heywood
ASC Social Connector

Group & Volunteer Support Team



Heather Starkie
Funding Co-ordinator



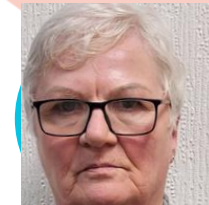
Rebecca Nolan
Group Support &
Training



Julie Overson
Project Support



Salma Liaqat
Admin Support



Lorna Powell
Admin Support



Caroline Littleworth
Volunteering & Group
Support Co-Ordinator



Kim Procter
Volunteering for Wellbeing &
Community Hub Project Support
Worker

Children & Young People Team



Sammie Taylor
Social Prescribing
Linkworker - C&YP (PW)

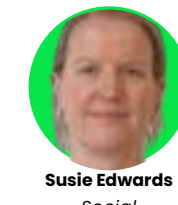


Sania Gozoglu
Social Prescribing
Linkworker - C&YP (PW)



Sylvia Pickles
Social Prescribing
Linkworker - C&YP (PE)

Hyndburn & Ribble Valley



Susie Edwards
Social
Prescribing Lead



Shereen Gregory
Social
Prescribing
Linkworker



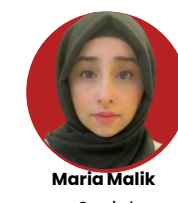
Fiona Bradley
Green Social
Connector



Julie Mallinder-Smith
Social
Prescribing
Linkworker



Zoe Mount
Social
Prescribing
Linkworker



Maria Malik
Social
Prescribing
Linkworker



Chelle Simpson
Social
Prescribing
Linkworker



Ian Targett
Social
Prescribing
Linkworker



Dorothy Parsons
Project Support

Burnley

276

**Referrals So Far
This Year**

28

**New Connector
Referrals**

15

**Closed Connector
Cases**

49

**Current/Active
Connector Cases**

49

**New Linkworker
Referrals**

74

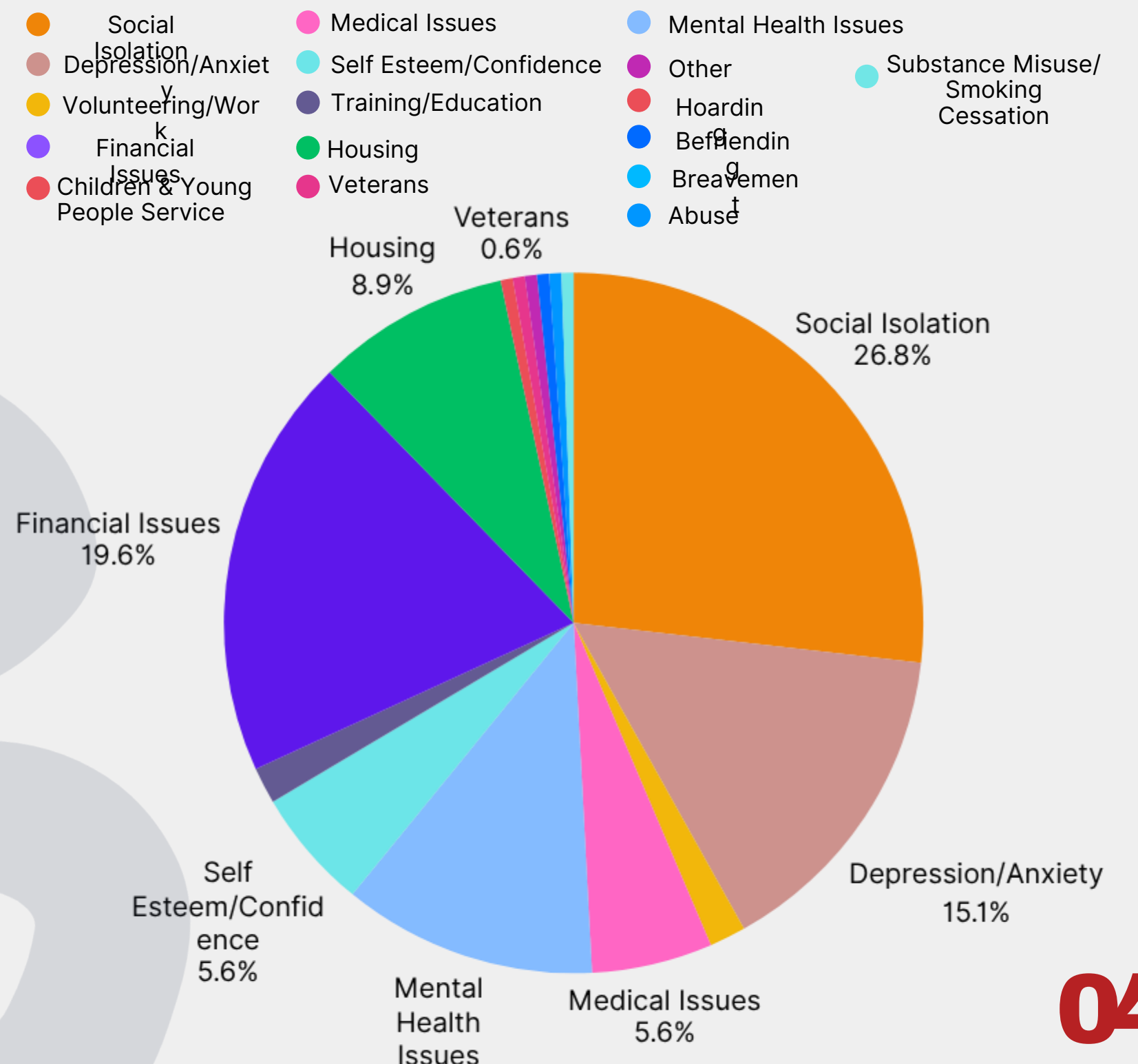
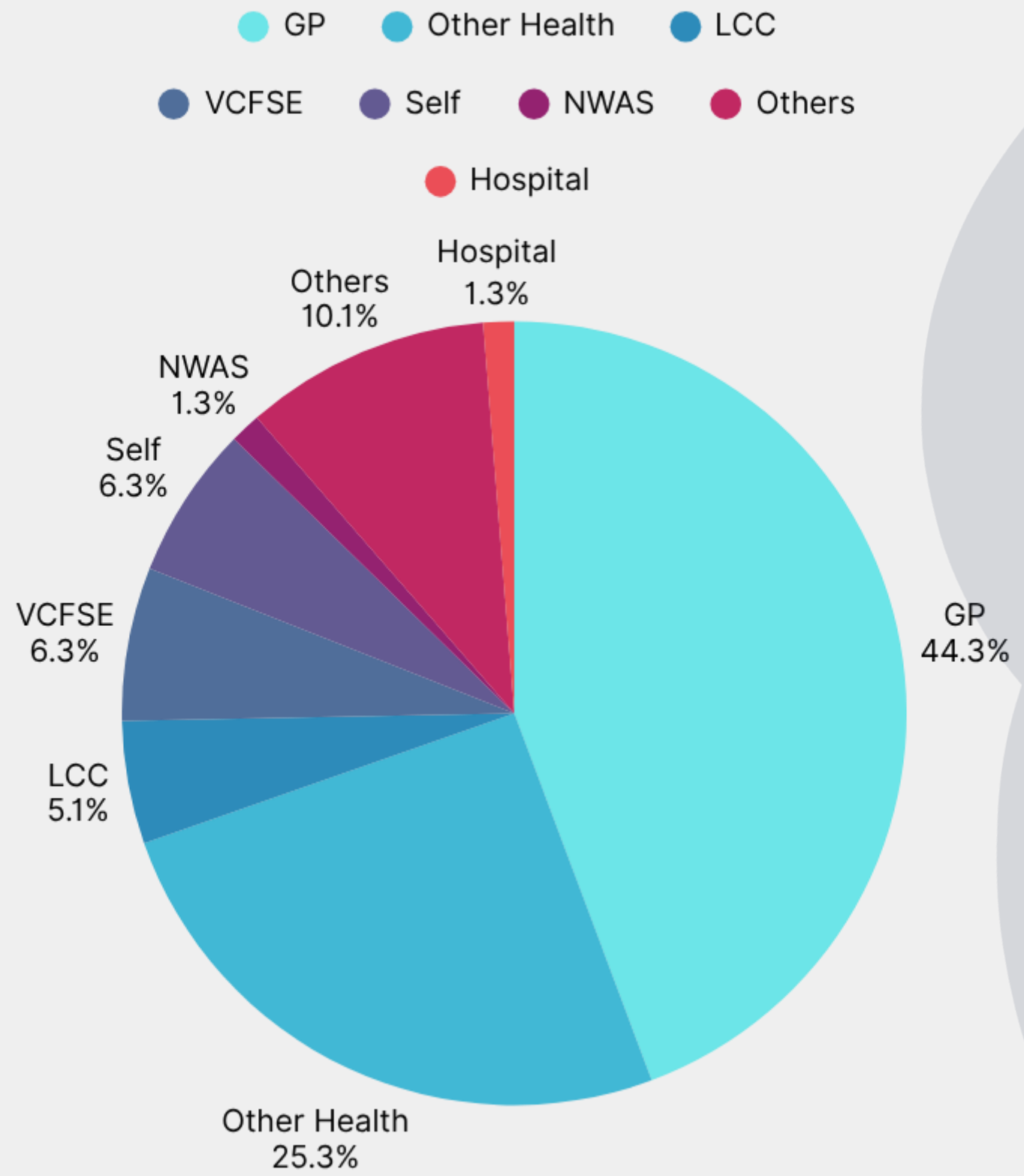
**Closed Linkworker
Cases**

57

**Current/Active
Linkworker Cases**

Burnley Referrals From

Supporting People With



Burnley Group & Volunteer Support Team



This Month In Burnley we have:		Group Support
Supported	47	Unique Groups
Given	110.5	Hours of Group Support
SP Team also attended	61.5	Hours of Meetings
	3	Hours of Learning
SP Team referred into	57	VCF Organisations
	31	Statutory Organisations
This Month In Burnley We Have:		Volunteering
Enquiries Recieved	14	Individuals
Organisatoions who attended the Forum	4	
Currently Volunteering	50	Individuals

East Lancashire is very lucky to have ICB funding for small community organisations – without which our SP Team would not have any destinations for the people we help.

As well as supporting individuals the SP locality teams work closely with the wider BPRCVS & HRVCVS Teams to support vital community groups who provide the valuable services that support the people we support.



Burnley Case Study Angela

Reasons Indicated on Initial Referral

The client was referred by the GP surgery for financial help

Initial Assessment and Support Provided

The Client had her own business but is currently going through insolvency, couldn't carry on working due to granddaughters support needs. Ongoing difficulties with UC claim whilst going through business insolvency. Referred to Welfare Rights for support with UC claim. Signposted to Christians Against Poverty for support with debt. Signposted to work coach for support with eligibility for limited capability assessment. Referred to ICANN for help with completing Children's DLA form for granddaughter. Appointment made with PCN mental health practitioner. On limited income due to problem with UC claim. Struggling to buy food and pay for gas and electric bills but not eligible for energy vouchers. Referred to Household Support fund for support with energy bills and food voucher

Background of Client

Client cares for teenage Granddaughter full time and has done since birth. Due to some difficulties granddaughter is having the client had to give up employment to try to provide additional care for granddaughter. the client does feel well supported from family but is struggling to get the help needed with benefits and finances since having to close her business.

Client Outcomes

Household support fund successful, awarded shopping vouchers and vouchers towards gas and electric. Received help from ICANN with completing child's DLA form. Welfare Rights accepted referral and awaiting input.

Client Comment

"Thank you so much for the vouchers, they are lifechanging and the service has been a lifeline, I feel like there has been a wall up everywhere I have gone for help and you have kept me sane"

Pendle

260

**Referrals So Far
This Year**

15

**New Connector
Referrals**

5

**Closed Connector
Cases**

51

**Current/Active
Connector Cases**

41

**New Linkworker
Referrals**

49

**Closed Linkworker
Cases**

90

**Current/Active
Linkworker Cases**

Reporting on behalf of Pendle East PCN

24

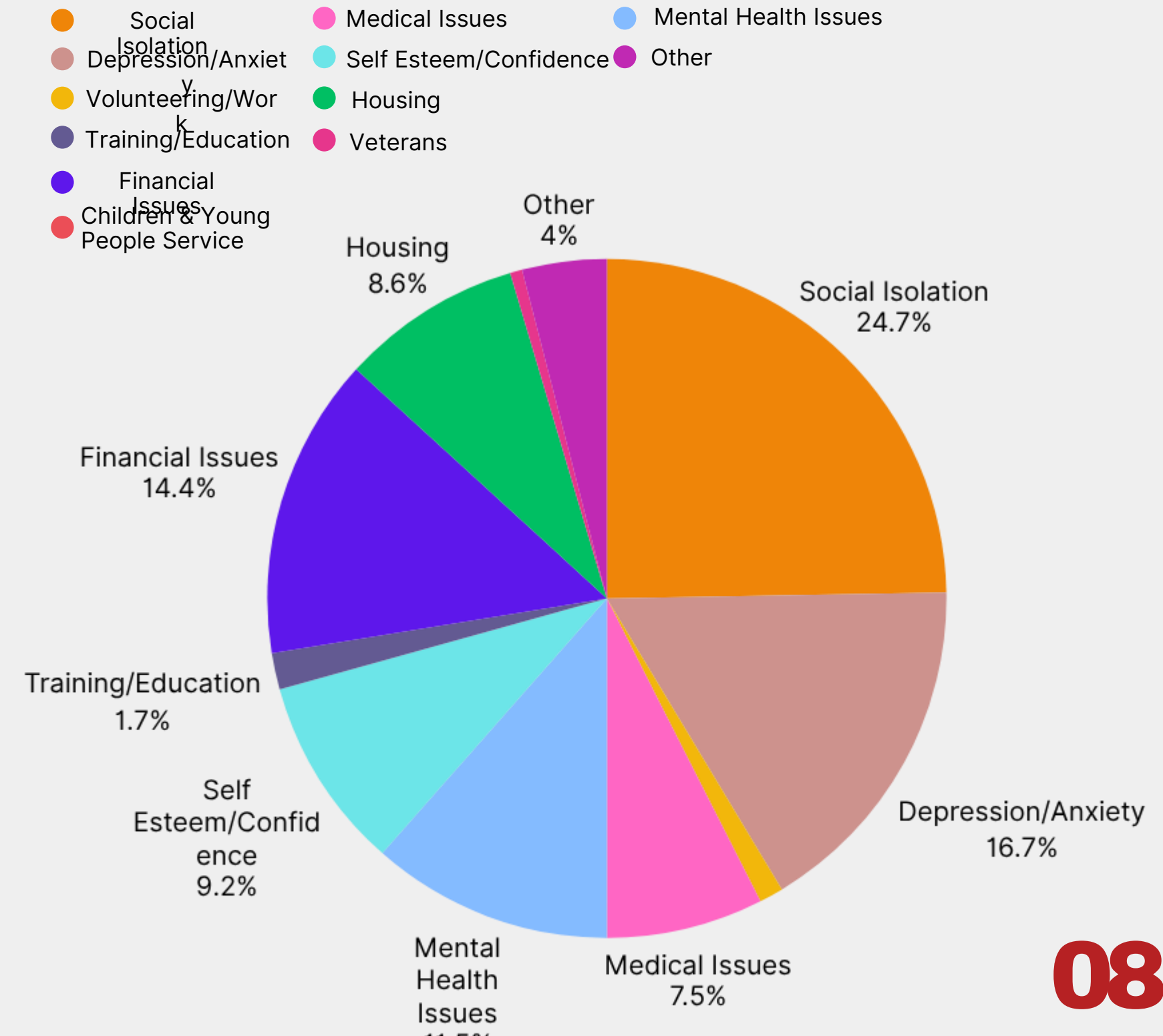
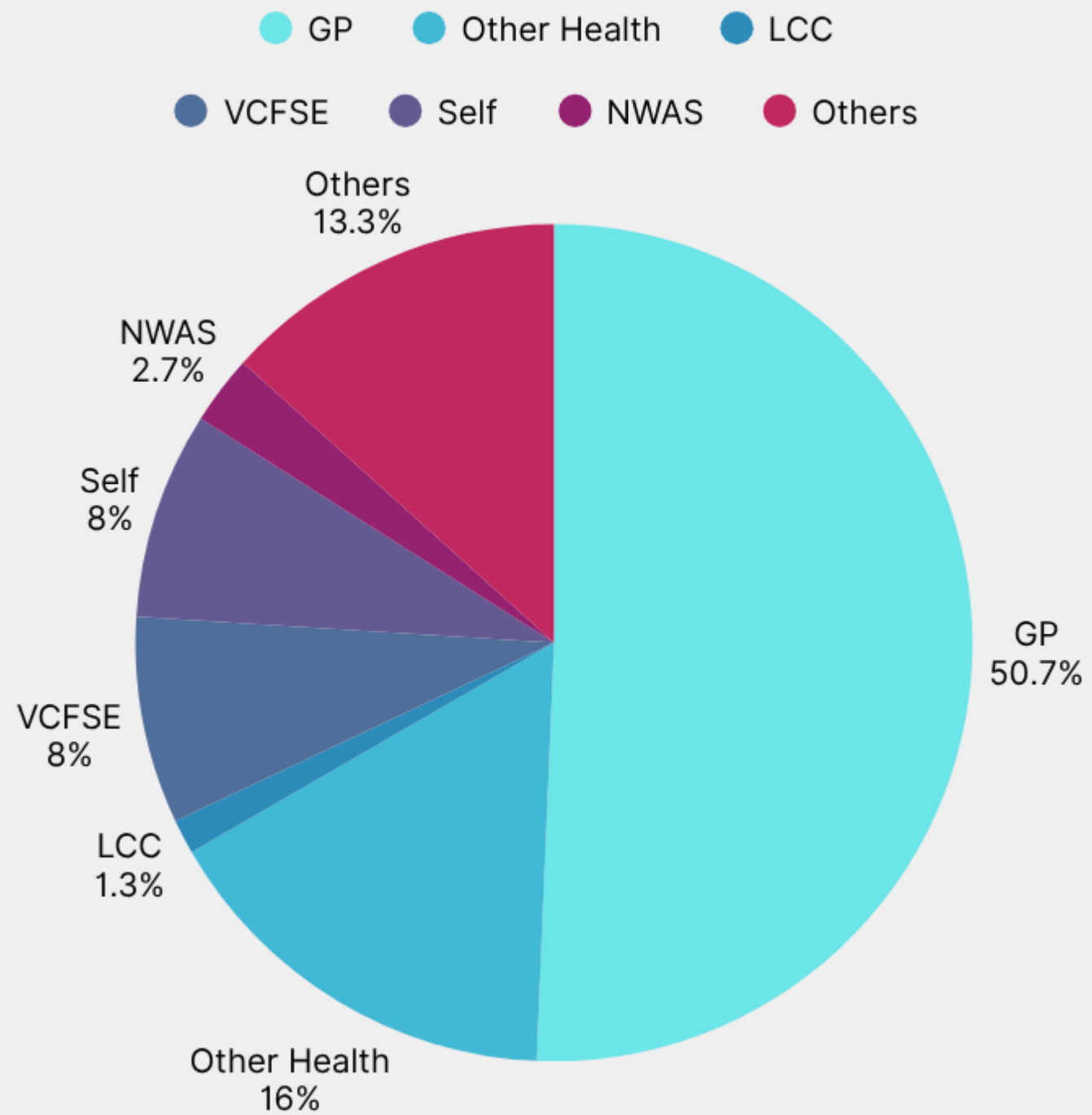
**New Linkworker
Referrals**

9

**Closed Linkworker
Cases**

Pendle Referrals From

Supporting People With



Pendle Group & Volunteer Support Team

This Month In Pendle we have:		Group Support
Supported	30	Unique Groups
Given	52	Hours of Group Support
SP Team also attended	12.5	Hours of Meetings
	35.5	Hours of Learning
SP Team referred into	35	VCF Organisations
	19	Statutory Organisations
This Month In Burnley We Have:		Volunteering
Enquiries Recieved	6	Individuals
Organisations who attended the Forun	1	
Currently Volunteering	4	Individuals

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Pendle Case Study Fiona

Background of Client

Client T is a sixty-six -year-old woman who was having difficulties with housing, debt, and benefits. Their landlord is selling the property so had started the eviction process and my client did not know where to start with trying to secure another tenancy. She had no savings or money to enable her to access the private rental market and no-one to act as a bond guarantor.

My client was struggling with debts that had become unmanageable which was causing a great deal of anxiety.

Medical conditions were causing a problem with looking for and applying for jobs.

Initial Assessment and Support Provided

- I supported my client with registering an application on the BeWithUs housing site and applying for rehousing. I submitted a letter of support to Housing Needs.
- My client was referred to Citizens Advice for support with her debts.
- I supported my client with requesting a Limited Capability To Work assessment via the Job Centre.

Client Outcomes

My client has now been offered a one bedroomed flat from Together Housing.

Citizens Advice have supported her with setting up a Debt Relief Order (DRO)

Following a health assessment, she has been granted 'limited capability to work' which will improve her income and reduce the stress that she felt having to apply for jobs not suitable due to physical disability.

Client Comments

'Thank you so much for your support and the difference you have made to my life. I could not have done it without your help'.



Rossendale

53

**Referrals So Far
This Year**

11

**New Connector
Referrals**

33

**Current/Active
Connector Cases**

14

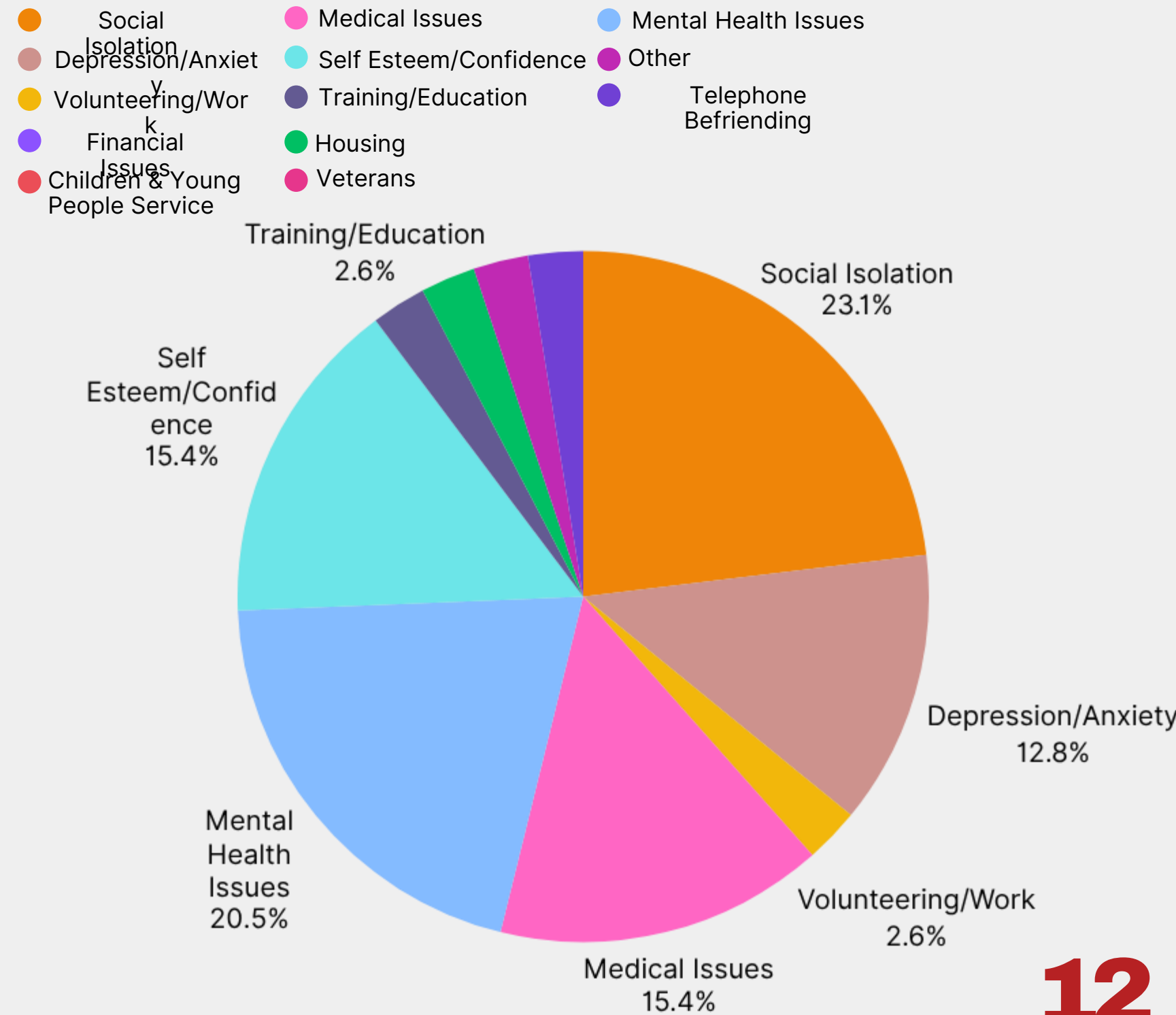
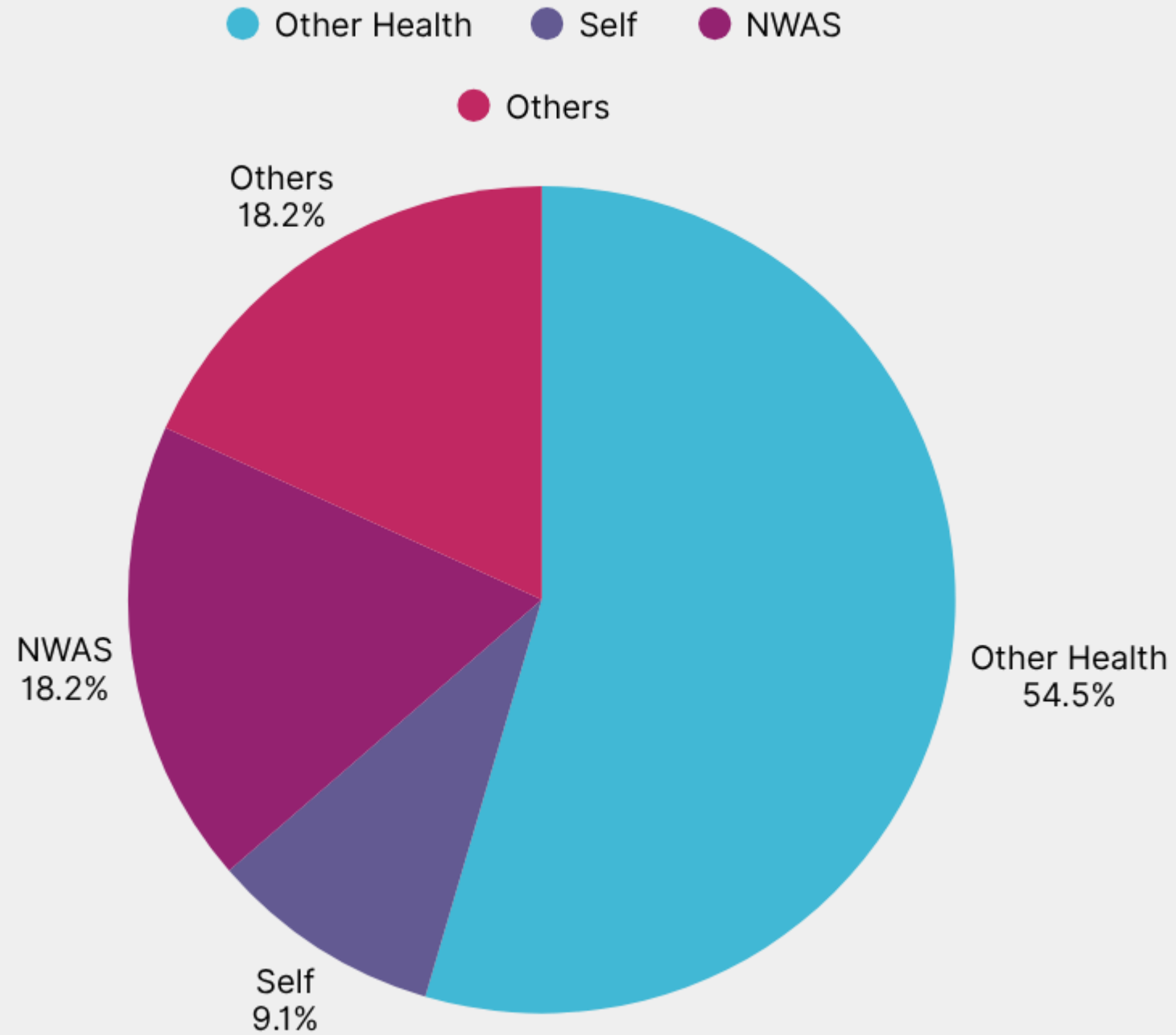
**Closed Connector
Referrals**

Our Rossendale Team was assembled in the summer of 2025 following Carole Williams' retirement. The team is currently out in the community, introducing themselves and working to boost referrals.

11

Rossendale Referrals From

Supporting People With



Rossendale Group & Volunteer Support Team

This Month In Rossendale we have:		Group Support
Supported	23	Unique Groups
Given	41.25	Hours of Group Support
SP Team referred into	16	VCF Organisations
	2	Statutory Organisations
This Month In Rossendale We Have:		Volunteering
Enquiries Recieved	5	Individuals
Organisations Attended the Forum	2	
Currently Volunteering	2	Individuals

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As well as supporting individuals the SP locality teams work closely with the wider BPRCVS & HRVCVS Teams to support vital community groups who provide the valuable services that support the people we support.

Rossendale

Karen

Reasons Indicated on Initial Referral

The client was referred by a healthcare provider due to symptoms of anxiety and depression impacting her ability to leave the home and engage socially. This was also affecting her ability to access groups for her six-week-old child. The client reported difficulties managing routines across her three children, contributing to increased emotional distress.

Initial Assessment and Support Provided

Initial work focused on reducing isolation and creating accessible pathways into support. Information was provided regarding local family hubs, parent and infant groups, and informal peer support networks to support gradual re-engagement outside of the home.

Referrals were made to appropriate services to address the client's mental health needs. This included referral to a women's support organisation for talking therapy, alongside a secondary referral to an alternative provider due to waiting times. A referral was also made to a home-visiting family support service to provide practical and emotional support within the home environment.

The client was supported to prioritise engagement with talking therapy while accessing family-based support at a pace that felt manageable.

Ongoing contact was maintained to provide continuity while the client remained on waiting lists. During this period, the client reported ongoing anxiety and low mood and re-engaged with her GP, resulting in a review of her medication.

Background of Client

The client is a mother of three, with her youngest child approximately seven weeks old at the time of initial contact. She described heightened anxiety, low mood, and a sense of overwhelm, particularly in relation to managing competing demands within the home.

She reported that her mental health was preventing her from going out and engaging in social or community-based activities, which in turn contributed to isolation for both herself and her infant. She also described feelings of guilt in relation to her older children and recognised a similar pattern of postnatal emotional difficulty following a previous birth. The client had limited knowledge of local support services following a relocation to the area.

Client Outcomes

The client engaged intermittently but remained open to support and expressed a desire for continued contact while awaiting services. She successfully secured an appointment with a family support service, indicating progress towards accessing structured support.

Following this, engagement reduced and multiple attempts to re-establish contact were unsuccessful.

The case was closed following standard procedures due to loss of contact, with a final letter issued. At the point of closure, the client had been referred into appropriate support pathways, including talking therapy and family-based support services.

BPRCVS Trustees have had to make the difficult decision to pause referrals for all areas for this service apart from Pendle West. Trustees have funded this service for a number of years out of reserves – this could not continue. Pendle West PCN is at the vanguard of providing a social prescribing service for children & young people by funding 2 x 30 hours linkworkers. Please contact tracey.noon@bprcvs.co.uk should you have any questions

Social Prescribing for Children & Young People

Pendle West



Although numbers of referrals are relatively low in comparison with the adult SPLWs, the complexity of issues being experienced by the young people (and their families) referred into our service is increasing. This means more time is being spent keeping young people safe and ensuring they have all they need to lead happy, healthy, empowered lives.

Family Case Study Ainsley

Background

Client was referred due to social isolation and a change in presentation following a traumatic event

Actions Taken

Client was seeking emotional support over social interactions. Client was referred to external agencies to access appropriate support.

Outcomes

Upon follow up client reported doing better and managing their trauma. Client mentioned they had reconnected with friends and strengthened family ties

Needs

Family and school felt child was becoming withdrawn and self-isolating. Client disengaged from hobbies and was struggling to process emotions and began having disrupted sleep

Comments

It has been helpful speaking to someone and after the sessions I feel motivated and I feel like someone has hope in me. I feel like I am emptying the bottle that I am filling up.



Hyndburn

164

**Referrals So Far
This Year**

108

**Current/Active
Linkworker
Referrals**

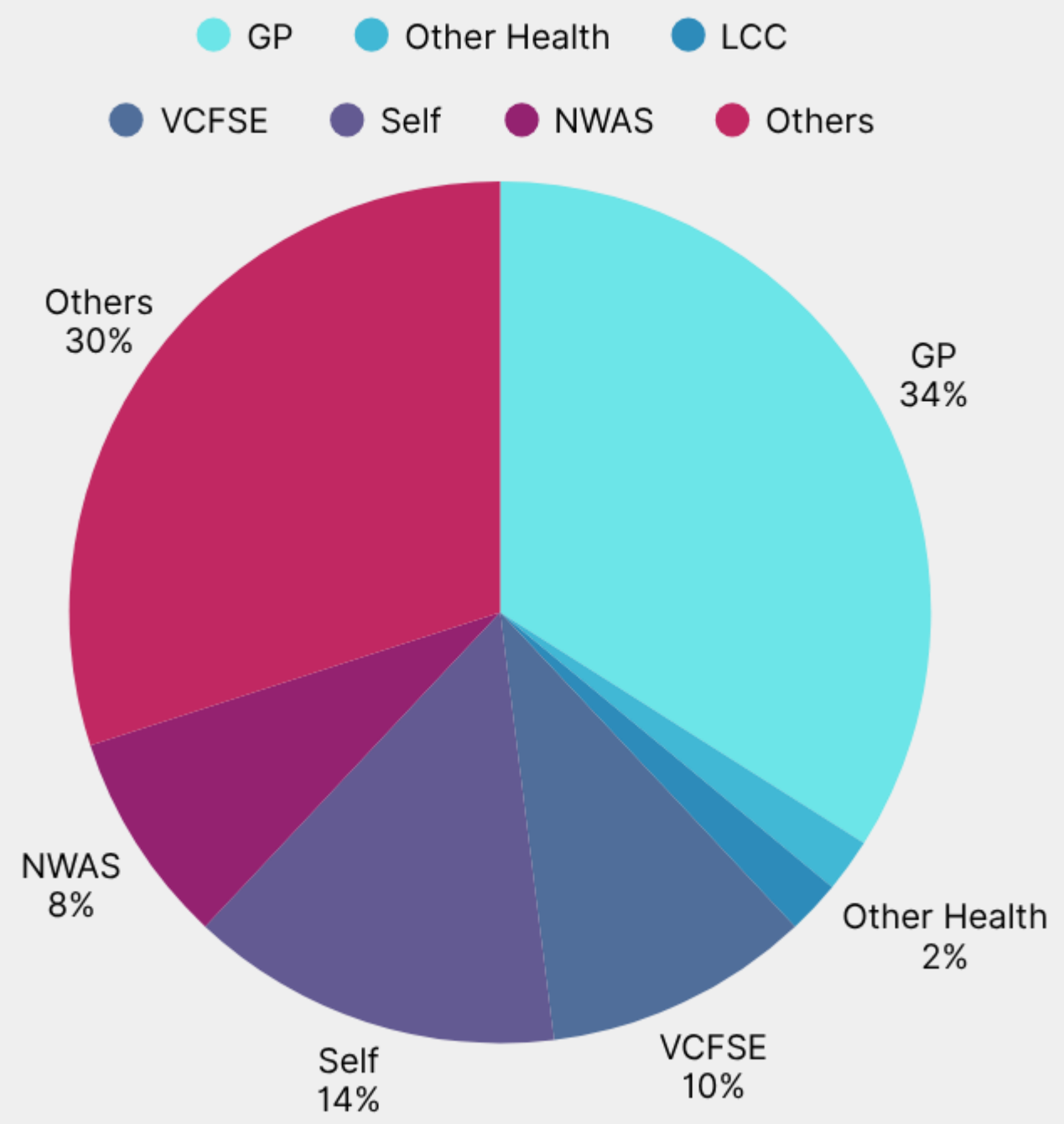
51

**New Linkworker
Referrals**

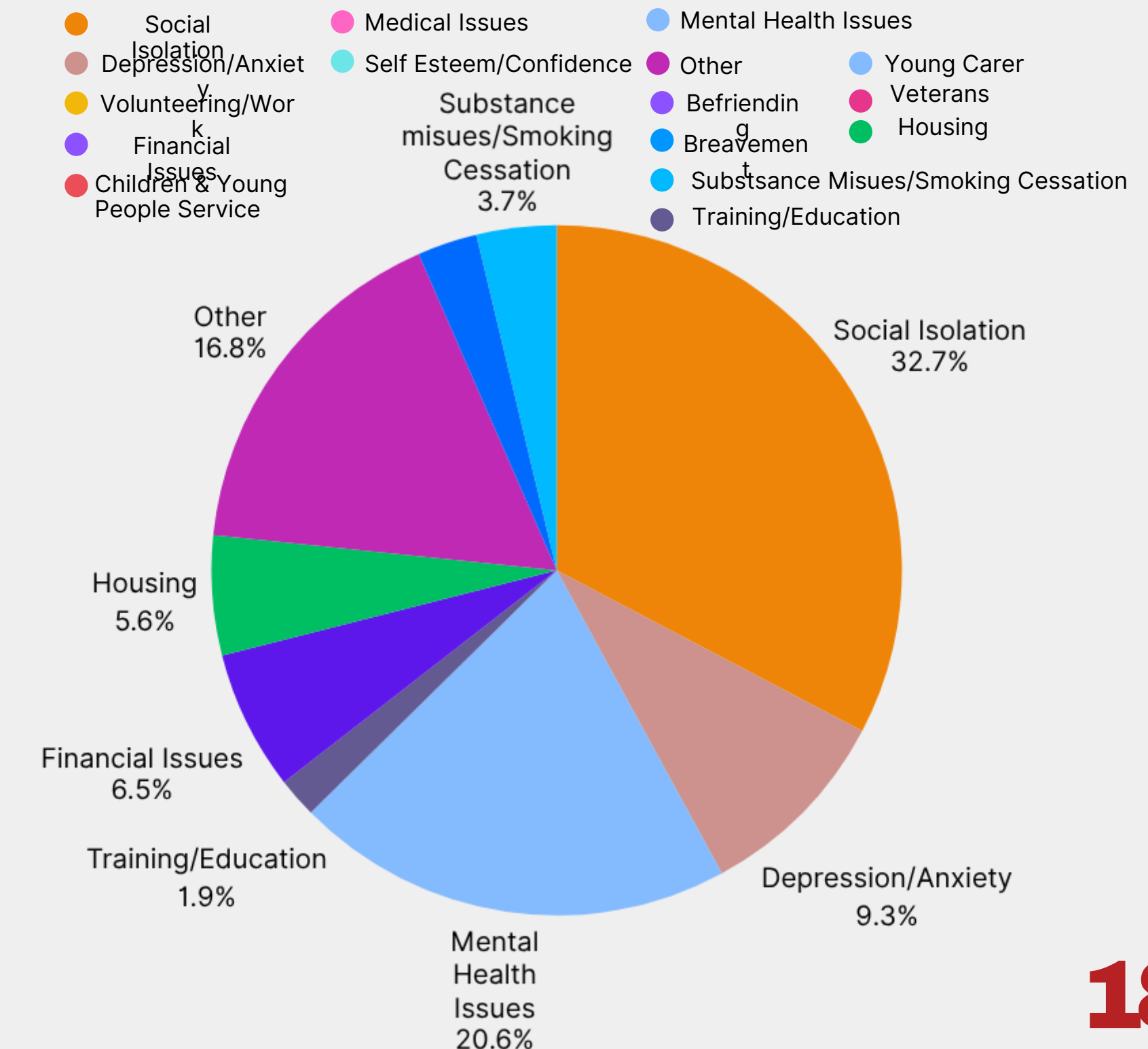
47

**Closed
Linkworker Cases**

Hyndburn Referrals From



Supporting People With



Hyndburn Group Support & Funding

East Lancashire is very lucky to have ICB funding for small community organisations – without which our SP Team would not have any destinations for the people we help.

This Month In Hyndburn we have: Group Support

Supported	18	Unique Groups
Given	31.5	Hours of Group Support
SP Team also attended	37	Hours of Meetings
	38.5	Hours of Training
SP Team referred into	33	VCF Organisations
	8	Statutory Organisations
This Month In Hyndburn we have:		Volunteering
Volunteers	14	Seen or Supported
Volunteers Hours	17	



Hyndburn Case Study Mary

Reason for referral

A client who was discharged a year ago was at a group one of the social prescribers was attending with a new client. She was pleased to see her so she could update her on her progress since they had worked together.

Initial Assessment and Support Provided

On meeting her initially they did discuss groups and activities close to her home, but she wasn't very enthusiastic, Shereen gave her some information and stayed in contact. Shereen did manage to encourage her to meet her at the warm hub at Bank Mill community centre. She enjoyed it and had some good conversations with other people at the group. They also attended a new ease into exercise class at Bank Mill and continued to attend the Warm hub despite a fractured shoulder.

Background of Client

The client is an 82-year-old woman who lives alone. At the time when she was referred in by her GP after her daughter and other family members had a lot of concerns about her and had discussed looking at alternative housing for her as it was felt she wasn't able to cope on her own and the family felt she would need to move into a sheltered housing property and have carers. She did go to one group that wasn't in her local area but didn't have a network of people around her. She rang the family frequently and despite encouragement, wouldn't go to local groups.

Client Outcomes

A year on and she is attending the Bank Mill groups and has made a few friends and is doing really well. The friendships have developed into them meeting up outside of the group. She has also been helping her neighbour to get out and about shopping as she had become isolated and was not really leaving the house. She has been attending dance classes and booked onto a creative workshop at the new Mercer Hall and is back driving again. They discussed how she would like to volunteer at a group to help people like she has been helped. We don't always get to see how clients progress after we have discharged them. It is rewarding to see that the work they did together has had a long term impact on her life and she is now wanting to give back and volunteer. She is managing to live independently in her own home and doing well which is what she wanted so she is happy with that.

Ribble Valley

131

**Referrals So Far
This Year**

75

**Current/Active
Linkworker
Referrals**

42

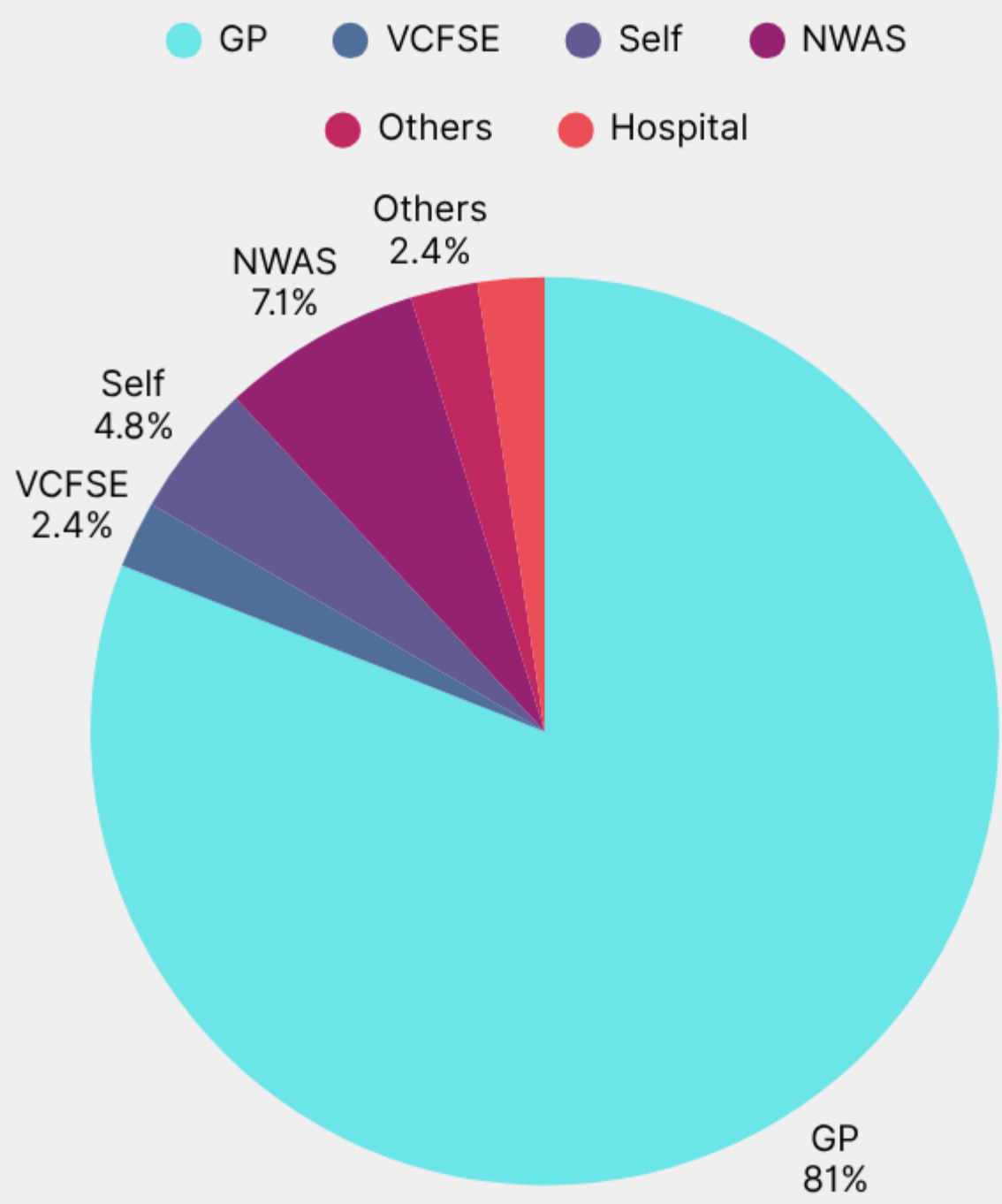
**New Linkworker
Referrals**

49

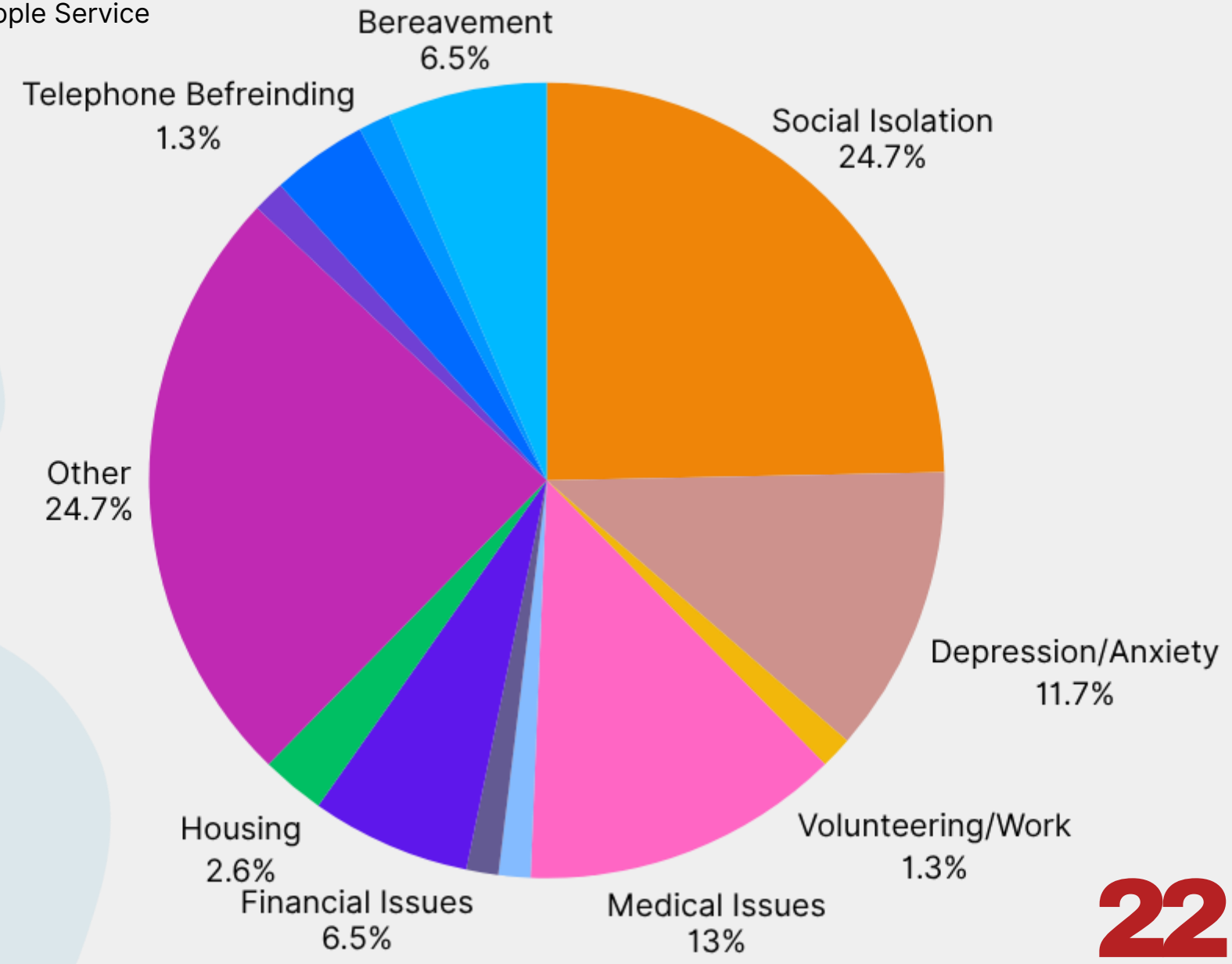
**Closed
Linkworker Cases**

Ribble Valley Referrals From

Supporting People With



- Social Isolation
- Depression/Anxiety
- Volunteering/Working
- Financial Issues
- Children & Young People Service
- Medical Issues
- Self Esteem/Confidence
- Training/Education
- Housing
- Veterans
- Mental Health Issues
- Other
- Telephone Befriending
- Substance Misuse/Smoking Cessation
- Bereavement
- Abuse†



Ribble Valley Group Support & Funding

This Month In Ribble Valley we have: Group Support

Supported	15	Unique Groups
Given	30	Hours of Group Support
SP Team also attended	15	Hours of Meetings
	55	Training
SP Team referred into	26	VCF Organisations
	3	Statutory Organisations

East Lancashire is very lucky to have ICB funding for small community organisations – without which our SP Team would not have any destinations for the people we help.

This Month In Ribble Valley we have: Volunteering

SN Champions	17	
Volunteers Supported	19	

Ribble Valley Case Study Nelly

Reasons Indicated on Initial Referral

“Exercise Referral, Outdoor Wellbeing Activities, Community Groups and Activities”

Initial Assessment and Support Provided

- She lives with her partner in Clitheroe. Her husband went missing and he was found dead in a public place. She has recently relocated to Clitheroe to be near her daughter and 6-year-old granddaughter.
- She lives on a new estate with an irregular numbering system. Letters frequently don't get delivered so she was unaware that her council tax had gone into arrears. She is now struggling to repay this debt.
- I met client at Clitheroe Library, for the “Craft and Chat” group. She is entering an art competition so wants more technical support. I have a good relationship with the organiser of the Watercolour group at Trinity Hub, I introduced her to the group; she will be able to join this in September when a space will be available.
- I accompanied her to the final “Warm Hub” at the Trinity Community Hub, we had lunch and I supported her to complete a referral to the Gateway Trust for counselling. I also gave her information about art classes at the Whalley Old Grammar School and at Bank Mill in Great Harwood.
- She asked for help with her food situation, so I issued a Food Bank voucher. I checked which products she needed and delivered the parcel to her home so she could continue working at the shop and didn't miss her shift. They had given her some Easter treats for her grand-daughter who was visiting that weekend
- Gave her all the information she needed to contact the council about her tax arrears

Background of Client

Client is a 55-year-old female who works at the Age UK charity shop for 3 days a week. She has osteoarthritis and is looking for cost effective activities to fill her spare time.

Client Outcomes

She is grateful for the help she has received so far and feels in a much better place and supported. The links and introductions to the groups has been really helpful and appreciated that somebody could go with me until I felt settled

Working in partnership using the whole system approach.

