

# Social Prescribing MONTHLY REPORT

JULY  
2025

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.

## 18,467

**Total number of referrals since commencement.**

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

## 7,109,795

**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 18,467

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.

## 221,604

**Hours of SP Support**

(Average of 2 hours per session x 6 sessions x 18,458)

# Meet The Team!



**Lynne Hargreaves-Walker**

Health & Wellbeing  
Programme Manager

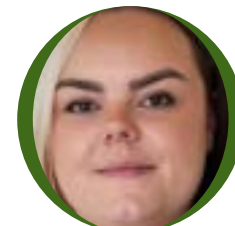
## Burnley



**Louise Howorth**  
Full time SPLW (BE)



**Vicky Ogretmen**  
Full time SPLW (BE)



**Lois Metcalfe**  
Full time SPLW (BE)



**Christina Howarth**  
Social Connector



**Salma Liaqat**  
Social Connector



**Joanne Green**  
Social Connector

## Group Support & Funding Team



**Heather Starkie**  
Funding Co-ordinator



**Tracey Noon**  
Operations Manager



**Julie Overson**  
Project Support

## Pendle



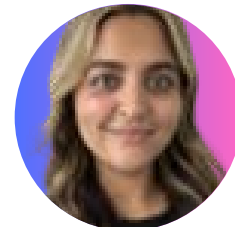
**James Smith**  
SP Linkworker (PE)



**Pam Bailiff**  
SP Linkworker (PE)



**Zoe Brown**  
SP Linkworker (PW)



**Ummul Fayyaz**  
SP Linkworker (PW)



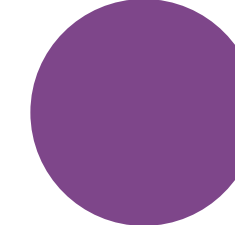
**Amy Whitham**  
SP Linkworker (PW)



**Farrah Rafiq**  
Social Connector



**Rebecca Hayworth**  
Social Connector



**Vacant**  
Social Connector

## Children & Young People Team

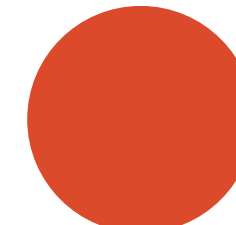


**Sammie Taylor**  
SPLW - C&YP (PW)



**Sylvia Pickles**  
SPLW - C&YP (PE)

## Rossendale



**Vacant**  
Social Connector



**Jonathan Sheriff**  
Social Connector



**Julie Heywood**  
Social Connector

## Hyndburn & Ribble Valley



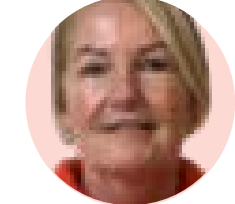
**Susie Edwards**  
Social Prescribing Lead



**Alison McGruer**  
Community Lead



**Tracey Jones**  
Social Prescribing Linkworker



**Shereen Gregory**  
Social Prescribing Linkworker



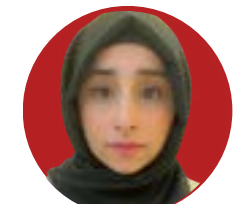
**Fiona Bradley**  
Green Social Connector



**Dorothy Parsons**  
Project Support



**Zoe Yates**  
Social Prescribing Linkworker



**Maria Malik**  
Social Prescribing Linkworker



**Chelle Simpson**  
Social Prescribing Linkworker



**Ian Targett**  
Social Prescribing Linkworker



**Julie Mallinder-Smith**  
Social Prescribing Linkworker

# Burnley

**788**

**Referrals so far  
this year**

**26**

**New Connector  
Referrals**

**13**

**Closed Connector  
Cases**

**31**

**Current/Active  
Connector Cases**

**79**

**New Linkworker  
Referrals**

**40**

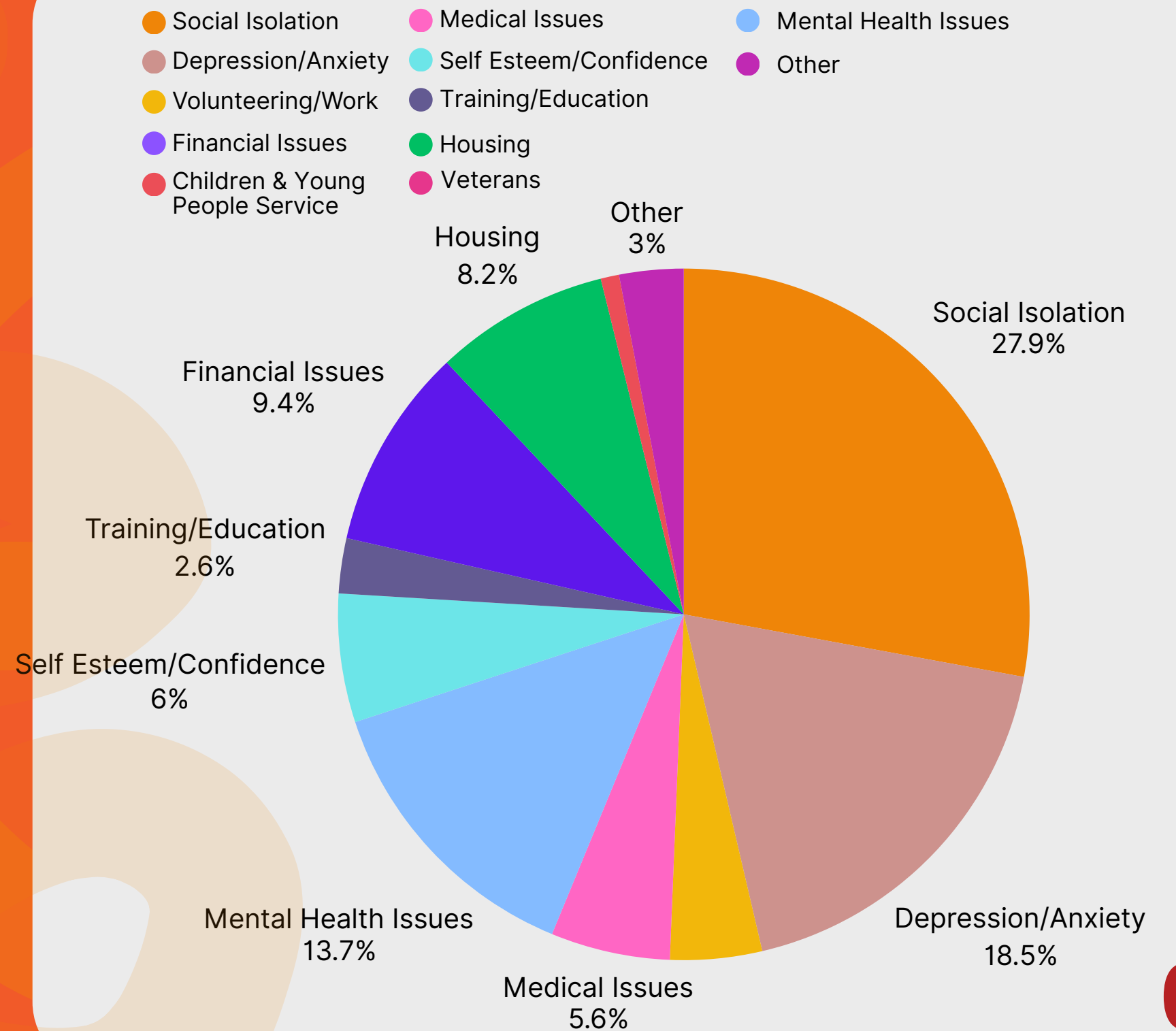
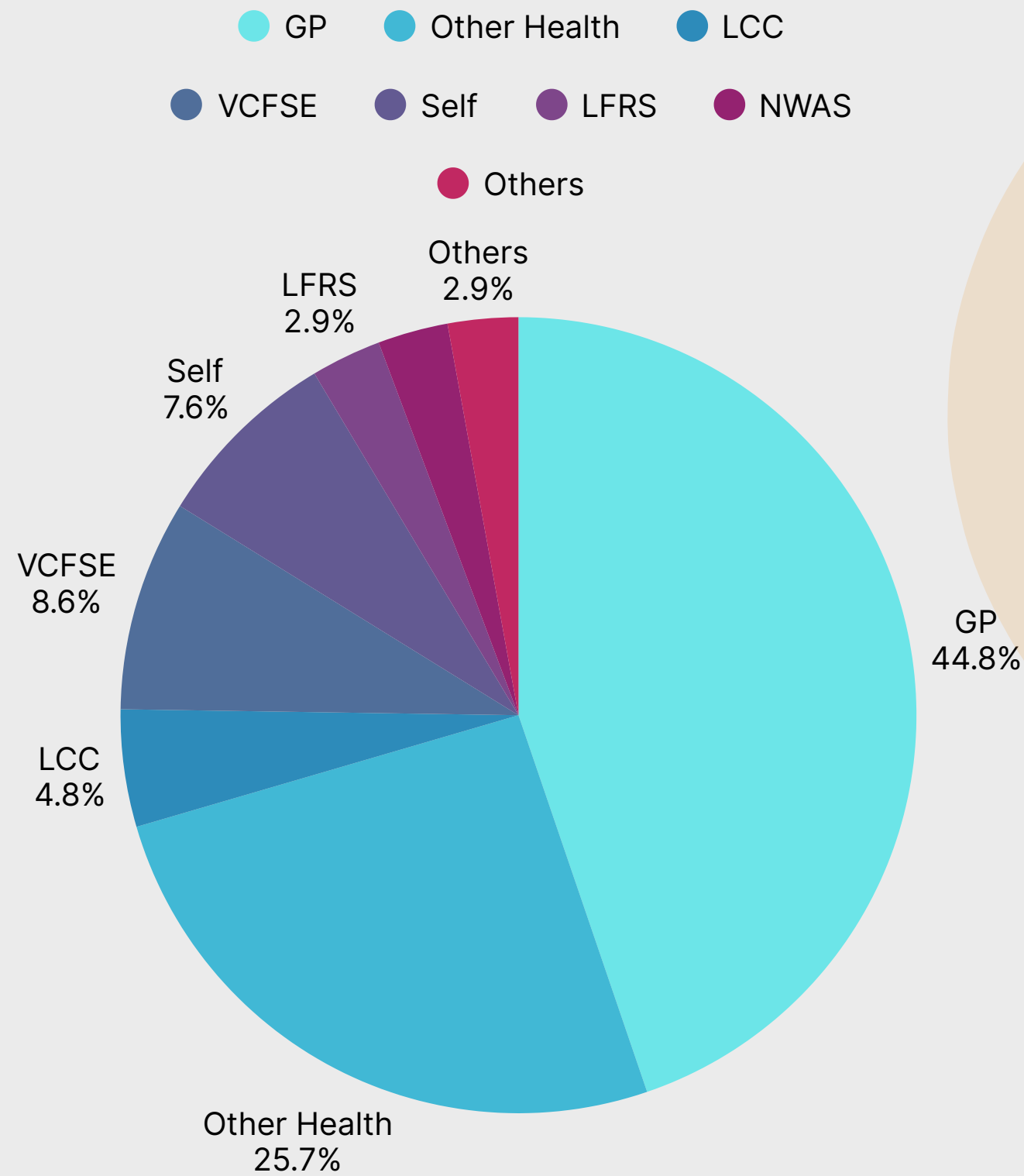
**Closed Linkworker  
Cases**

**96**

**Current/Active  
Connector Cases**

# Burnley Referrals From

# Supporting People With



# Burnley Group Support & Funding Team

## This Month In Burnley we have:

Supported	<b>64</b>	Unique Groups
Given	<b>93</b>	Hours of Group Support
SP Team also attended	<b>69</b>	Hours of Meetings
	<b>15</b>	Hours of Learning
SP Team referred into	<b>65</b>	VCF Organisations
	<b>27</b>	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.

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 Beat The Street

Please see Photo on Figures Page

When you think of Beat the Street, it's easy to picture schoolchildren racing between Beat Boxes or families out exploring together. But 82-year-old Renee is proof that this community game is for everyone and that the ripple effect of workplace promotion can reach much further than expected.

While many participants join through schools or family groups, workplaces and community organisations like BPRCVS are helping the game reach wider audiences. Renee first got involved after hearing about Beat the Street from her daughter, who works at BPRCVS, and she thought it might make her daily dog walks a bit more interesting. Soon enough, she signed up, card in hand, and began exploring. "I liked being part of the team, it's where my daughter works, so it made sense," she said. "The competition probably kept me going the most. I didn't want to stray too far from home, so I mainly used the same four or five Beat Boxes in my local area, but it still made me walk further than I usually would. It really gave me that extra push."

Having recently moved back to Burnley, Renee found that Beat the Street offered more than just physical activity. It helped her reconnect with her surroundings and feel part of the community again. "I met other people on my walks, which was really encouraging. That social side of it is lovely. You're out, getting some fresh air, and seeing familiar faces or even new ones."

Renee didn't use the app or track gems she kept it simple with her card. For her, the appeal was in the straightforward joy of getting out and being involved. "You don't need a phone or fancy gadgets. You just need your card, your feet, and a bit of motivation. It doesn't matter how old you are, it's about getting out there and enjoying it. It gives you a reason to get out every day. It should be an all-year thing, really."

There was a special ending to it all as well. Renee attended the celebration event with her family, where she felt proud to be recognised for her efforts and enjoyed being part of a meaningful community event.

Renee's story is a powerful reminder that community health initiatives like Beat the Street are not just for young people or families. With the help of workplaces and community organisations sharing the message, the game is reaching people of all ages and abilities and helping them feel connected, active, and proud to be part of something bigger.

Comment

"It Should Be All Year Round" – Renee

# Pendle

**739**

**Referrals so far  
this year**

**19**

**New Connector  
Referrals**

**18**

**Closed Connector  
Cases**

**47**

**Current/Active  
Connector Cases**

**49**

**New Linkworker  
Referrals**

**32**

**Closed Linkworker  
Cases**

**89**

**Current/Active  
Connector Cases**

Reporting on behalf of Pendle East PCN

**35**

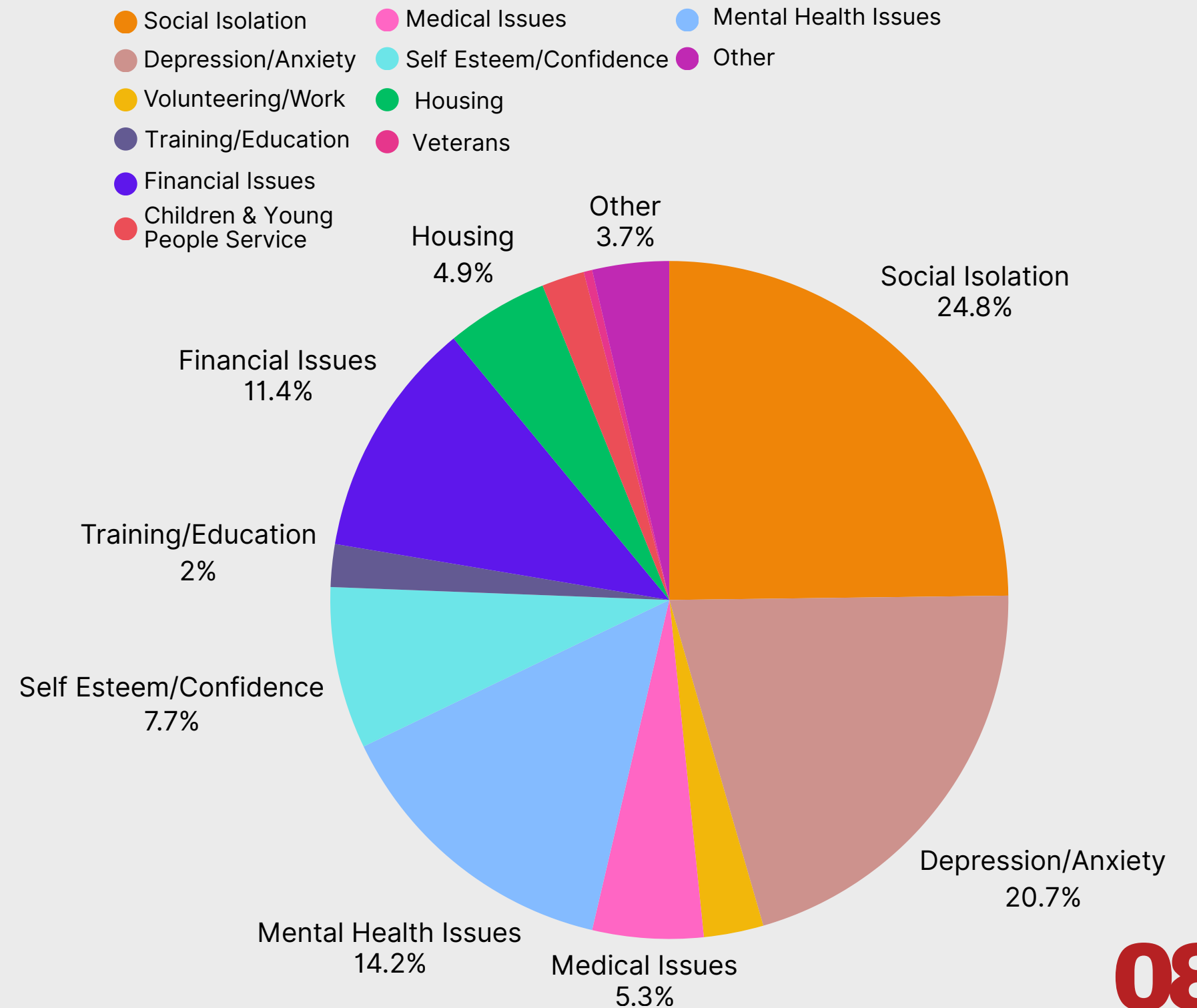
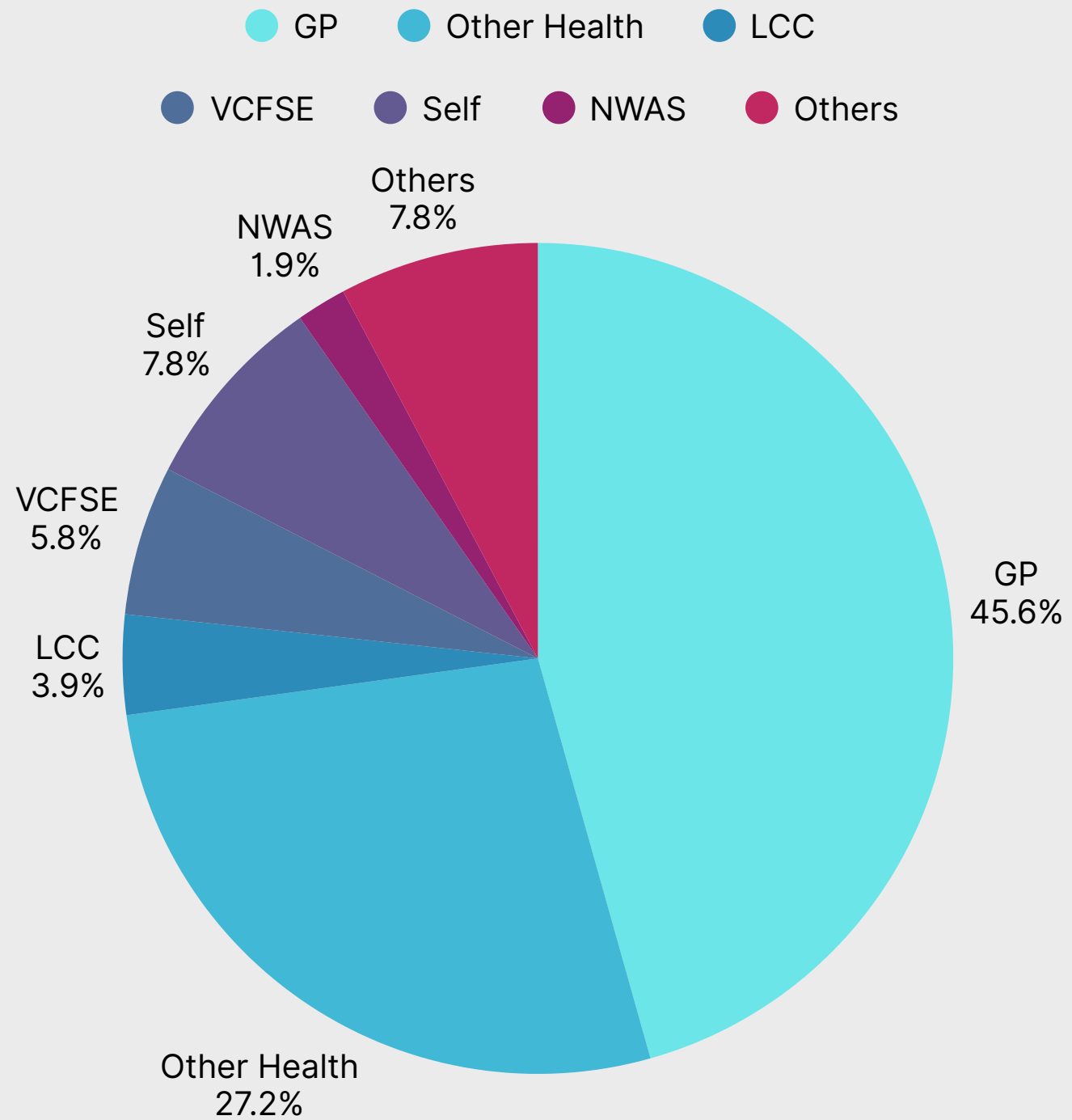
**New Linkworker  
Referrals**

**13**

**Closed Linkworker  
Cases**


# Pendle Referrals From

# Supporting People With



# Pendle Group Support & Funding Team

## This Month In Pendle we have:

Supported	<b>37</b>	Groups
Given	<b>51.30</b>	Hours of Group Support
 SP Team also attended	<b>22</b>	Hours of Meetings
	<b>29</b>	Hours of Training
SP Team referred into	<b>37</b>	VCF Organisations
	<b>22</b>	Statutory Organisations

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# Pendle

# CASE STUDY

# Anita

## Reasons indicated on initial referral

The referral was received from Children and families Wellbeing Service for support with social inclusion and accessing the community. It stated the patient was anxious and low in confidence and struggled even to go for a walk on her own

## Background of client

The patient has learning difficulties and teenage children. She had recently moved to the area and did not know anyone locally.

## Initial Assessment and Support Provided

I did the initial assessment as a joint home visit with the referrer to put the patient at ease. We discussed her interests and as she was an avid reader, we downloaded the free Borrowbox app and logged in with her library card, so she could use this as an alternative to paying for another E-Book app.

We discussed that her priority was to go to a group or activity close to home, as this would save travel costs, and hopefully introduce her to people that lived nearby. We agreed that I could support with social inclusion in the short term and if she felt she needed more support I would refer to the Community Prevention and Engagement Team as they can support for up to 12 weeks.

I supported the patient with 6 sessions. Including: A walk and talk session.

Attending Herbalist sessions at Hodge House Community Centre. Attending volunteer sessions at GardenAble Ladies group at Hodge House.

PCN health event at Hodge House where she had BP/weight taken and received health advice. Referred to NHS talking therapies and PCN menopause sessions and received information on Up and Active, Pendle food for all, and Lancashire Women services.

I initially walked to events and stayed with her but then she was able to meet me there and I left after she felt comfortable.

She did attend a session alone after that but said she felt she needed longer term support to feel comfortable attending things and agreed to referral to CPET.

Information given on local food banks and offered referral for benefit advice, but she declined.

## Client Outcomes

Patient is feeling more confident and has her initial appointment booked with CPET to continue the support. She has been able to meet new people and accessed support with Talking Therapies and Menopause advice.

She can go out for a walk alone now and feels happy that she has lost some weight due to now being more active. She seems more positive about the future and feels her relationship with her daughter has also improved.

# Rossendale

**92**

**Referrals so far  
this year**

**23**

**New Connector  
Referrals**

**15**

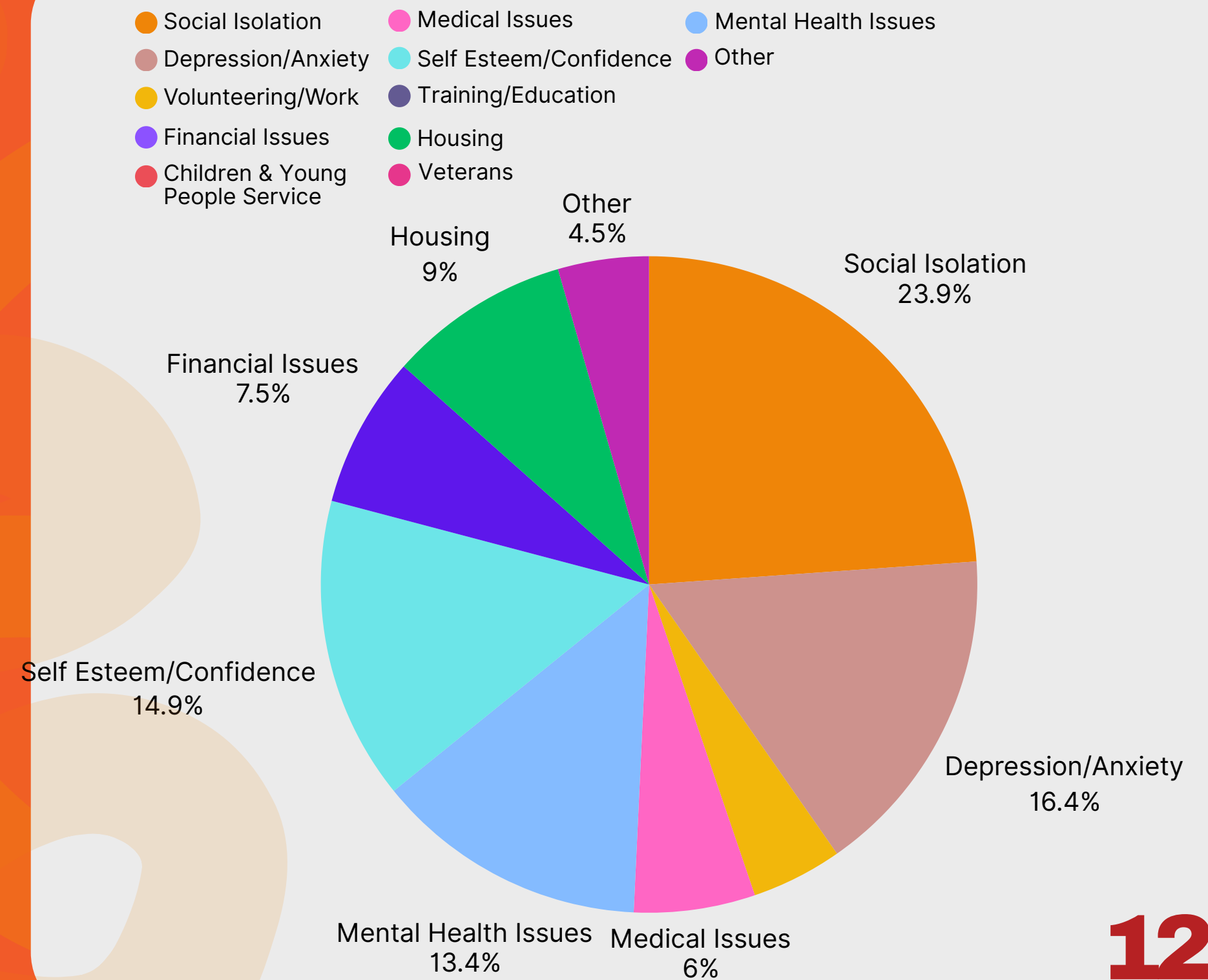
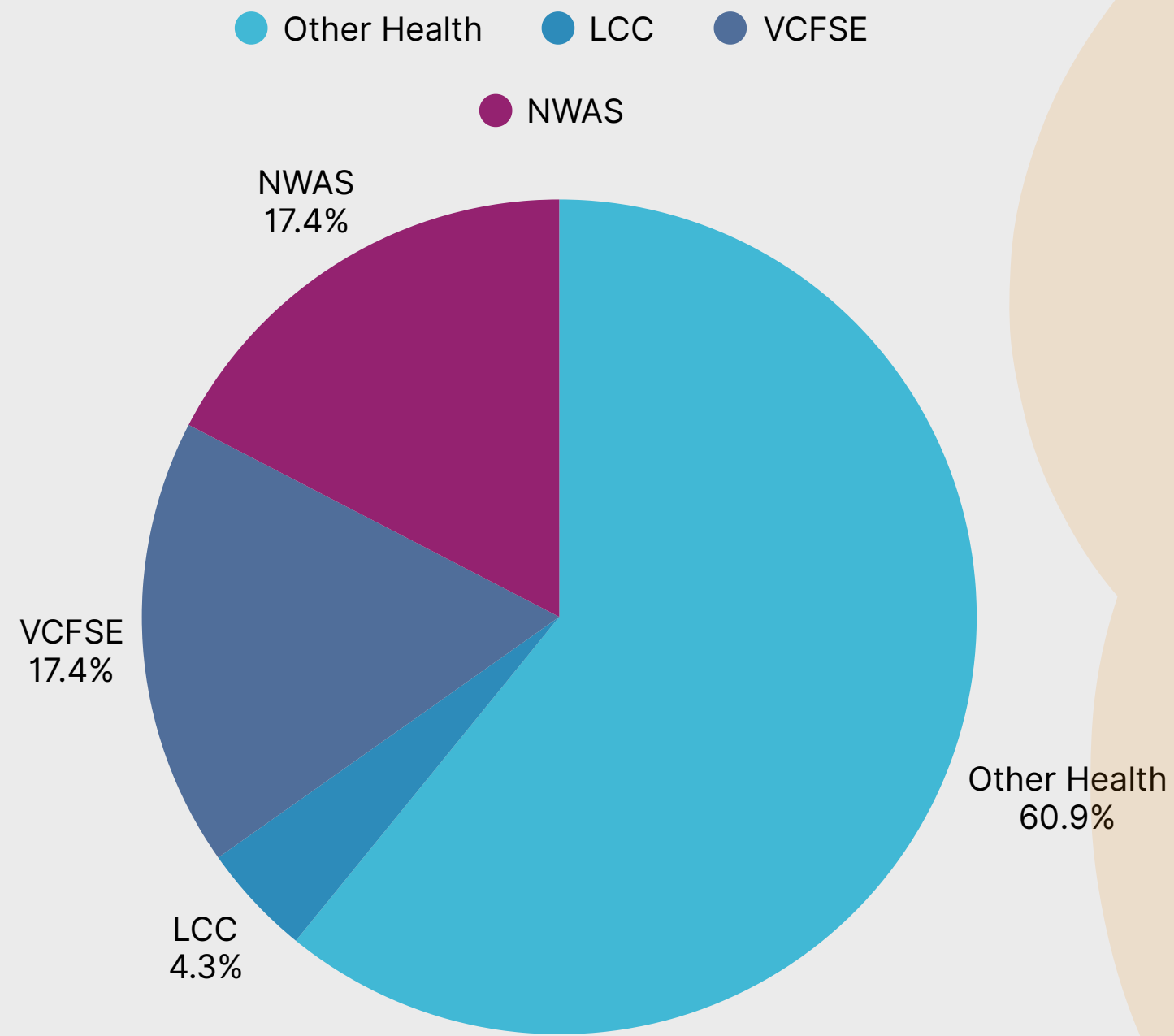
**Closed  
Cases**

**45**

**Current/Active  
Connector Cases**

# Rossendale Referrals From

# Supporting People With



# Rossendale Group Support & Funding Team

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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.

## This Month In Rossendale we have:

Supported	<b>22</b>	Unique Groups
Given	<b>7</b>	Hours of Group Support
SP Team Also Attended	<b>1</b>	Hours of Meetings



# Rossendale CASE STUDY Brenda

## Reasons indicated on initial referral

B and her husband G were referred with concerns around navigating support services. The primary issue raised was completing an Attendance Allowance (AA) application, alongside general questions around accessing help with forms and possible carer support

## Initial Assessment and Support Provided

On first contact (17/06/25), B was given information about Attendance Allowance, including eligibility and form completion support. Options were explained: Age UK Lancashire (free benefits support). Citizens Advice, Milcare (private service with a fee)

Lancashire Carers Service (if B was providing care to G)

B was unsure which route to pursue at that stage.

A referral was submitted to Age UK, but they later reported no capacity to assist with AA paperwork that month. Citizens Advice and Milcare were suggested as alternatives.

Contact was made with Milcare, who initially reported difficulty reaching Barbara despite several attempts. J followed this up and confirmed they would try again. Details for CAB and Milcare were re-provided to Barbara for direct access.

## Background of client

B (84) lives with her husband G, Both experience age-related health needs, with G noted to be partially sighted. They had previous involvement from community services: CRT provided equipment and exercises before discharging, and referrals had been made to social care for a ROVI assessment, Carers Link, and Lancashire Fire and Rescue.

B shared that her main concern was managing the AA paperwork. She explained she was “not very good with forms” and found the process confusing. While there was initial hesitancy to accept outside support, B and G agreed that charitable organisations might be more appropriate than commercial firms that charged a fee.

## Client Outcomes

By late July, B confirmed that the Attendance Allowance application had been completed and submitted.

She reported she no longer required ongoing support from the Social Prescribing service.

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](mailto:tracey.noon@bprcvs.co.uk) should you have any questions

# Social Prescribing for Children & Young People

**Pendle West**

**61**

**Referrals so far this year**

**10**

**Closed**

**11**

**New Referrals**

**23**

**Current Active**

**Pendle East**

**9**

**New Referrals**



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.

# Activity's CASE STUDY

July has seen the start of our summer activities. This is a great opportunity to bring our young people together to explore new experiences, work with new peers and build on their confidence and self-esteem.

We have enjoyed exploring the allotment down at the good life project at hodge house allotments. We invited our children and their families to come and explore the different fruits and vegetables we can grow. We were able to dig up potatoes, cabbages and beetroot. We also went into the 'jungle' and picked tomatoes, also growing in the jungle were pumpkins ready for Halloween, grapes and chillies. We had a great time and were able to take away everything that we dug up or picked.

We also did our annual Whitehough trip thanks to the Pendle side Rotary. We took 16 young people to Whitehough, the children challenged themselves to new experiences, pushing their own boundaries on the leap of faith, high ropes, crate stack and Jacob's ladder. We had some children that have attended Whitehough in the past and they were determined to get higher than they have before. We had healthy competition and encouragement for each other. We had new friendships blossom, and we didn't do too bad with the weather either. The children and young people also cheered on the staff that were brave enough to give the activities a go also. We did the pendle sculpture walk which was a nice opportunity to see the countryside and talk with each other. Finally, we did the pottery painting activity. This was a new experience for many, and they had lots of choice to choose from to paint. Again, another great activity with more new friendships blossoming and new faces attending our activities which is brave.



# Hyndburn

**290**

**Referrals so far**

**116**

**Current/Active  
Linkworker  
Referrals**

**60**

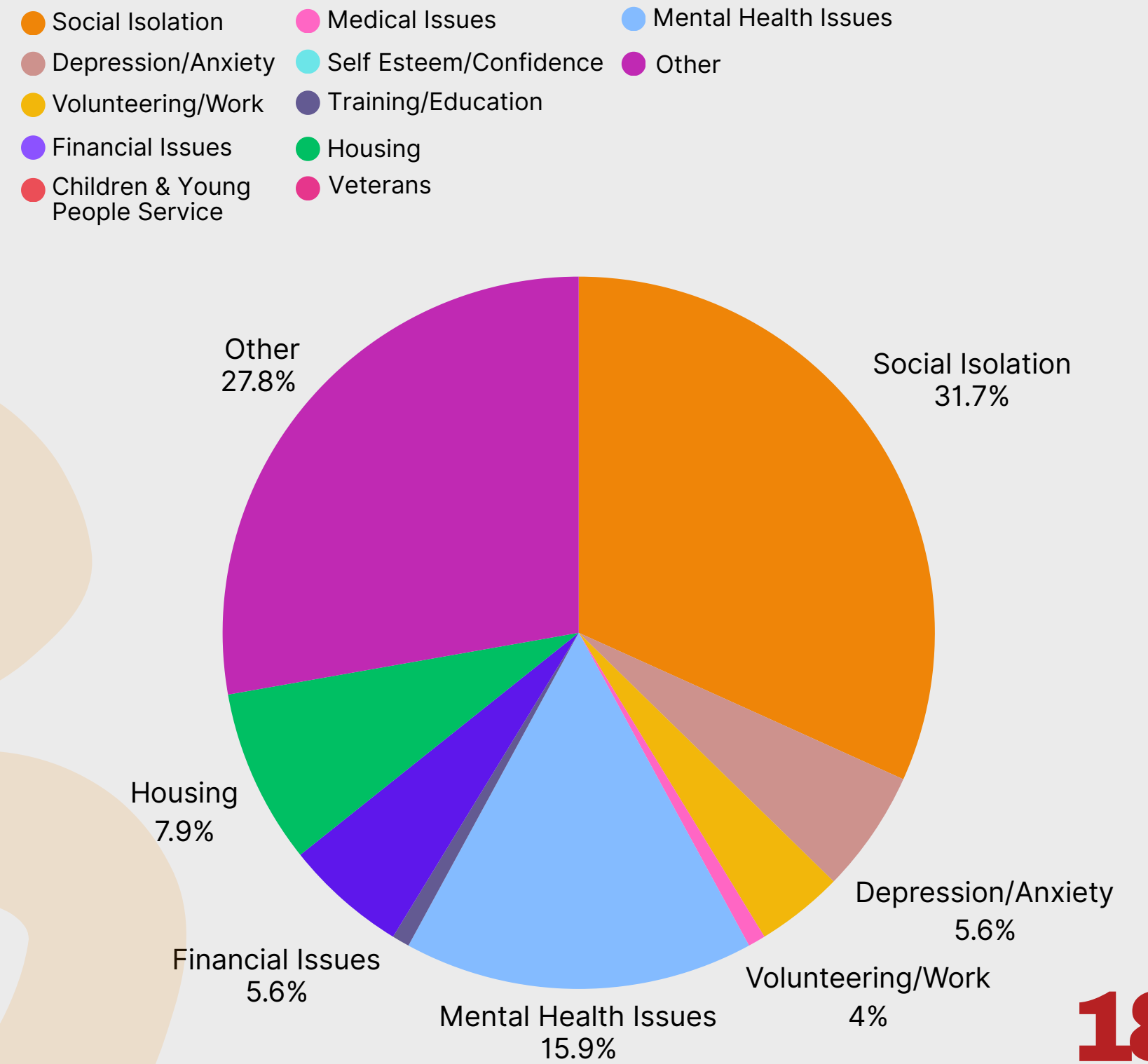
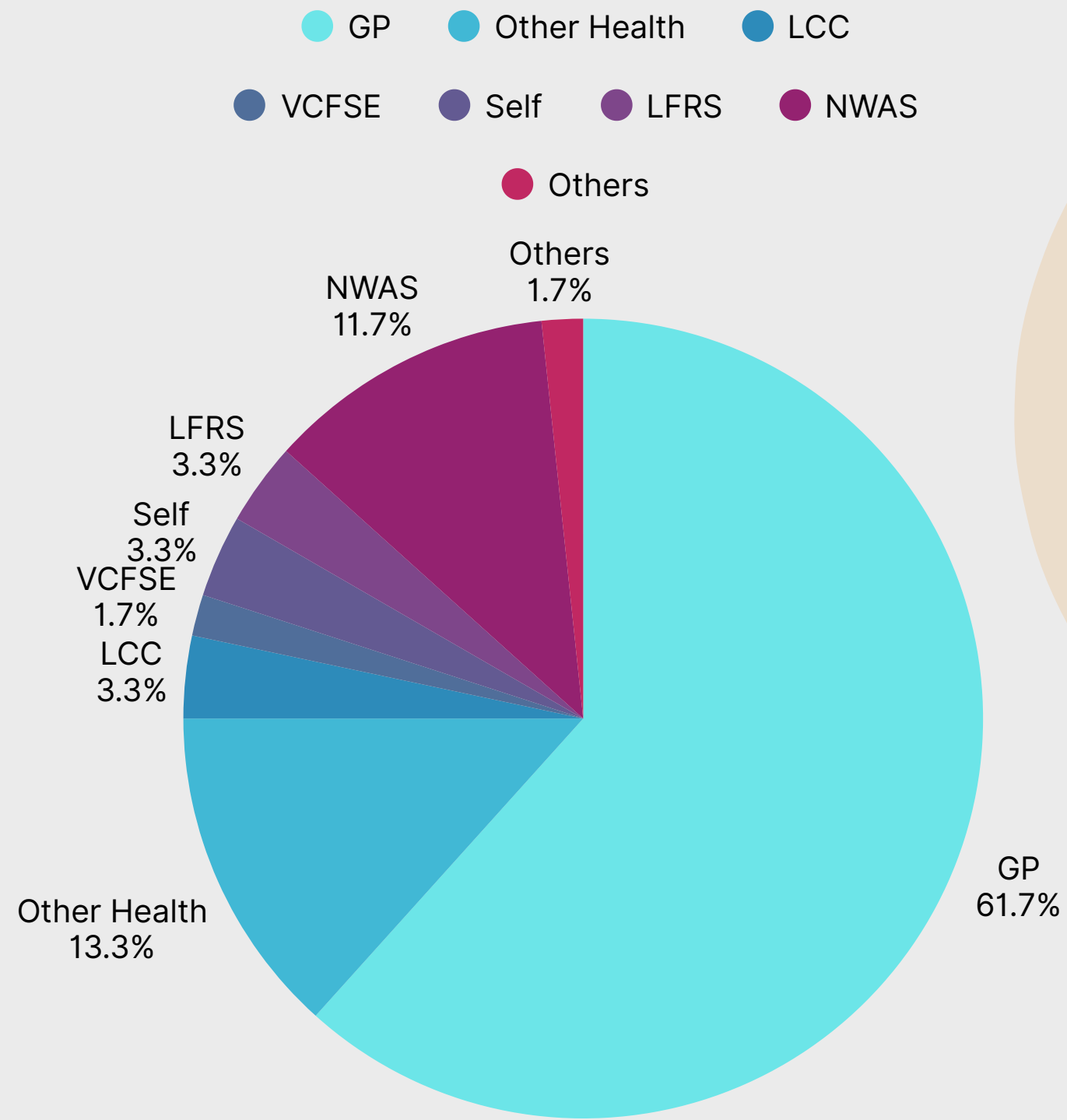
**New Linkworker  
Referrals**

**44**

**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:

Supported	<b>14</b>	Unique Groups
Given	<b>15</b>	Hours of Group Support
SP Team also attended	<b>61.5</b>	Hours of Meetings
	<b>50.5</b>	Hours of Training
SP Team referred into	<b>35</b>	VCF Organisations
	<b>10</b>	Statutory Organisations



# Hyndburn CASE STUDY Malcolm

## Reasons indicated on initial referral

M referral came through Prospects as he wanted to start working outdoors, however he has anxiety and mental health issues, alongside a marijuana habit.

## Background of client

My first meeting with was at Prospects offices to sign him up as a volunteer and look at what he could do. Wanted to do some forestry work, gardening and fishing.

## Initial Assessment and Support Provided

We soon found fishing was his main goal and signed him up with Onwards 1st call fishing group due to start at the same time. M was unwell at the signing up day and we assured him I could be there on his behalf and represent him. M at this stage was really upbeat and had managed three weeks without smoking weed.

M attended the group fishing sessions and got really stuck in. Learning about fish care as well as different types of fishing.

M attended when the group fished in different areas, getting the bus and making a friend within the group to catch the bus with. M does not have much, and even on weeks when he was struggling for food, still came to the group, even just to be social.

After a few weeks, M was keen to go it alone, which requires licenses. With the help of family he got his license to fish alone.

Onward homes, and Ian, who runs the group, kitted M out with everything he needed, free of charge.

## Client Outcomes

M was the first in the group to get his licenses and start out alone. A fantastic success story for Onward Homes and Ian.

M has even thought about getting the accreditation required to become a teacher like Ian. Which is something he could do in the future.

M continues to attend every week and does not need our support as he did in the beginning. He no longer smokes, has just had a litter of pups he looks after, and I attend the group just to check in with him, and leave him to his peaceful little spot.

# Ribble Valley

**178**

**Referrals so far  
this year**

**67**

**Current/Active  
Linkworker  
Referrals**

**41**

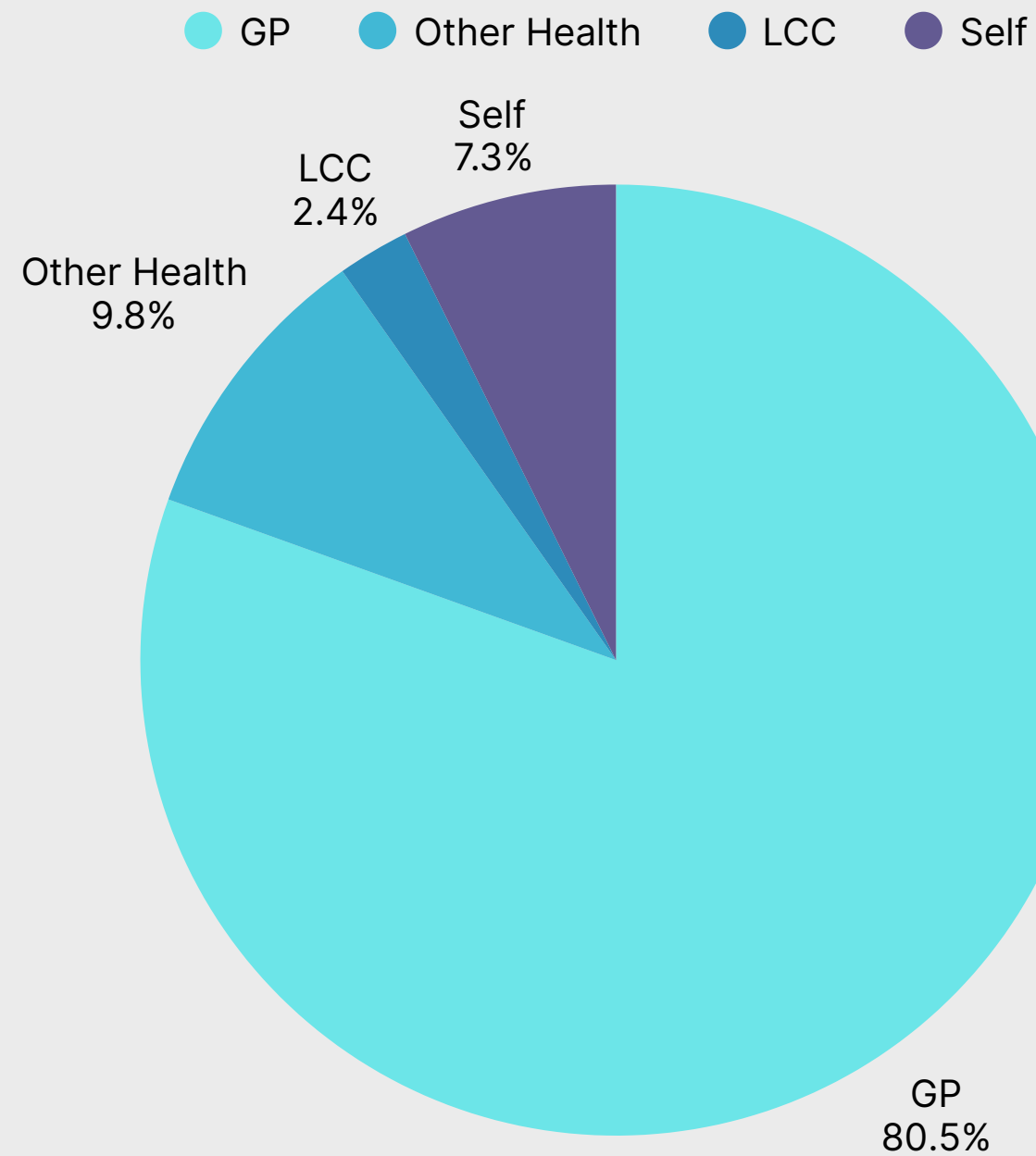
**New Linkworker  
Referrals**

**49**

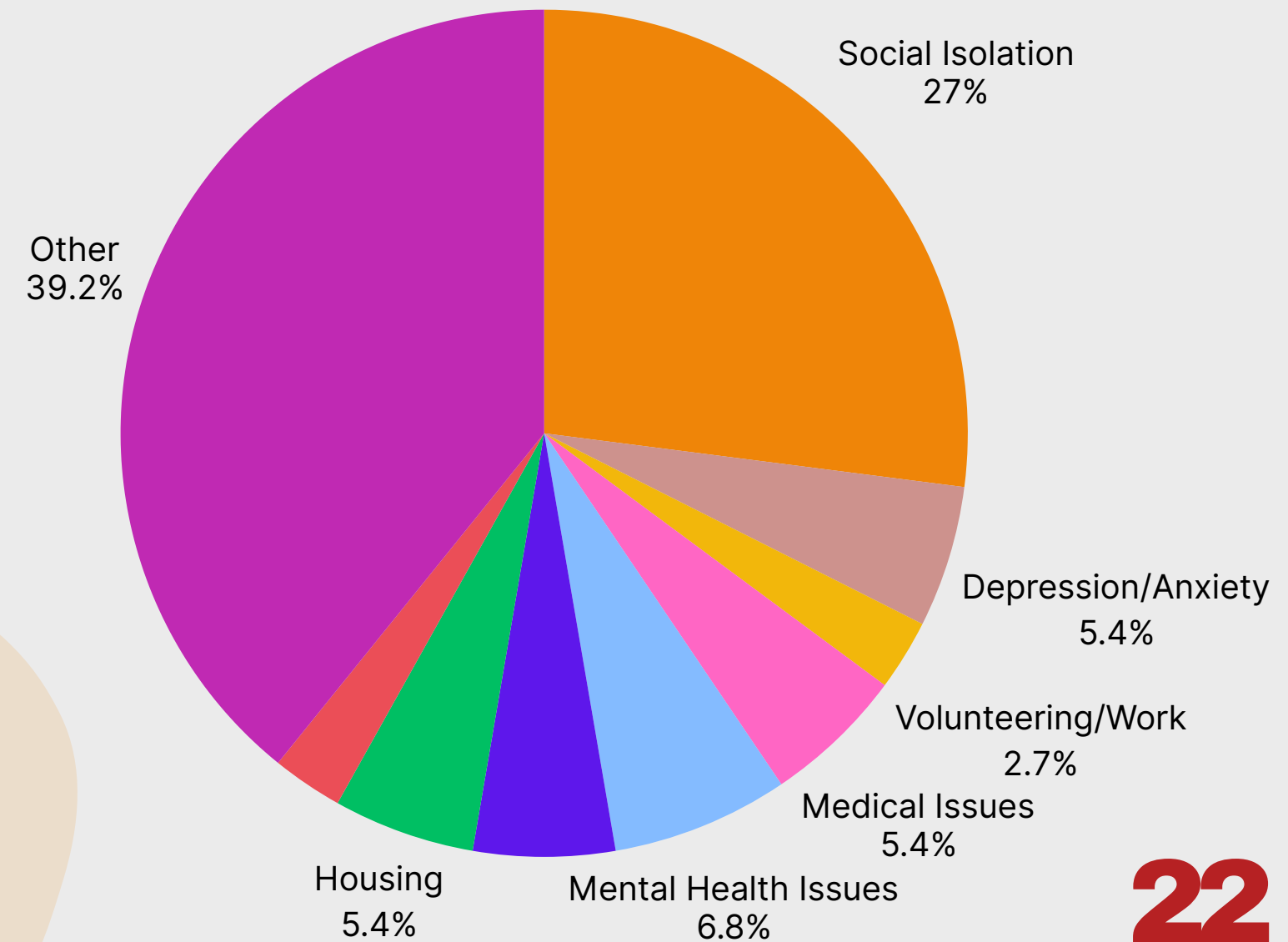
**Closed  
Linkworker Cases**

# Ribble Valley Referrals From

# Supporting People With



- Social Isolation
- Depression/Anxiety
- Volunteering/Work
- Financial Issues
- Children & Young People Service
- Medical Issues
- Self Esteem/Confidence
- Training/Education
- Housing
- Veterans
- Mental Health Issues
- Other



# Ribble Valley 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 Ribble Valley we have:

Supported	<b>7</b>	Unique Groups
Given	<b>5.5</b>	Hours of Group Support
SP Team also attended	<b>32.5</b>	Hours of Meetings
	<b>15</b>	Hours of Learning
SP Team referred into	<b>11</b>	VCF Organisations
	<b>9</b>	Statutory Organisations



# Ribble Valley CASE STUDY Hilda

## Reasons indicated on initial referral

Falls, 4 x falls in past year-requires home assessment, would like pendant alarm

## Background of client

87-year-old female, lives alone, heart failure

## Initial Assessment and Support Provided

Initial home visit, client was given time to discuss her situation, she explained how she was very independent, still drives, has a daughter and her family living close by, however they are busy. Client stated she has AF, heart failure and that last year she had 4 falls her mobility is not as good as it once was, which concerned her. She also stated she worries when using the shower as there is a step up to it and she feels she may fall and there would be no one to help her. While at the consultation consent was given to contact LCC ASC and a referral was made for an assessment of needs and also ask for advice about a falls pendant.

Discussed the benefit of Attendance Allowance and a Blue Badge, consent given to make a referral to Age UK for advice and support applying for both.

Information left with client for groups activities in the local area, which we would discuss on following visit.

## Client Outcomes

On follow up home visit, after contacting LCC ASC the case had been screened and awaiting allocation, no time frame could be given on this, it was advised by ASC service a referral to Progress Lifeline directly would be quicker in getting the falls pendant service put in place, and as the client would be paying for the grab rails herself, a referral to Homewise was advised, client consented to referrals. Grab rails were fitted in two weeks, giving the client confidence in her own home. The client has received information regarding the options available for the falls pendant, but has yet to decide on the level of service, she would like, she is discussing this with family and friends.

The client was seen by Age UK and supported in filling in the forms for Attendance Allowance and a Blue Badge, she has now received the Blue Badge and is awaiting the outcome of the application for Attendance Allowance.

Client had been attending a church in Blackburn but didn't like the travelling, we discussed the church in Whalley and the Elevenses and exercise group held there, client has since attended and enjoyed both the exercise and the social aspect, she has since decided she will be attending the church on Sundays as she found the people very friendly and it is less travelling for her.

# Working in partnership using the whole system approach.

