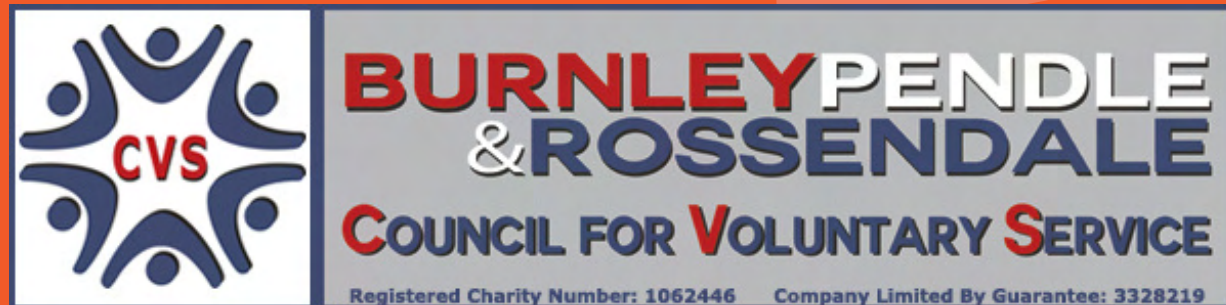


# Social Prescribing MONTHLY REPORT

**JUNE  
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.



# 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.

## 18,115

**Total number of referrals since commencement.**

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

## 6,974,275

**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 18,115 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.

## 217,380

**Hours of SP Support**

(Average of 2 hours per session x 6 sessions x 18,115)





# 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)



**Amy Whitham**  
SP Linkworker(PW)



**Zoe Brown**  
SP Linkworker(PW)



**Ummul Fayyaz**  
SP Linkworker (PW)



**Pam Bailiff**  
SP Linkworker (PE)



**Farrah Rafiq**  
Social Connector



**Rebecca Hayworth**  
Social Connector



**Sylvia Pickles**  
SP Linkworker (PE)

## Children & Young People Team



**Sammie Taylor**  
SPLW – C&YP (PW)



**Sania Farzana**  
SPLW – C&YP (PW)

## Rossendale



**Charlotte Jarvis**  
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



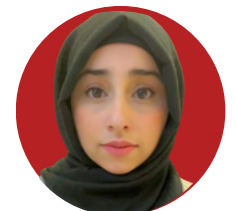
**Fiona Bradley**  
Green Social Connector



**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

581

Referrals so far  
this year

27

New Connector  
Referrals

32

Closed Connector  
Cases

31

Current/Active  
Connector Cases

75

New Linkworker  
Referrals

40

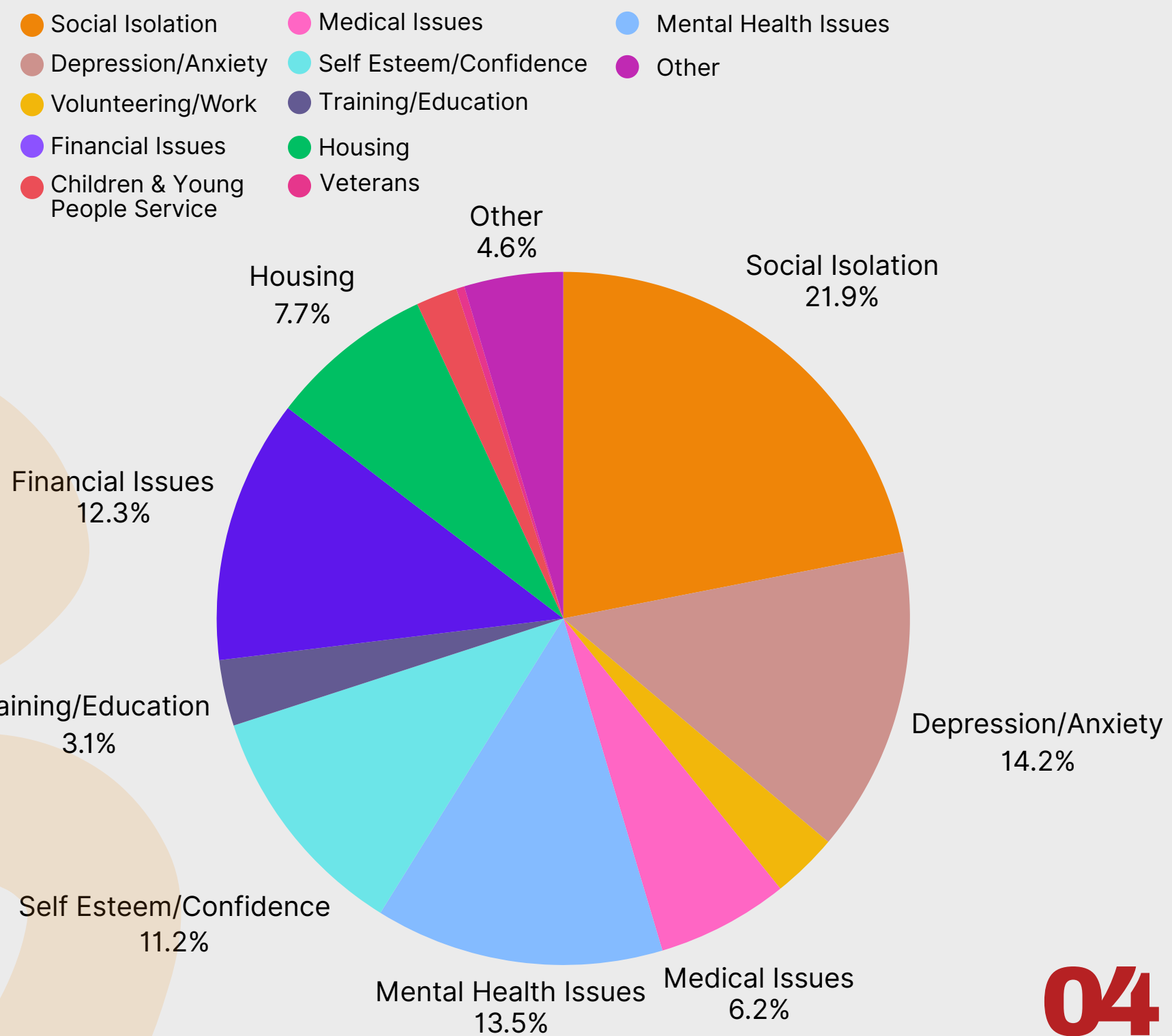
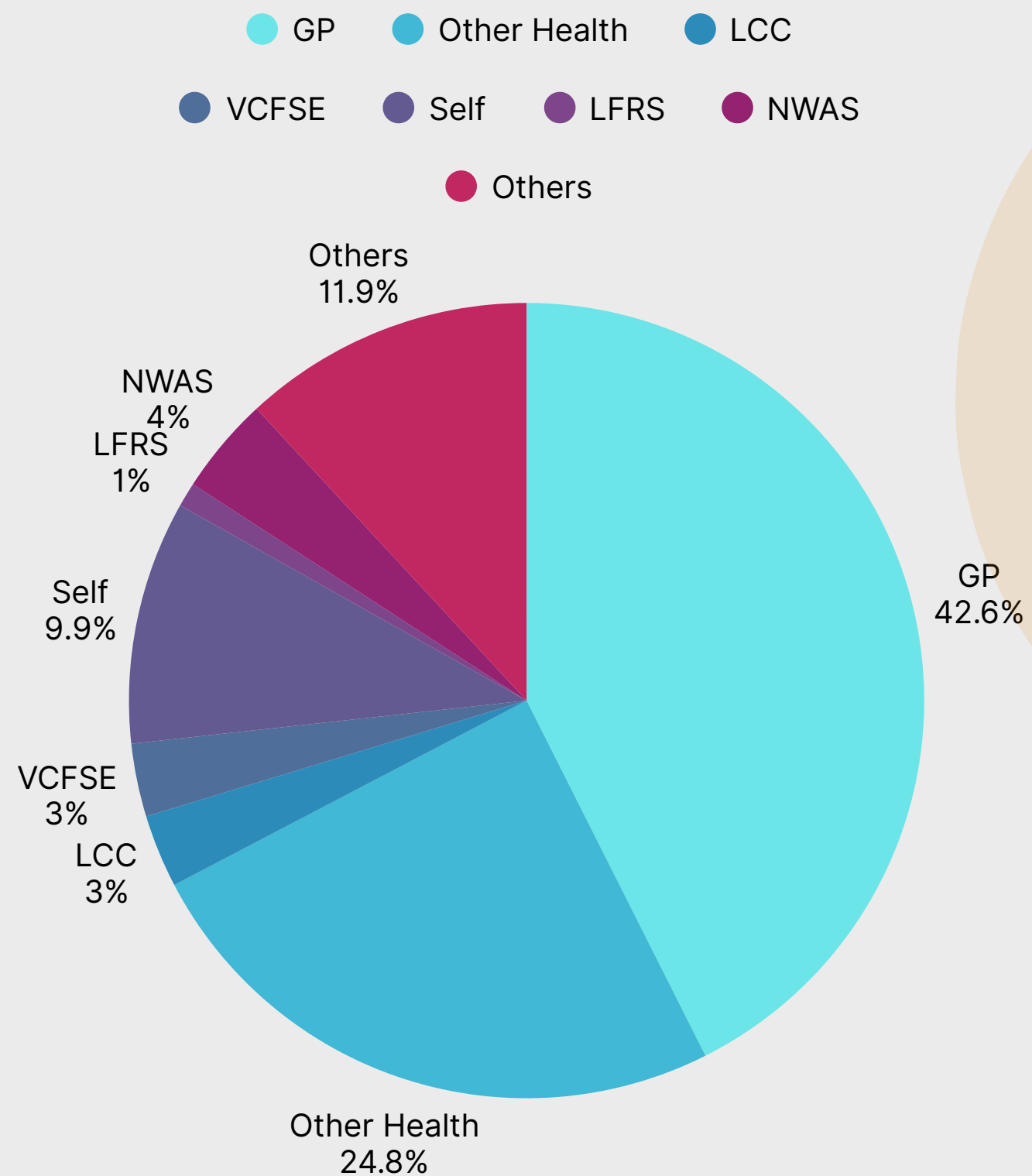
Closed Linkworker  
Cases

91

Current/Active  
Connector Cases

# Burnley Referrals From

# Supporting People With



# Burnley Group Support & Funding Team

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.

## This Month In Burnley we have:

Supported	65	Unique Groups
Given	111	Hours of Group Support
SP Team also attended	77	Hours of Meetings
	34	Hours of Learning
SP Team referred into	48	VCF Organisations
	18	Statutory Organisations



# Burnley CASE STUDY Doreen

## Reasons indicated on initial referral

Referred in for financial support – benefits and debts

## Initial Assessment and Support Provided

Client in a lot of debt with monthly bills due to financial circumstances changing - debts continuing to mount  
Client struggling to navigate financial issues, impacting her mental health  
Client issued an eviction notice due to non payment of rent  
Issues with blood pressure due to stress

## Background of client

66 y/o lady, client and household members on ASD spectrum and struggling with mental health

## Client Outcomes

Referred to Welfare Rights – they supported with pension credit and housing benefit. Supported to apply for DHP for rent shortfall . Referred to Advocacy Focus who supported with a bond recovery and parking fines. Supported to register as homeless and liaised with Shelter re eviction notice. Signposted to Christians Against poverty for debt support. Signposted to IRS for mental health support. Liaised with GP around blood pressure – appointment arranged  
Through gaining support with finances client managed to maintain tenancy and eviction notice was revoked. Client in a much more stable place financially which has had a positive impact on mental and physical health.



# Pendle

636

Referrals so far  
this year

31

New Connector  
Referrals

20

Closed Connector  
Cases

48

Current/Active  
Connector Cases

47

New Linkworker  
Referrals

49

Closed Linkworker  
Cases

75

Current/Active  
Connector Cases

Reporting on behalf of Pendle East PCN

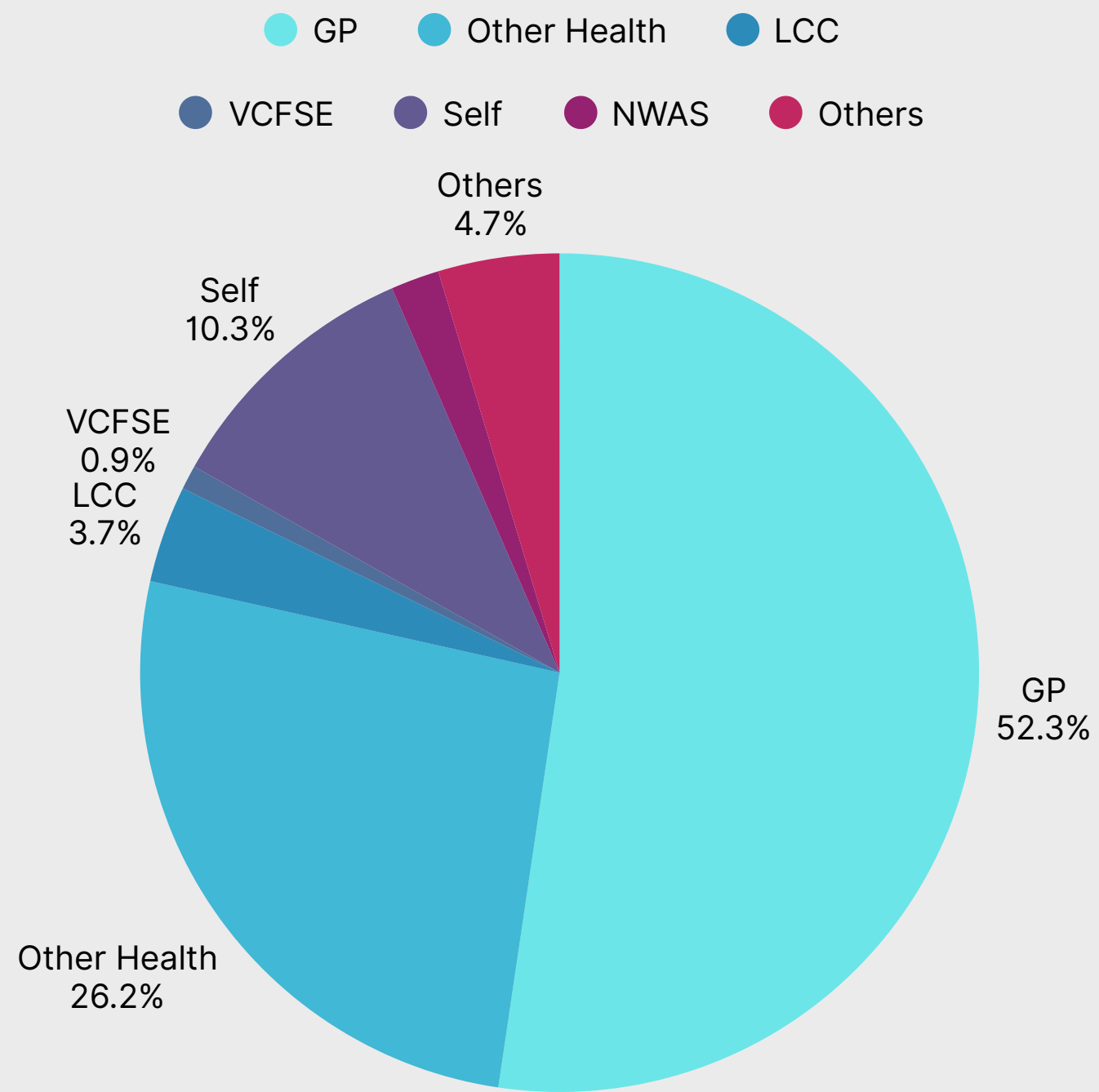
32

New Linkworker  
Referrals

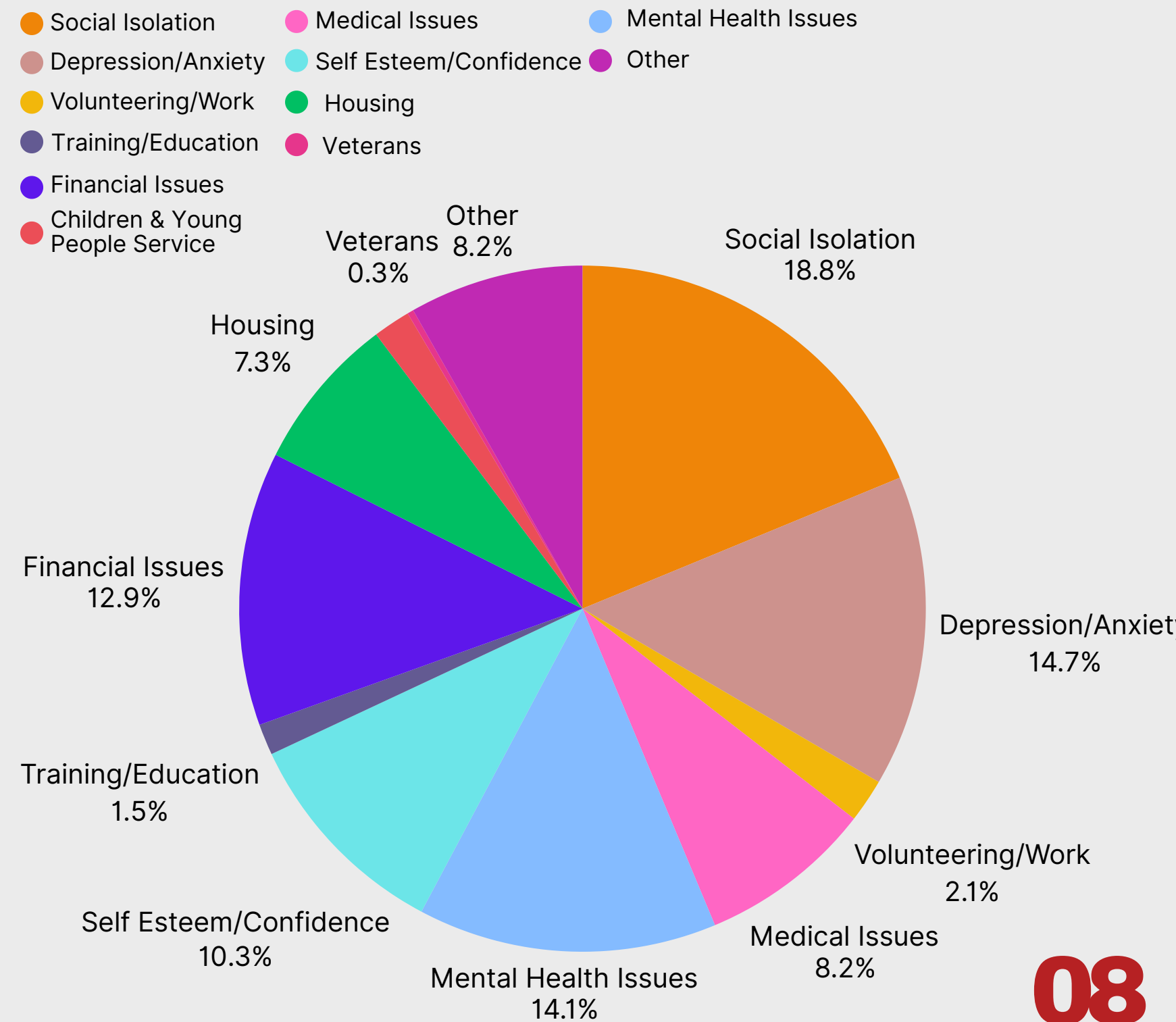
7

Closed Linkworker  
Cases

# Pendle Referrals From



# Supporting People With



# Pendle Group Support & Funding Team

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.

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## This Month In Pendle we have:

Supported	38	Groups
Given	25	Hours of Group Support
SP Team also attended	43	Hours of Meetings
	59.5	Hours of Learning
SP Team referred into	37	VCF Organisations
	27	Statutory Organisations



# Pendle

## CASE STUDY

### Jane

#### Reasons indicated on initial referral

Referral sent from the GP requesting support with benefits, anxiety and depression.

#### Initial Assessment and Support Provided

During the initial assessment we discussed the status of her PIP claim. My client reported she had completed a Mandatory Reconsideration to DWP, but they had rejected it, so she had requested it go to Tribunal. I advised my client that she would benefit from having professional support with the Tribunal and she consented to me referring her to Lancashire County Council's Welfare Rights Service.

A referral was submitted to Newground energy project to assist with some fuel vouchers to help with the cost of gas & electricity. My client received 6 x £40 vouchers to buy gas and electric. A list of the local foodbanks was also provided. My client was feeling very anxious about attending the Tribunal, so I supported her with attending the Tribunal to offer support and reassurance.

#### Background of client

My client is a fifty-eight-year-old lady with a long-term history of anxiety and depression. Had previously been receiving Personal Independence Payment but DWP had stopped the payment in May 2024. Was now struggling to manage her everyday living tasks and was feeling extremely anxious due to the struggle to manage her bills, heat her home and buy food.

#### Client Outcomes

The Tribunal made the decision that her PIP should be reinstated and felt that she should receive a higher rate. The benefit was backdated to when it was stopped, and she would receive a large amount of money that was owed. This allowed my client to pay off the debt that had accrued since the PIP had been stopped and she could now manage to pay her bills. We contacted DWP Employment and Support Allowance to advise them of the change in circumstances which allowed for a disability premium to also be added to her ESA.



# Rossendale

69

Referrals so far  
this year

12

New Connector  
Referrals

2

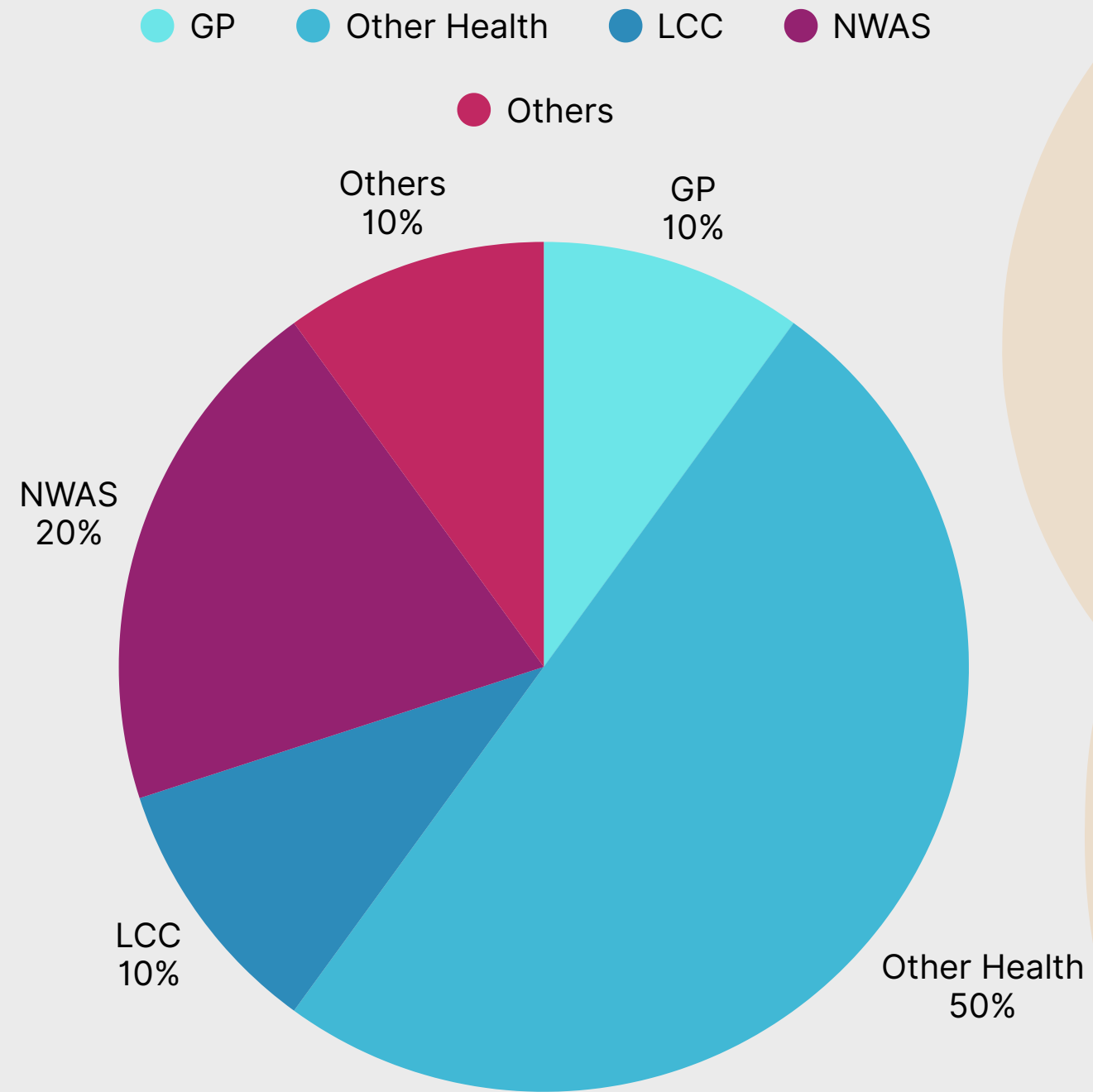
Closed  
Connector Cases

21

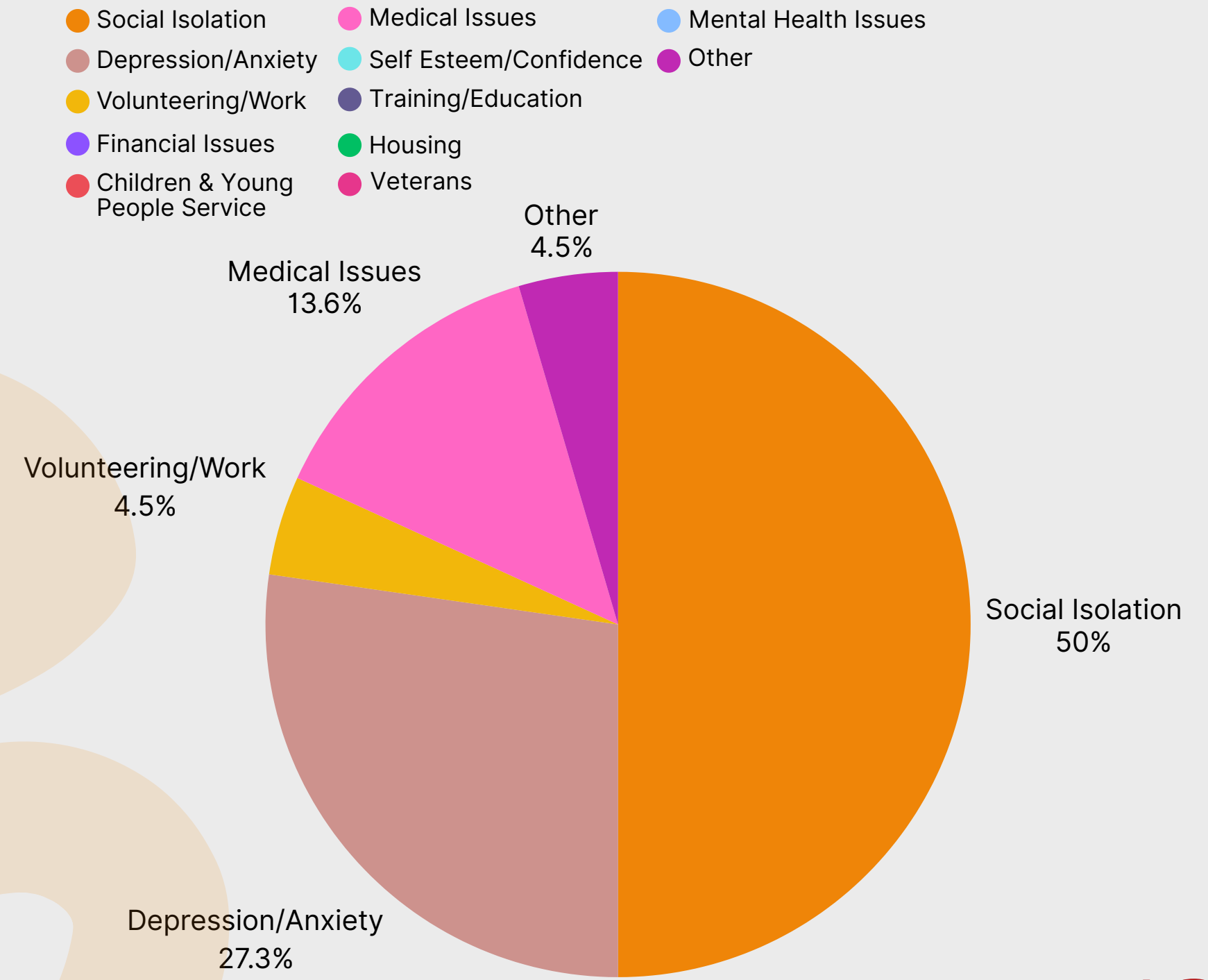
Current/Active  
Connector Cases

11

# Rossendale Referrals From



# Supporting People With



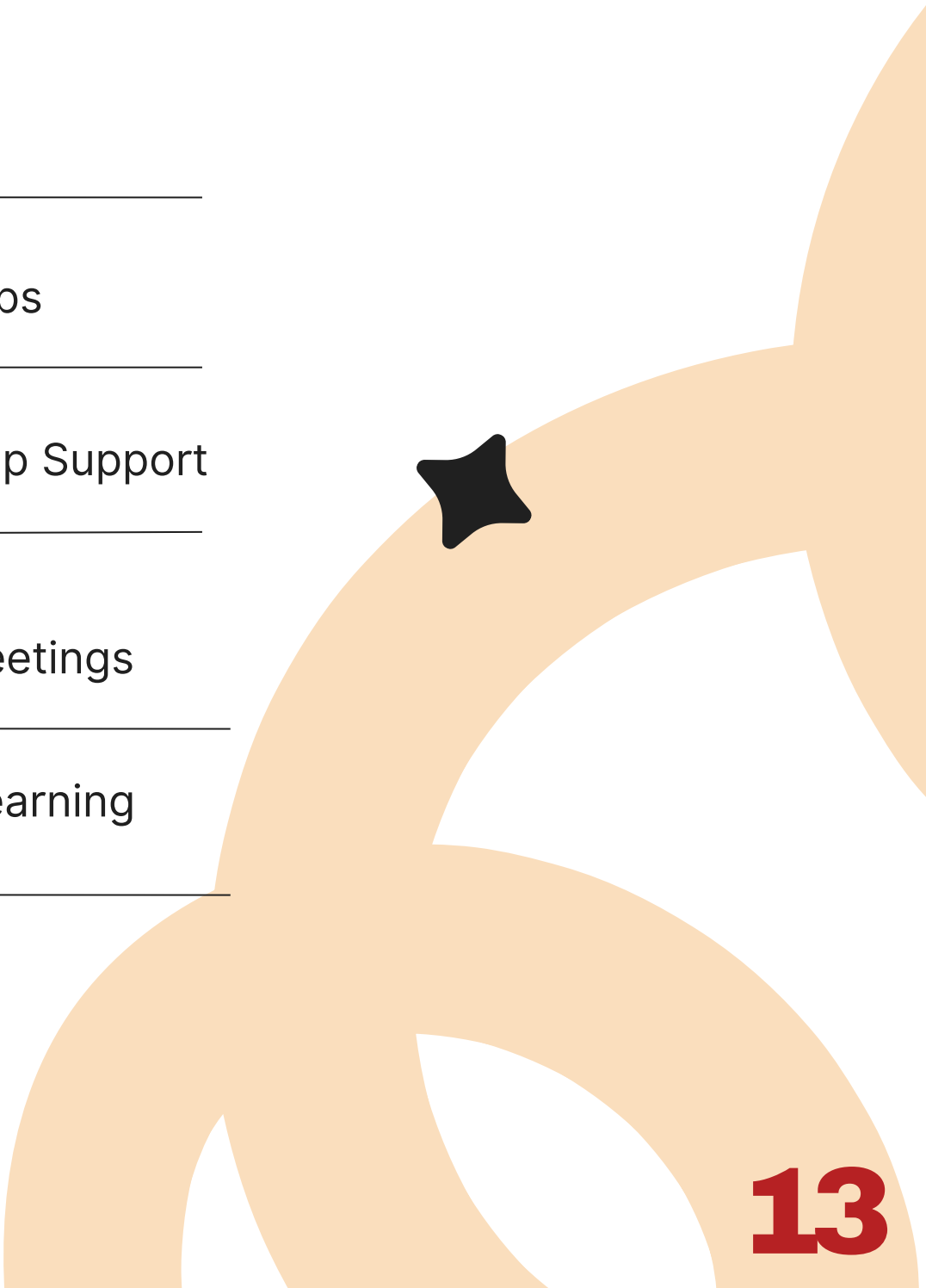
# Rossendale Group Support & Funding Team

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.

## This Month In Rossendale we have:

Supported	25	Unique Groups
Given	21	Hours of Group Support
SP Team Also Attended	1	Hours of Meetings
	2	Hours of Learning



# Rossendale CASE STUDY Lorraine

## Reasons indicated on initial referral

Financial Issues. Referred by NWAS.

## Initial Assessment and Support Provided

The Client (L) is finding it challenging to balance all of the pressures she is juggling. She is under the perinatal team for her post-natal mental health issues but has requested to move to the community mental health team as she feels the peri team has not really helped. L is waiting for an ADHD assessment and is on sertraline for her anxiety. She is halfway through an 8-session counselling course from Lancashire Women. Since pregnancy, she has had high blood pressure and pain when walking long distances. She says she feels like she's drowning and burnt out. She doesn't feel she is coping well. L described her child (R) as a "Velcro baby" and very demanding of her attention. He is easily able to demand her proximity when she is attempting to get on with things. The family have used RAFT food bank service when things have been bad, and L feels some sort of support might be useful here in months when things are difficult. Her family is in Prestwich, and she doesn't have any friends in the area. L says she wants to get back into work at the end of the year. She would love to be able to stay on top of things so she can make dinner, feed the family and then go to the gym and work on herself and have some "L time". I shared some resources with L that support young families

## Background of client

Client (L) lives with her partner. She is currently under the perinatal mental health team. She has been struggling with her mental health (MH) since the birth of her son (R) who is 17 months old. She is not looking after herself and often skips meals to be able to feed the child. She struggles to go outside as she does not feel safe. She has had some RAFT (Rossendale Food bank) deliveries in the past, but they have stopped. The crew looked in the fridge and there was food in it. but she is struggling to look after herself and may need some support

## Client Outcomes

L shared that she's been walking round Marl Pits and that it has been helping (although she was wanting to link it to all kinds of benefits, we decided it was enough just to do it and listen to music). L is making great progress with her mental health and finances. She is making use of the contacts I shared with her. I got the sense that she was apprehensive to "go it alone", but I feel she is in a much stronger place and have reminded her she can always come back to the service when she is ready to start seeking employment (maybe later in the year)



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 Only

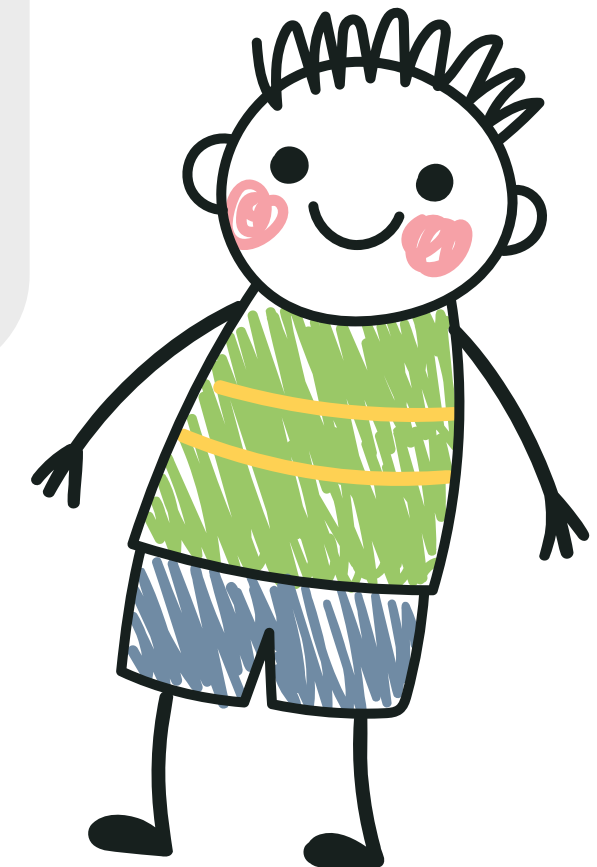


Although numbers of referrals are relatively low in comparison with the adult SPLWs, the complexity of issues being experienced by the young people (and their families) referred into our service is increasing. This means more time is being spent keeping young people safe and ensuring they have all they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

# Networking CASE STUDY

## Networking Meeting

I attended the PCN Pendle West wellbeing event for staff. There were stalls there of other services. I spoke with the good life project. We had a good chat about working together, we shared each other's details. This conversation resulted in the good life project offering us some sessions where we could take the children and families on our service down to explore the allotments during the summer holidays.



# Hyndburn

**230**

**Referrals so far**

**105**

**Current/Active  
Linkworker  
Referrals**

**48**

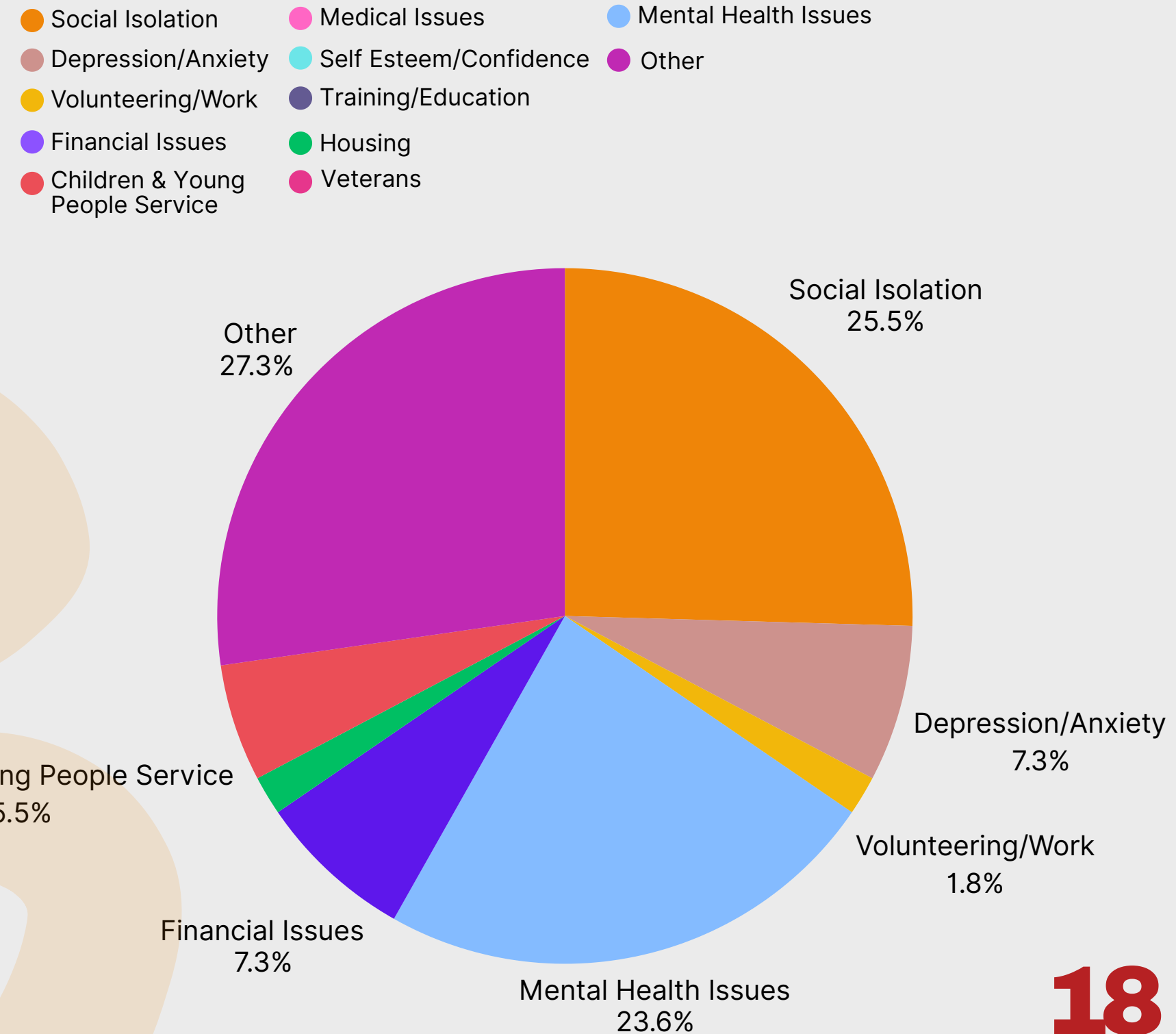
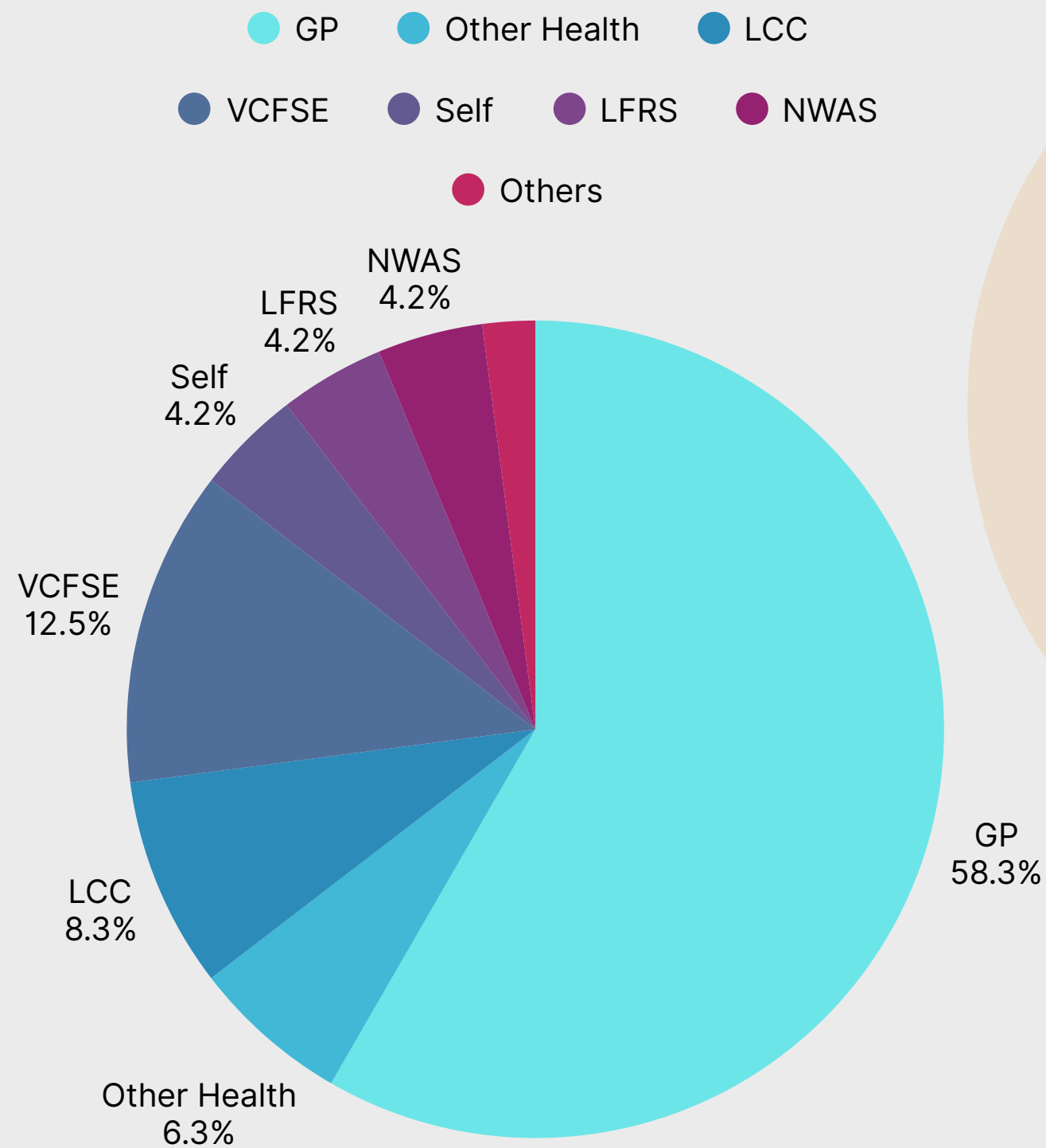
**New Linkworker  
Referrals**

**45**

**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	18	Unique Groups
Given	24	Hours of Group Support
SP Team also attended	70.5	Hours of Meetings
	16	Hours of Learning
SP Team referred into	37	VCF Organisations
	6	Statutory Organisations



# Hyndburn CASE STUDY NAME GOES HERE

## Reasons indicated on initial referral

The only reason given was “social isolation”.

## Background of client

- Female aged 85 years old.
- Lives alone and doesn't have any family contacts.

## Initial Assessment and Support Provided

Initial Assessment, Findings and Support Provided:

Client used to work for the Army and spent time in Germany. She is both intelligent and articulate, she wants to meet other people and is open to all suggestions.

## Client Outcomes

- She has been a client in our service a few years ago and was aware that the information she had was out of date and felt she needed help finding out what social groups she could access. She had an initial home visit – she is very independent and does not want help from Adult Social Care team, she has a cleaner who helps her keep on top of her house but can look after herself in all other ways and she has good mobility and uses a walking aid, she feels confident she can use the bus to access any groups that are recommended
- I met client at Rhyddings Park, and we talked about her career and what she enjoys. I shared information about the different social groups that are available in the area.
- I have attended “Knit and Natter” on Tuesday afternoons with client at Accrington Library. This is well attended, she spent time learning to crochet with Melinda, the group organiser. We met for lunch at one of her favourite cafes before this.
- Client has organised a course of massages as this helps to improve her mobility.
- I will arrange to meet her at a different group to extend her network of friends and add more structure to her week.

# Ribble Valley

137

Referrals so far  
this year

64

Current/Active  
Linkworker  
Referrals

27

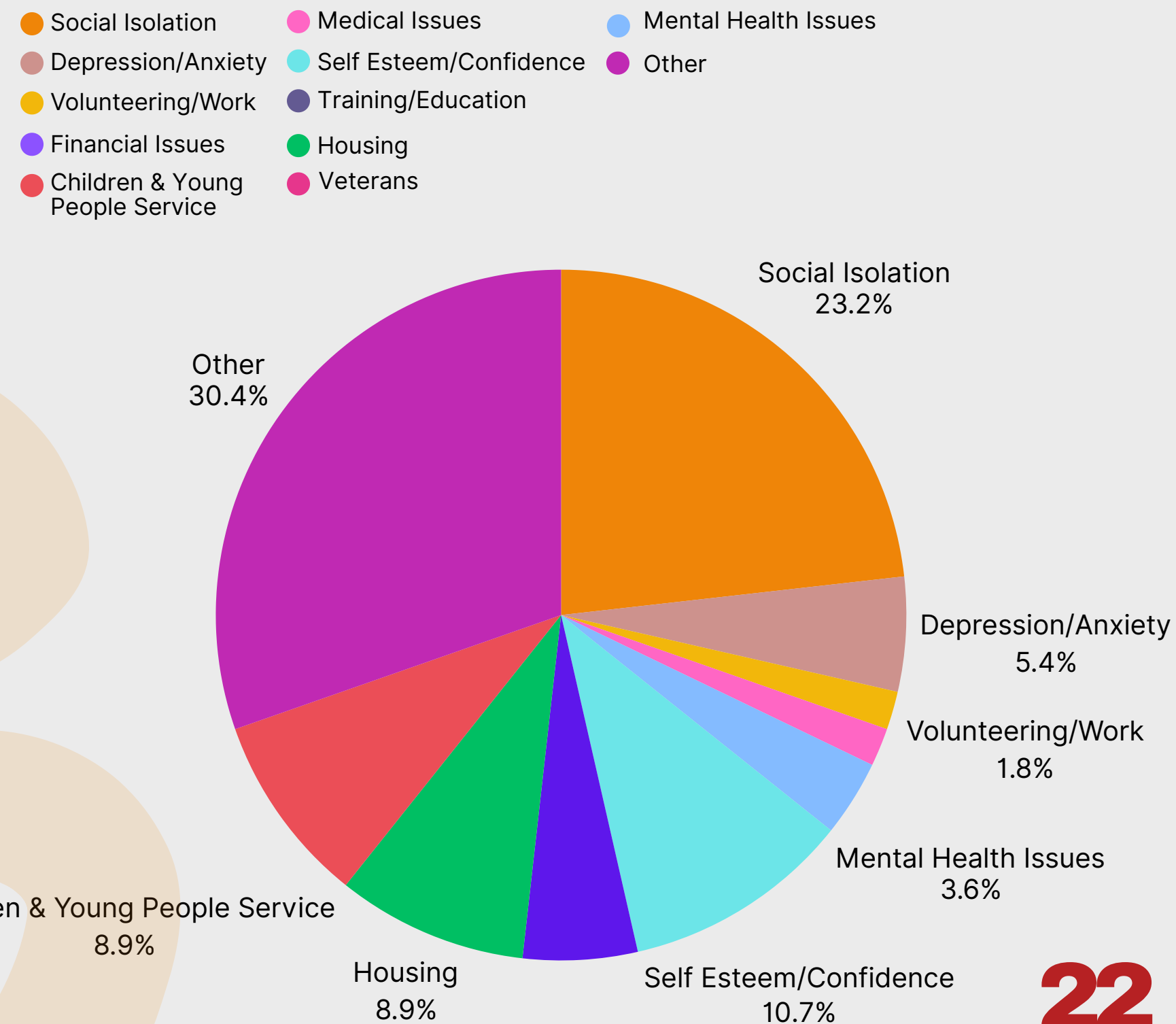
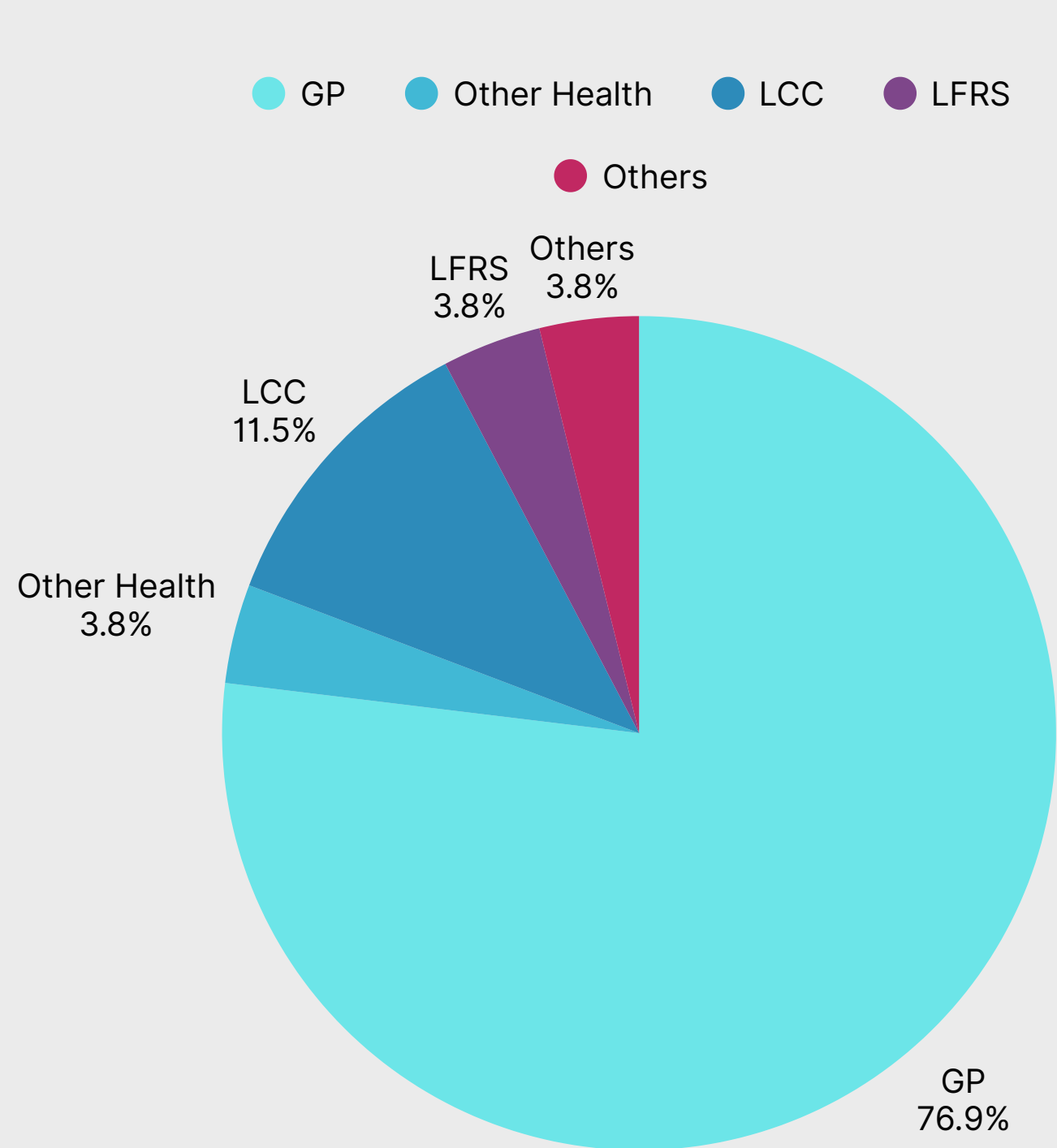
New Linkworker  
Referrals

30

Closed  
Linkworker Cases

# Ribble Valley Referrals From

# Supporting People With





# 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	4	Unique Groups
Given	4.5	Hours of Group Support
SP Team also attended	76.5	Hours of Meetings
	7	Hours of Learning
SP Team referred into	32	VCF Organisations
	5	Statutory Organisations



# Ribble Valley CASE STUDY NAME GOES HERE

## Reasons indicated on initial referral

social Isolation, Low mood, Community Groups and Activities

## Initial Assessment and Support Provided

Due to health issues client has had to give up his hobbies, acting in local plays, playing his instrument and going for long walks, this had negatively impacted his mental health and he felt he had lost some of his identity. He felt unable to get up some mornings which impacted how he contributed to household chores as he had no energy which caused stress to his wife who had to do everything. Before coming to our service, they had an assessment of needs and adaptations where made to the home. Client loved to talk about his past acting, it was a big part of his life, he and his daughter both were involved, he was concerned he would forget lines so gave it up, we discussed taking a small part to keep involved, as with the vast experience and knowledge he had they would appreciate having him around, he agreed to speak with daughter and friends. We discussed talking therapies, the client had attended previously and had the information to self-refer if he felt the need. Due to mobility issues we discussed exercise options, his wife already attends one of these, but he did not feel it was for him. At the end of the consultation we decided to attend the Warm Hub at the Trinity, the couple both enjoyed their time there and said they would continue to attend, I also gave other information for groups/activities in the area which we could discuss in the future.

In the time with the client his wife was also referred to the service, we had a consultation where she discussed her concerns, mainly around her worries of her husbands low mood but also how that could impact on her mood, also how when he was fatigued it would leave most of the household tasks to her, she had her own routine and groups and activities she attended, her main worry was her husband.

## Background of client

Male age 85  
Low mood/depression (on and off throughout his life)  
Wife informal carer  
Lost his confidence

## Client Outcomes

Client and his wife continued to attend the Warm Hub, on some occasions bringing their daughter along, during these visits we continued to discuss the situation together including the daughter. A referral was made to Carers Link for the wife's role as an informal carer, for advice and support, which she found helpful. I advised her of the carers peer support and although she has not been as yet she said it was good to know there was something out there. We also made a referral to Age UK for advice on Attendance Allowance for the client, which Age UK applied for them. When discussing options and the family had talked it over they decided it was time to look at supported living and asked for advice on how to go about this, the advice was given and the daughter made the application, as I had spent time with the family when they asked for a reference although I was not able within my role, I was aware that one of the friends they had spoken about would meet the criteria to do so and advised the GP would also offer this service, though there would be a cost. Client started attending another local group with his wife at the Salvation Army, and while continuing to attend the Warm Hub, he started chatting to the Veterans in the Community, he was not a veteran but his dad was, his wife said this had sparked an interest she had not seen for some time, which she has happy to see. Later the client attended his previous acting group with his daughter, he said they were happy to see him which made him feel good and explained he had put his name down for a small part which was a step forward. I spoke with the clients wife about how she had been impacted by the situation, and discussed the options of talking therapies although she didn't feel she required the service she took the information

# Working in partnership using the whole system approach.

