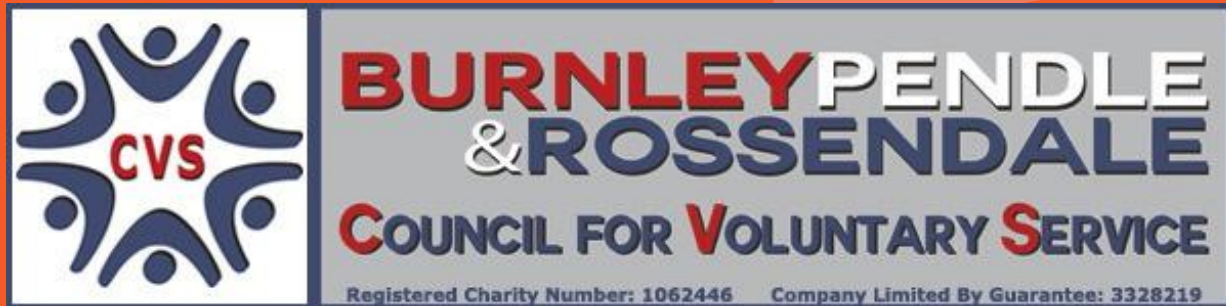


# Social Prescribing MONTHLY REPORT

NOVEMBER  
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.

**01** Overview of Social Prescribing in East Lancashire

**02** Meet The Team

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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.

## 19,560

**Total number of referrals since commencement.**

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

## 7,530,600

**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 19,560 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.

## 234,720

**Hours of SP Support**

(Average of 2 hours per session x 6 sessions x 19,560)

# Meet The Team!



**Tracey Noon**  
Operations  
Manager



**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



**Carol Driver**  
Social Connector



**Joanne Green**  
Social Connector

## Group Support & Funding Team



**Heather Starkie**  
Funding Co-ordinator



**Julie Overson**  
Project Support



**Salma Liaqat**  
Admin Support



**Lorna Powell**  
Admin Support

## Pendle



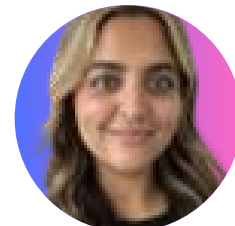
**James Smith**  
SP Linkworker (PE)



**Amy Whitham**  
SP Linkworker (PW)



**Zoe Bell**  
SP Linkworker (PW)



**Ummul Fayyaz**  
SP Linkworker (PW)



**Pam Bailiff**  
SP Linkworker (PE)



**Farrah Rafiq**  
Social Connector



**Rebecca Hayworth**  
Social Connector



**John Verity**  
Social Connector

## Children & Young People Team



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



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

## Rossendale



**Mandy Richardson**  
Social Connector



**Jonathan Sheriff**  
Social Connector



**Julie Heywood**  
Social Connector

## Hyndburn & Ribble Valley



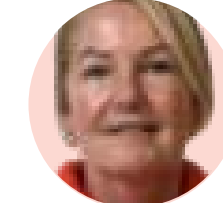
**Susie Edwards**  
Social Prescribing  
Lead



**Alison McGruer**  
Community Lead



**Tracey Jones**  
Social Prescribing  
Linkworker



**Shereen Gregory**  
Social Prescribing  
Linkworker



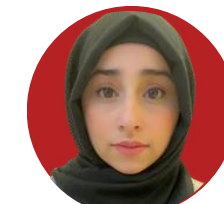
**Fiona Bradley**  
Green Social  
Connector



**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

**1,027**

**Referrals so far  
this year**

**26**

**New Connector  
Referrals**

**17**

**Closed Connector  
Cases**

**48**

**Current/Active  
Connector Cases**

**71**

**New Linkworker  
Referrals**

**71**

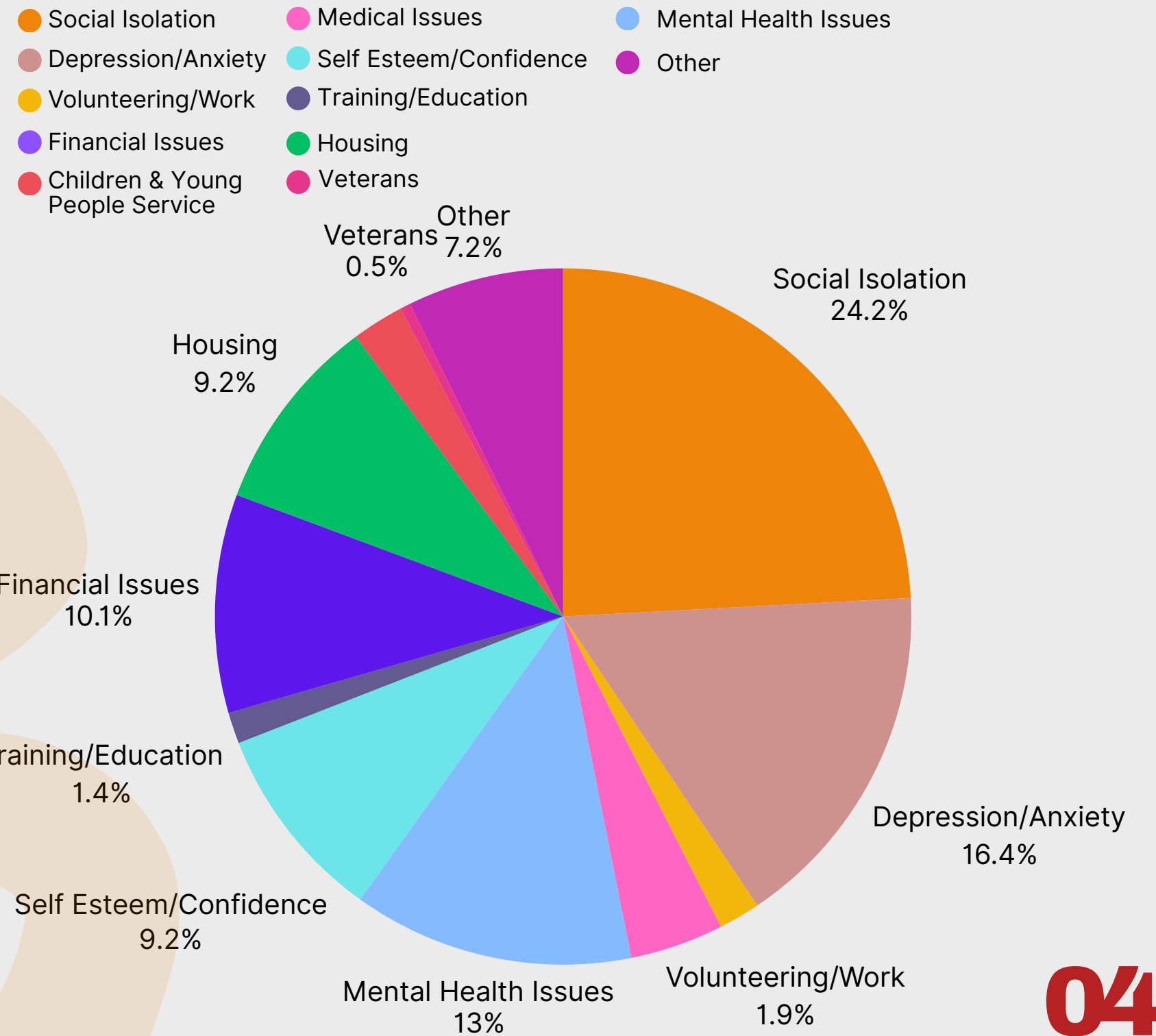
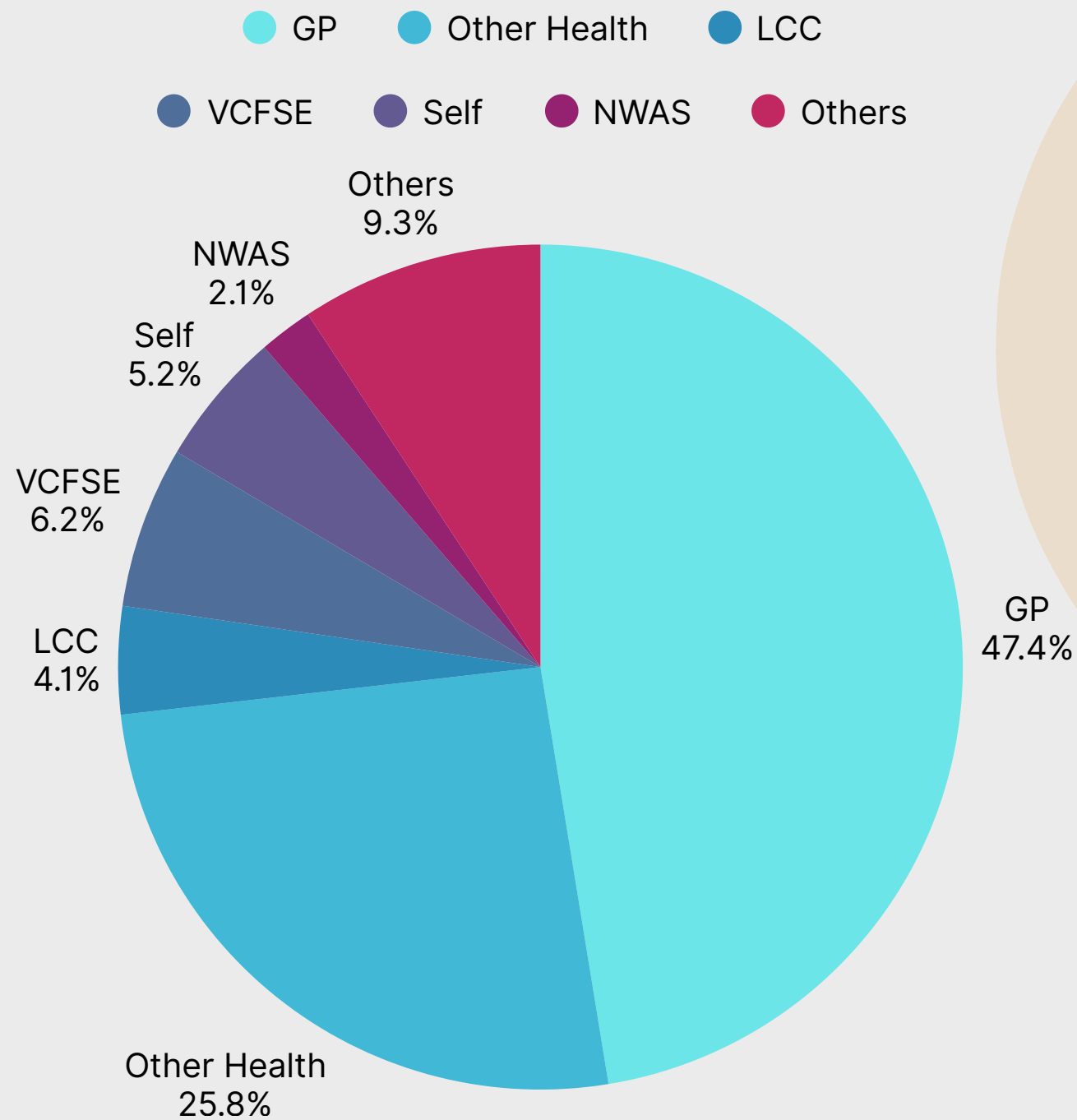
**Closed Linkworker  
Cases**

**90**

**Current/Active  
Connector Cases**

# Burnley Referrals From

# Supporting People With



# Burnley Group Support & Funding Team

## This Month In Burnley we have:

Supported	<b>72</b>	Unique Groups
Given	<b>119</b>	Hours of Group Support
SP Team also attended	<b>78.5</b>	Hours of Meetings
	<b>17.5</b>	Hours of Learning
SP Team referred into	<b>42</b>	VCF Organisations
	<b>15</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 Sarah

## Reasons indicated on initial referral

Social Isolation, Depression/Anxiety, Medical Issues, Mental Health issues and Self-esteem / Confidence

Referral from the clients GP Surgery stated that the client has an expressed wish to connect socially and become involved in some activities locally. Said she is approaching retirement age and is currently off sick from work and has struggled with the adjustment, and this has made her feel very lonely and isolated. Said she would like to build up her confidence and social network, as being on her own is exacerbating her low mood.

## Initial Assessment and Support Provided

I met the client and gave her some information about local groups/activities & gentle exercise classes to look through in her own time. I also offered to attend something with her initially if she felt anxious about going on her own.

I supported the client to attend a local social group. I introduced her to the facilitators and to others attending and stayed with her until she felt comfortable for me to leave.

I then met the client at Downtown Grocery / Community Hub. I supported her to register with the community grocery, and introduced her to the Nattershack group there, who chatted with her and told her she was more than welcome to join their weekly coffee & chat group.

I also referred the client into Burnley Leisure Up & Active exercise programme.

## Background of client

Client is a woman in her 60's who was receiving mental health support due to the issues stated on referral.

## Client Outcomes

The client got the confidence to start attending social groups on her own and was invited by other attendees to join further social groups in the community.

## Client Comments

"I think it's brilliant what you do. You will be literally saving lives. Loneliness is a killer. I have seen it. People sit on their own and go down and down until they die. I don't want that to be me; I want to get out and keep moving and make friends. I'm only 65 and I want to live."

# Pendle

**1,117 Oct**

**Referrals so far  
this year**

**26**

**New Connector  
Referrals**

**13**

**Closed Connector  
Cases**

**53**

**Current/Active  
Connector Cases**

**44**

**New Linkworker  
Referrals**

**35**

**Closed Linkworker  
Cases**

**96**

**Current/Active  
Connector Cases**

Reporting on behalf of Pendle East PCN

**26**

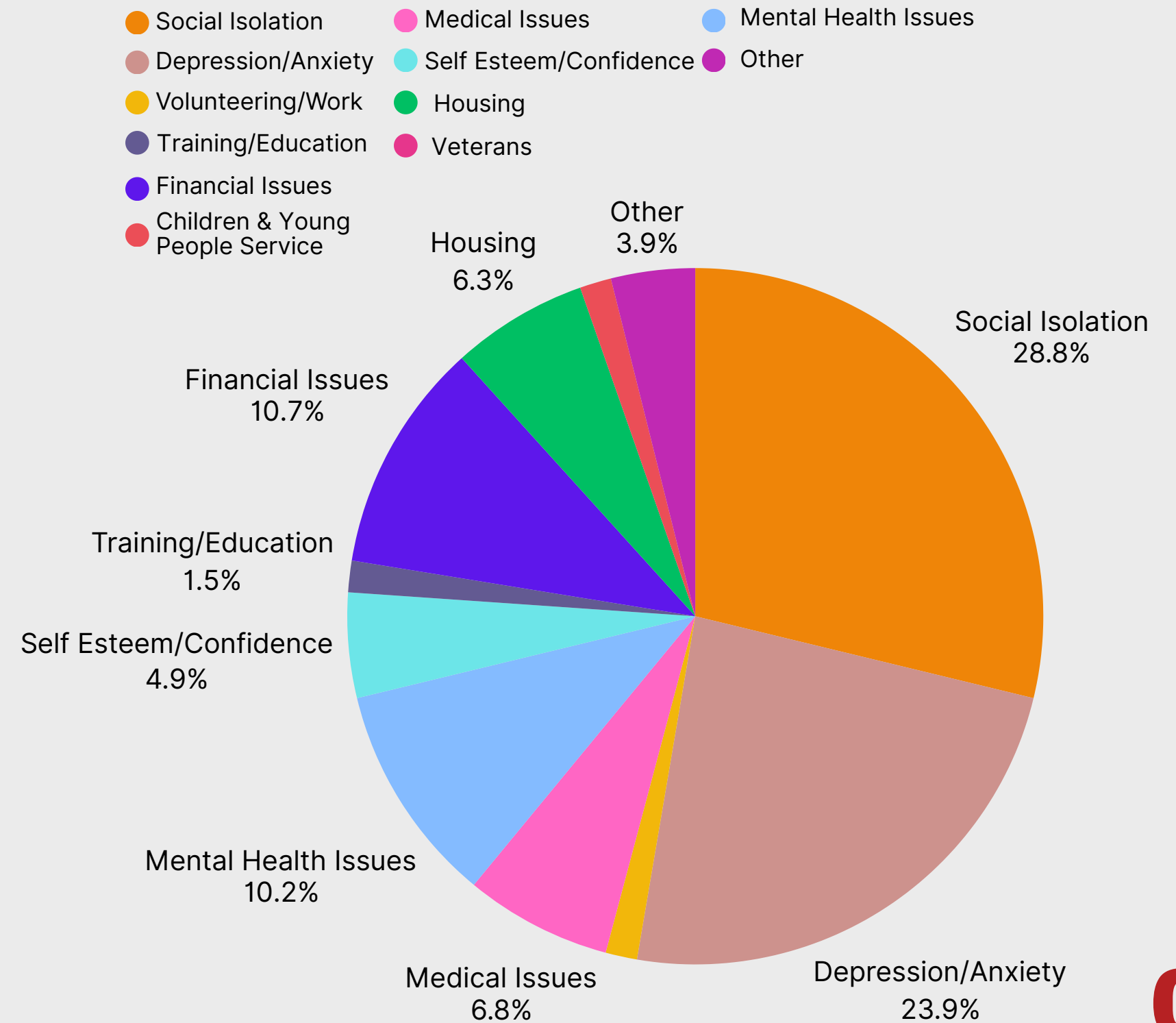
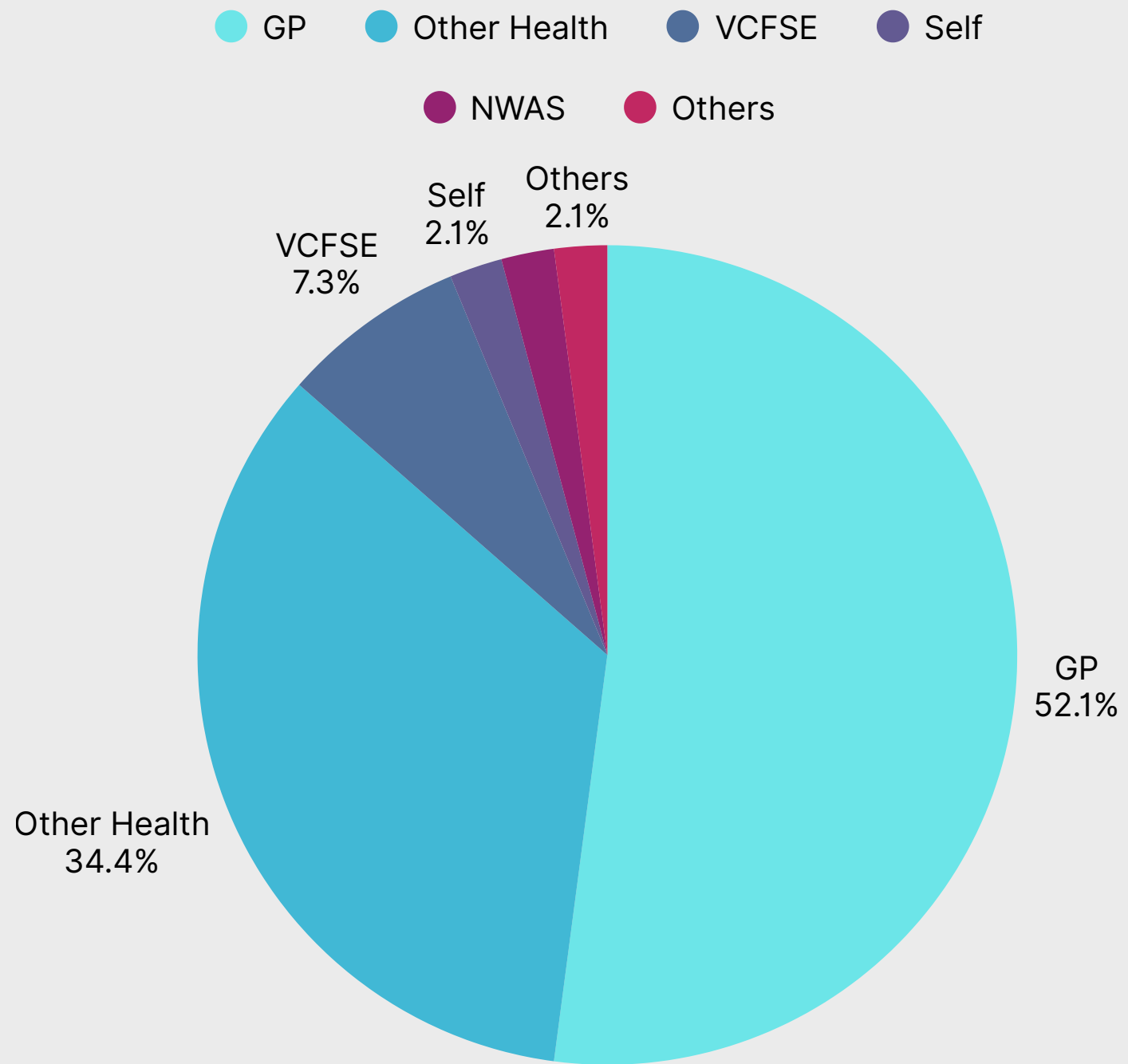
**New Linkworker  
Referrals**

**9**

**Closed Linkworker  
Cases**


# Pendle Referrals From

# Supporting People With



# Pendle Group Support & Funding Team

## This Month In Pendle we have:

Supported	<b>40</b>	Groups
Given	<b>112</b>	Hours of Group Support
 SP Team also attended	<b>33</b>	Hours of Meetings
	<b>27.5</b>	Hours of Learning
SP Team referred into	<b>37</b>	VCF Organisations
	<b>12</b>	Statutory Organisations

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# Pendle CASE STUDY Harriet

## Reasons indicated on initial referral

The Client was referred to us by Talking Therapies where she is engaged in a series of therapeutic interventions

## Initial Assessment and Support Provided

I contacted my client and discussed her support needs. She said that although she is a member of a local sports club, she finds mixing difficult and the social element to the group was not ideal for her. We discussed her interests, and she said that she is interested in the arts, gaming and some sport. She said that she would like to extend her friendship groups and find people who she can relate to.

## Background of client

The Client is a 30-year-old woman who lives in the Pendle area.

## Client Outcomes

My work with this client is ongoing, she is motivated to make changes to improve her well-being. We discussed courses at Lancashire Adult Learning, and she has attended and enjoyed a course with LAL. Following some research I was able to find a number of gaming groups in the local community and She regularly attends the groups. She is currently considering volunteering with a local arts group with the aim of extending her range of interests and potentially her friendship group too.

# Rossendale

**171**

**Referrals so far  
this year**

**12**

**New Connector  
Referrals**

**6**

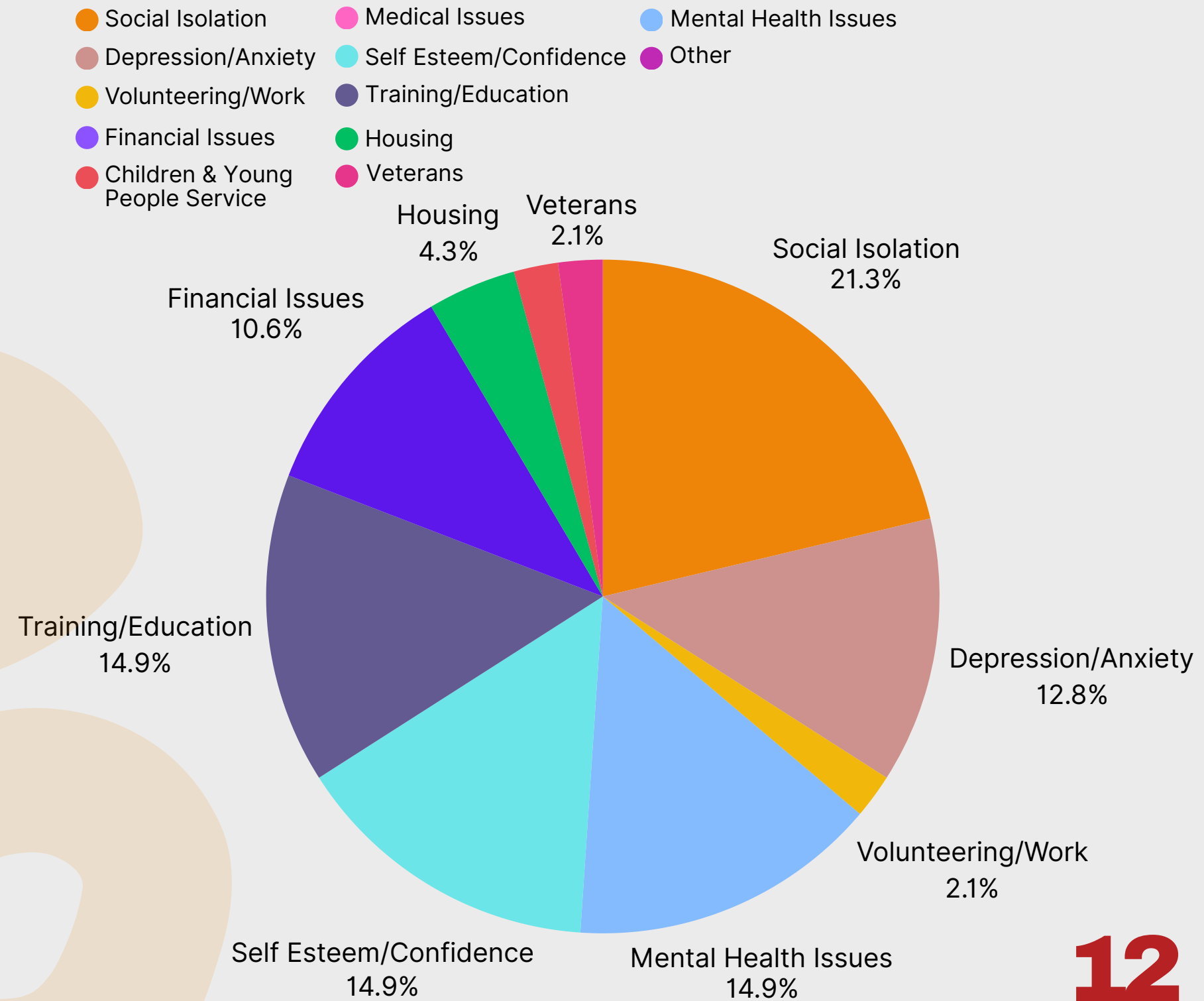
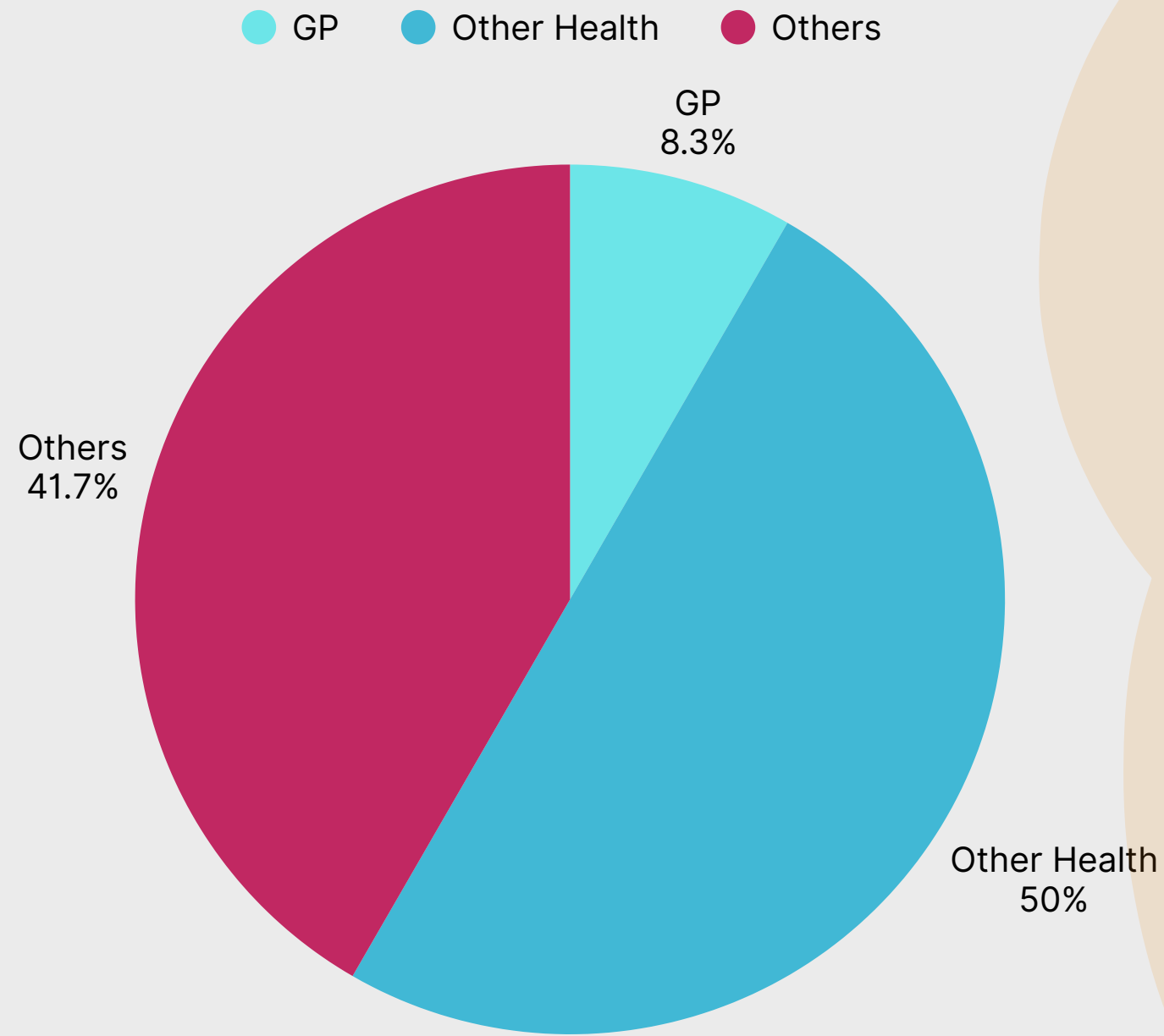
**Closed Connector  
Referrals**

**31**

**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>21</b>	Unique Groups
Given	<b>69</b>	Hours of Group Support
SP Team Also Attended	<b>7</b>	Hours of Learning
SP Team Referred into	<b>13</b>	VCF Organisations
	<b>1</b>	Statuary Organisations

# Rossendale CASE STUDY Colin

## Reasons indicated on initial referral

Social anxiety, lack of positive routine, and request for assistance in accessing mental health support.

## Initial Assessment and Support Provided

The primary challenge was finding safe, legal, and non-digital ways to support the client's social integration.

**Safeguarding & Risk Management:** I liaised directly with the Police Management of Sexual and Violent Offenders (MOSOVO) unit to review the client's SHPO. This ensured that any recommended voluntary work or groups did not breach his conditions regarding minors or digital usage.

**Mental Health Access:** The client had faced barriers accessing therapy due to his medication. I contacted a local provider (Freeflow), but they were unable to accept him due to the anti-psychotic prescription. I subsequently facilitated a re-referral to NHS Talking Therapies and confirmed he is now on the waiting list for CBT (approx. 6–9 months).

**Social Activity:** Because the client cannot access digital community groups (e.g., Facebook support groups), I researched and provided direct details for offline activities. This included maps for local walking routes (Haslingden) and details for adult-focused activities, such as Chatty Cafés and park maintenance volunteering.

## Client Comments

The client stated that he felt he had "enough to be going on with" regarding the resources provided and agreed to contact the service again if his circumstances changed.

## Background of client

The client is an adult male with a history of being in the care system. He had recently lost a significant amount of professional support following the conclusion of a probation period and described lacking a positive routine, stating he was "just plodding along." The client manages his mental health with prescribed anti-psychotic medication (Quetiapine). Crucially, the client is subject to a Sexual Harm Prevention Order (SHPO) valid until 2029. This places significant legal restrictions on his activity, specifically prohibiting the use of social media/digital devices and banning unsupervised contact with anyone under the age of 16. This presented a complex barrier to accessing standard community resources, many of which are advertised via Facebook or WhatsApp.

## Client Outcomes

The client has successfully begun engaging in independent social activities. He reported that he has been walking regularly and has joined a pool team at a local pub, which provides him with social interaction in an adult environment. He confirmed that housing and financial support were not currently required. The client felt that the support provided was sufficient to "get the ball rolling." We agreed to close the case, with the clear understanding that he can self-refer to the service if his mental health deteriorates or he requires new suggestions while waiting for his NHS therapy.

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

# Social Prescribing for Children & Young People

**Pendle West**

**104**

**Referrals so far this year**

**3**

**Closed**

**10**

**New Referrals**

**40**

**Current Active**

**Pendle East**

**4**

**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.

# Family CASE STUDY Adam

## Background

Young person wanting support for wellbeing and activities.

## Actions Taken

Supported meeting with YP and school to discuss issues around struggling with certain subjects in school and looking at extra support in those lessons. Discussed safe place in school for child to attend when feeling overwhelmed to prevent issues with behaviour arising.

Referred young person into New Era for support around mental wellbeing.

Developed action plan with young person

## Client Comment

I have met a new friend at the youth group, and we have started going to cricket together too.

## Needs

Issues around behaviour in school and academic progress.

## Outcomes

Young person engaging with New Era and feeling better

Young person's behaviour has improved in school and feels they have more support in school.

Young person going along to a local youth club.

Young person accessing BPRCVS activities.



# Hyndburn

**589**

**Referrals so far**

**121**

**Current/Active  
Linkworker  
Referrals**

**53**

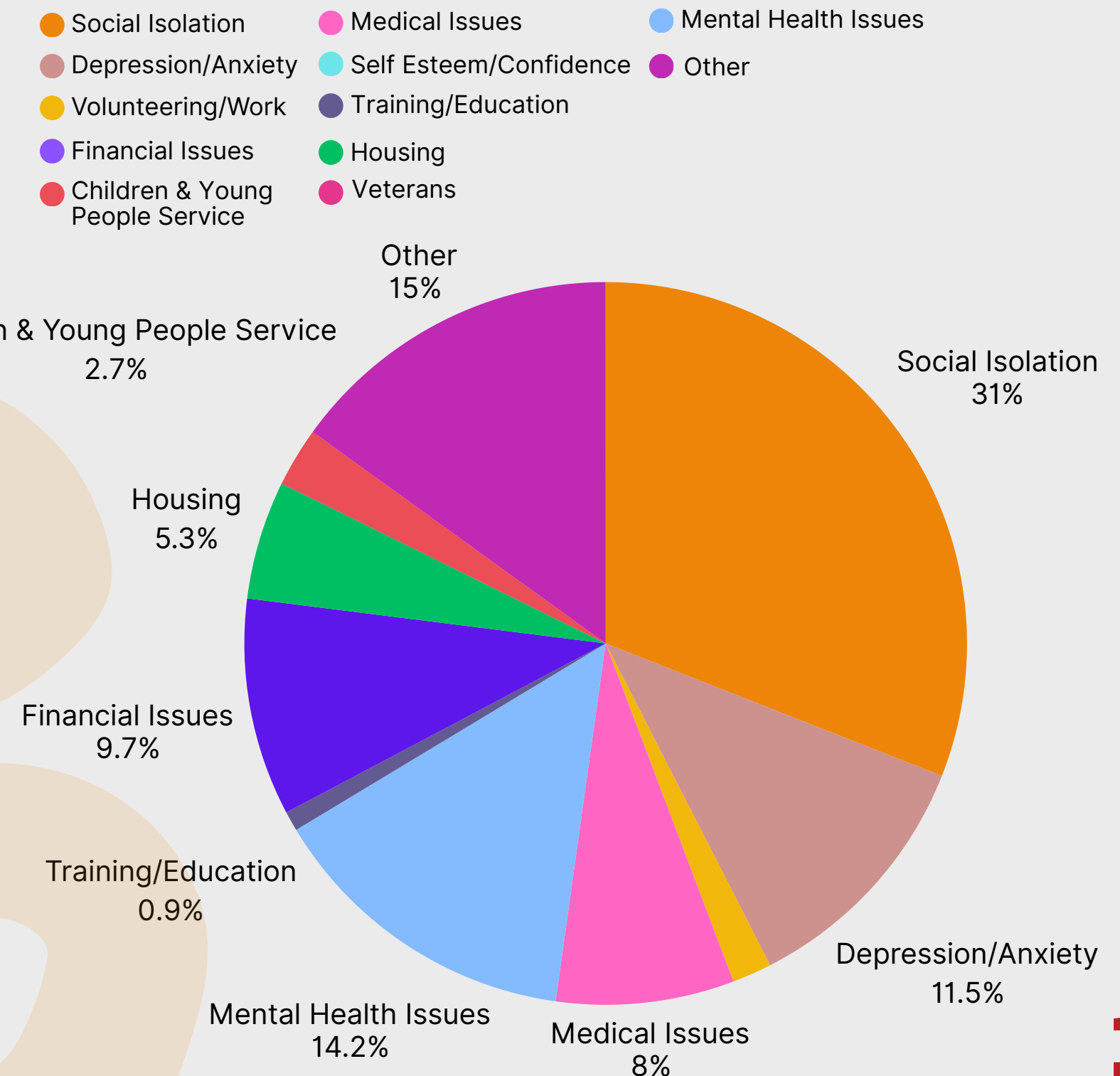
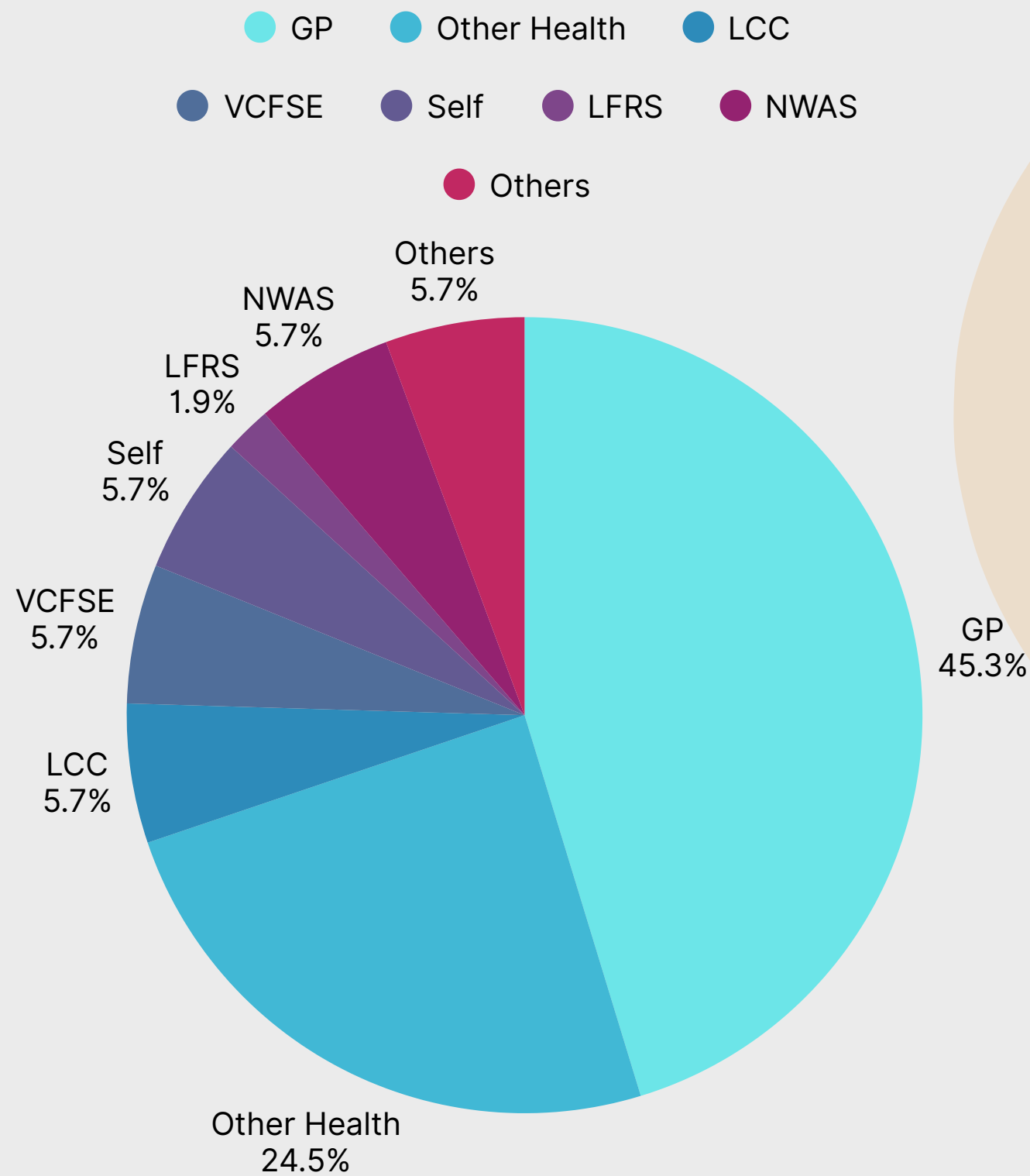
**New Linkworker  
Referrals**

**78**

**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>15</b>	Unique Groups
Given	<b>12</b>	Hours of Group Support
SP Team also attended	<b>74.5</b>	Hours of Meetings
	<b>76.5</b>	Hours of Training
SP Team referred into	<b>34</b>	VCF Organisations
	<b>10</b>	Statutory Organisations



# Hyndburn CASE STUDY Diane

## Reasons indicated on initial referral

44 year old female – referred in from NHS Talking Therapies for loneliness and isolation

## Initial Assessment and Support Provided

We have supported her with written information and met her face to face which is her preference due to her memory issues. We always call her on the day we are meeting to help remind her of the appointment which is what she requested. We have met her at her home and walked with her to the venue so that she can independently learn the route, so it is familiar. We attended with her to the Brave Church craft group and introduced to their group leader.

## Background of client

She has had a traumatic past and suffered memory issues as a result of domestic violence. She has been referred into us multiple times. We worked with her last year and supported her to attend a local group run at a Care Home and connected her with the group leader to support her to attend. She is still attending the group but would like to be supported to access more groups.

## Client Outcomes

She has grown in confidence and is now attending this group on her own. She is proud of her achievement as she has walked to the group on her own and appears to be making some positive friendships within the group. Brave Church run various groups and it is the hope that she expands on the groups she attends there to help her feel more connected and less isolated in an environment she is familiar with.

# Ribble Valley

**391**

**Referrals so far  
this year**

**88**

**Current/Active  
Linkworker  
Referrals**

**48**

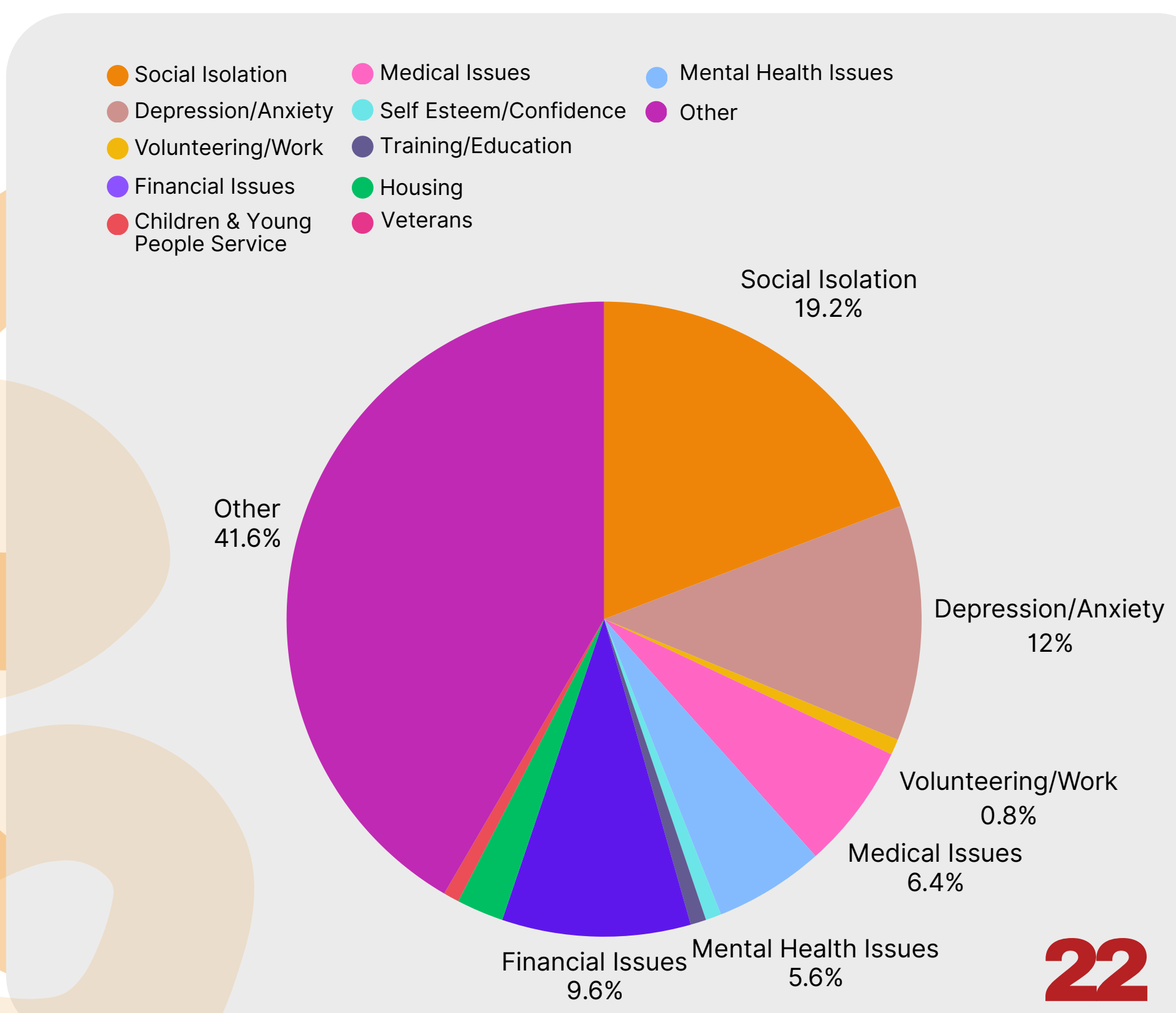
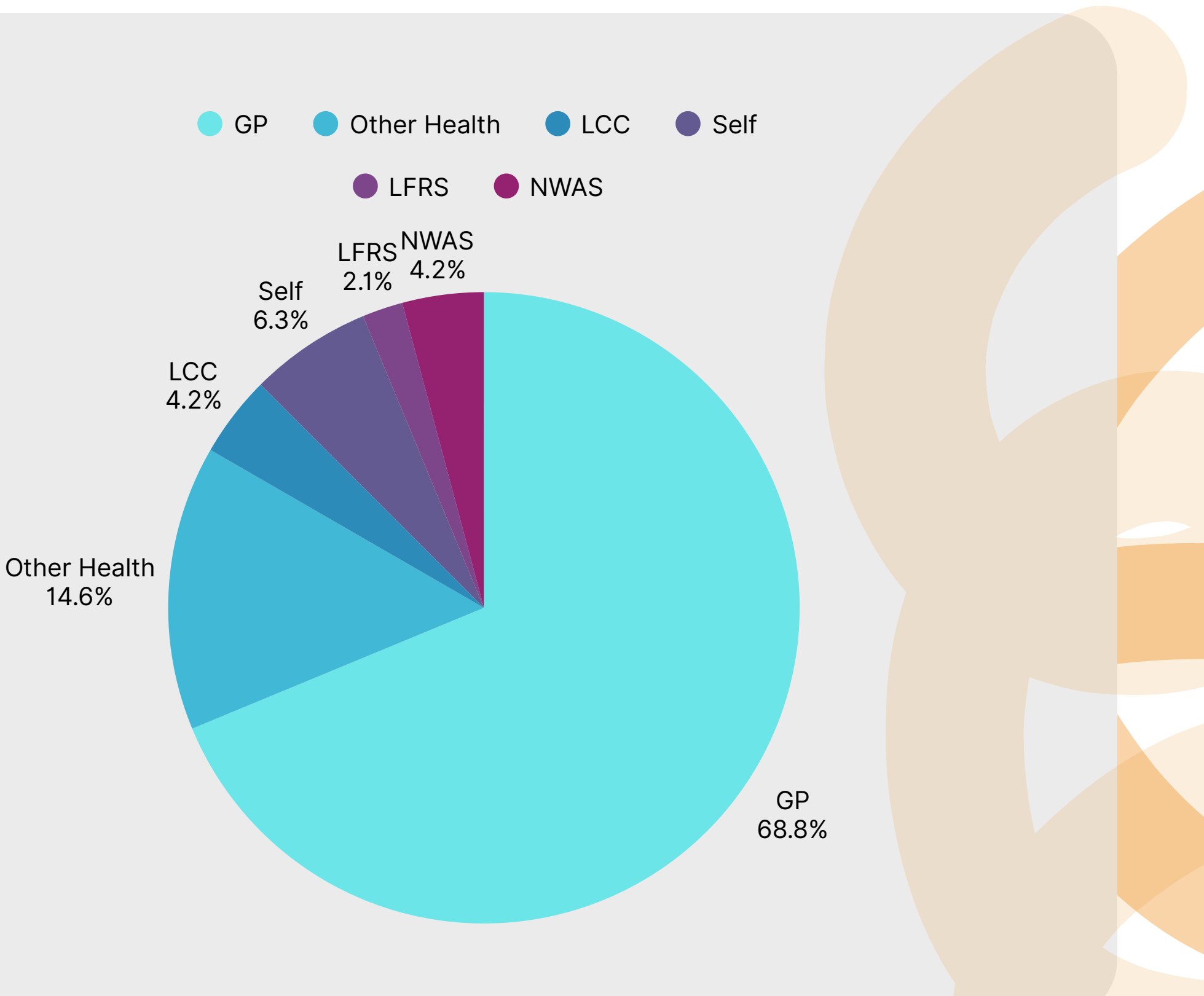
**New Linkworker  
Referrals**

**36**

**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	<b>14</b>	Unique Groups
Given	<b>15</b>	Hours of Group Support
SP Team also attended	<b>52</b>	Hours of Meetings
	<b>12</b>	Hours of Training
SP Team referred into	<b>19</b>	VCF Organisations
	<b>6</b>	Statutory Organisations



# Ribble Valley CASE STUDY Hanna

## Reasons indicated on initial referral

“Social Isolation, Depression, Physical health and Mobility Needs.

## Initial Assessment and Support Provided

I met client in Café Nova in Oswaldtwistle Mills, and she was very emotional. She has 2 daughters, one son and six grandchildren. She would like to move house and feels her husband is often angry with her. She takes painkillers daily and feels her mobility is compromised. She used to work at the Royal Blackburn Hospital but had to leave due to her medical conditions.

## Client Comments

She sent a text after the first meeting to say “Thanks for being there today it really does help. I’ve never had this much help off anyone before”

## Background of client

Female is 62 years old and has osteoarthritis and spinal pain. She lives with her 2<sup>nd</sup> husband.

## Client Outcomes

ØShe agreed to a referral to “Up and Active” but doesn’t feel ready to attend this now.  
ØI met her at the “Olive Branch” Café in Clitheroe and connected her with DWP and Citizen’s Advice. She wanted to check if she was eligible to any other benefits.  
ØI have referred her to “Onward Homes” to help her to move house  
She has signed up to attend the “Roots of Resilience” course at Rhyddings Park which we will support her to attend. This is a free 6 week “nature-based mindful and wellbeing programme designed to help individuals navigate emotional challenges, manage mood fluctuations and respond to everyday stressors”. This starts on the 27 January 2026

# Working in partnership using the whole system approach.

