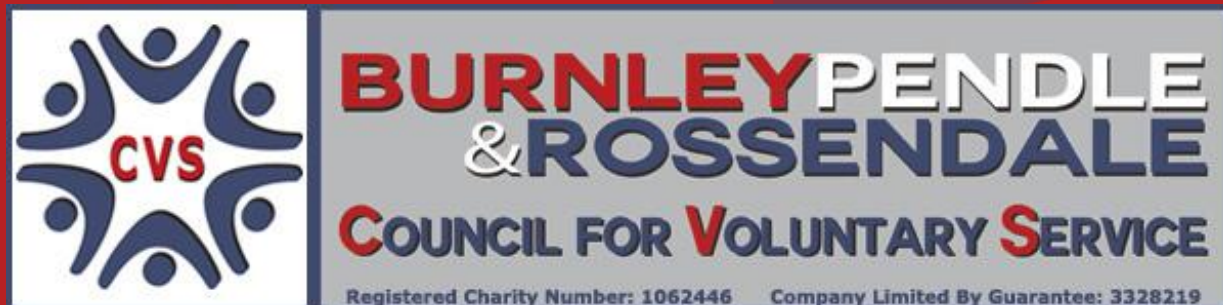


# Social Prescribing

## MONTHLY REPORT

**FEBRUARY  
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.

<b>01</b>	Overview of Social Prescribing in East Lancashire	<b>09</b>	Pendle Group Support & Funding Team	<b>17</b>	Hyndburn Referrals	<b>24</b>	Ribble Valley Case Study
<b>02</b>	Meet The Team	<b>10</b>	Pendle Case Study	<b>18</b>		<b>25</b>	Working in Partnership Using the Whole System Approach
<b>03</b>		<b>11</b>		<b>19</b>	Hyndburn Group Support & Funding		
<b>04</b>	Burnley Referrals	<b>12</b>	Rossendale Referrals	<b>20</b>	Hyndburn Case Study		
<b>05</b>	Burnley Group Support & Funding Team	<b>13</b>	Rossendale Group Support & Funding Team	<b>21</b>			
<b>06</b>	Burnley Case Study	<b>14</b>	Rossendale Case Study	<b>22</b>	Ribble Valley Referrals		
<b>07</b>		<b>15</b>	Social Prescribing for Children & Young People	<b>23</b>			
<b>08</b>	Pendle Referrals	<b>16</b>	Family Case Study		Ribble Valley Group Support & Funding		

# 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 HRVCSV 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.

## 20,390

**Total number of referrals since commencement.**

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

## 7,850,150

**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 20,390 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.

## 244,680

**Hours of SP Support**

(Average of 2 hours per session x 6 sessions x 20,390)



Crafts by a client who teamed up with Team Rise to deliver craft workshops for people with special needs at the centre



# Meet The Team!

## 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



**Lynne Hargreaves-Walker**  
Health & Wellbeing  
Programme Manager



**Tracey Noon**  
Operations  
Manager

## 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



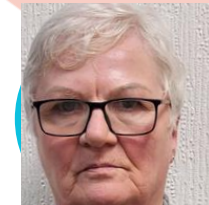
**Rebecca Nolan**  
Group Support &  
Training



**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)

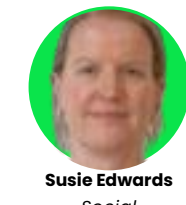


**Sania Farzana**  
Social Prescribing  
Linkworker - C&YP (PW)  
currently on maternity  
leave



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

## Hyndburn & Ribble Valley



**Susie Edwards**  
Social  
Prescribing Lead



**Shereen Gregory**  
Social  
Prescribing  
Linkworker



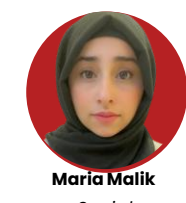
**Fiona Bradley**  
Green Social  
Connector



**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

**199**

**Referrals So Far  
This Year**

**20**

**New Connector  
Referrals**

**22**

**Closed Connector  
Cases**

**42**

**Current/Active  
Connector Cases**

**69**

**New Linkworker  
Referrals**

**66**

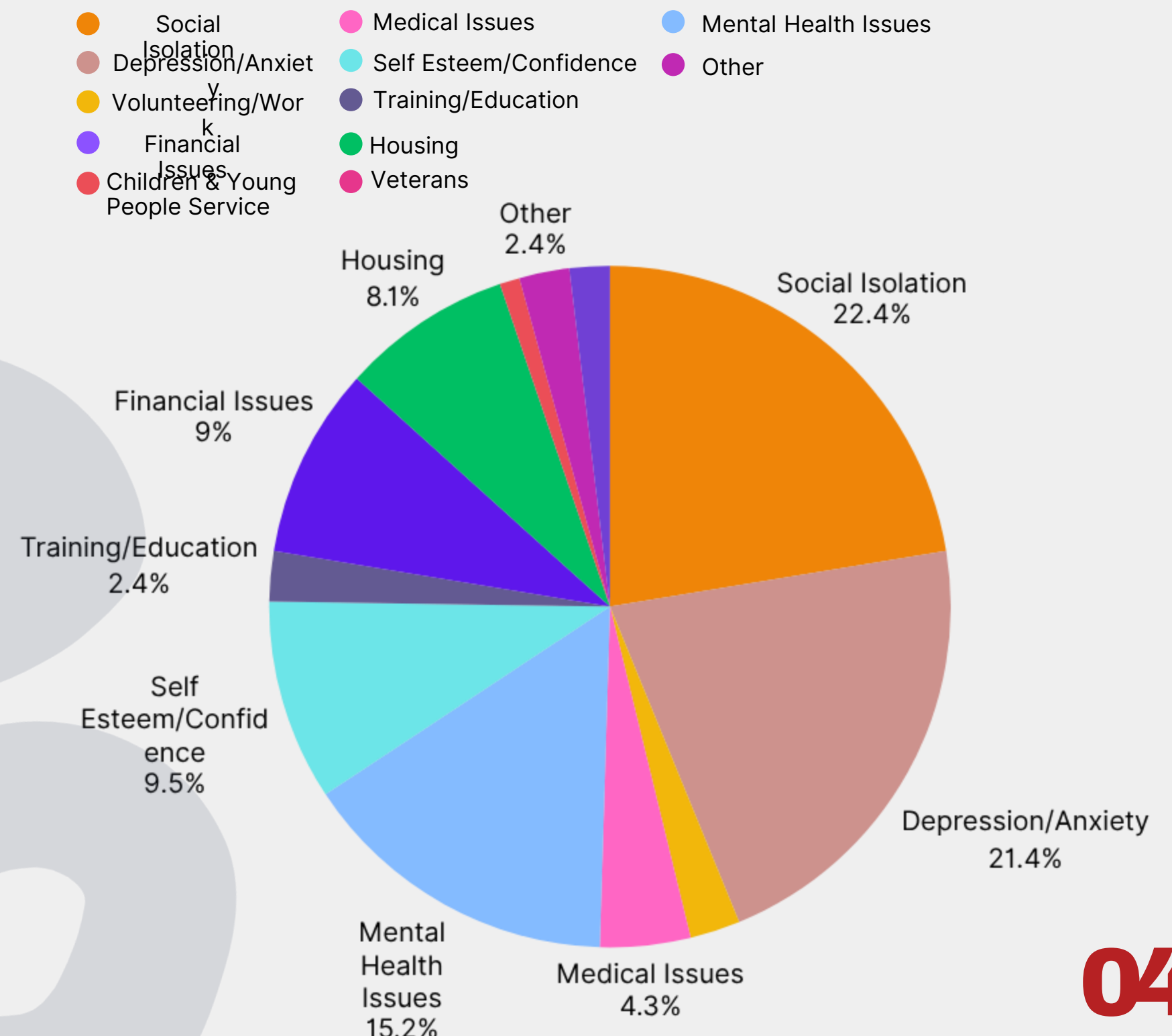
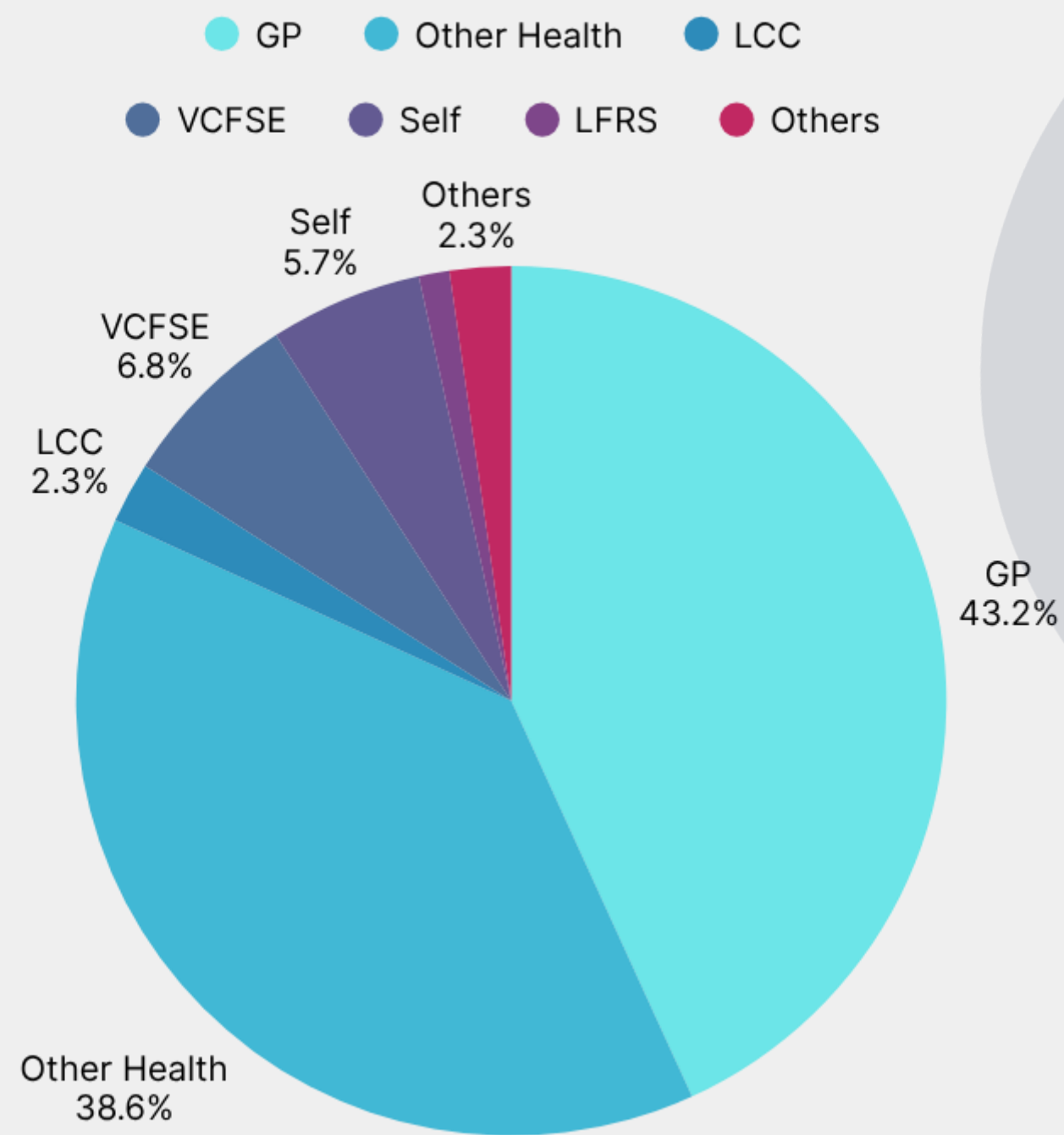
**Closed Linkworker  
Cases**

**86**

**Current/Active  
Linkworker Cases**

# Burnley Referrals From

# Supporting People With



# Burnley Group & Volunteer Support Team



This Month In Burnley we have:		Group Support
Supported	<b>35</b>	Unique Groups
Given	<b>39</b>	Hours of Group Support
SP Team also attended	<b>55</b>	Hours of Meetings
	<b>2</b>	Hours of Learning
SP Team referred into	<b>47</b>	VCF Organisations
	<b>17</b>	Statutory Organisations
This Month In Burnley We Have:		Volunteering
Enquiries Recieved	<b>11</b>	Individuals
Signed Up For Training	<b>27</b>	Individuals
Currently Volunteering	<b>30</b>	
Volunteer Brokerage	<b>3</b>	

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 Ellenor

## Reasons Indicated on Initial Referral

Finances, Medical Issues & 'Other'

## Initial Assessment and Support Provided

In my initial assessment with the client, she said that she was in fear of breaching her work visa and therefore hasn't taken any time off work to recover from her radiotherapy treatments and is fatigued and in constant pain.

I arranged a free initial consultation for her with an immigration solicitor so she could discuss her options regarding her work visa, and have any questions she has answered, as this was her main concern.

I then met the client at Downtown Grocery/Community Hub. I supported her to register with the community grocery so she can get reduced cost groceries to help with her finances. I introduced her to the one of the Burnley Together workers there, who gave her information on all the support available at the Hub and told her she was more than welcome to come in at any time if she wanted to talk or needed support with anything. I referred her into the WorkWell programme which is targeted at people in work who are struggling due to a health condition or disability.

## Background of Client

Client is a woman in her 50's who is receiving cancer treatment. She is in the UK on a work visa and struggling financially due to the cost of living.

## Client Outcomes

WorkWell are supporting her to negotiate with her workplace to make reasonable adjustments for her at work to support her. If this is not possible then WorkWell will help her to find more appropriate employment.

She got information from the solicitor that she may be eligible to apply to the Home Office under "exceptional compassionate circumstances" so she doesn't have to continue to work due to her illness and can still remain living in the UK. She has got evidence from her Oncologist to submit to the Home Office if needed and she is still undecided on whether this is something she wants to do.

## Client Comment

If no client comment then delete.  
"Thank you so much I didn't know before where I could go for help."

# Pendle

**180**

**Referrals So Far  
This Year**

**18**

**New Connector  
Referrals**

**4**

**Closed Connector  
Cases**

**60**

**Current/Active  
Connector Cases**

**32**

**New Linkworker  
Referrals**

**37**

**Closed Linkworker  
Cases**

**103**

**Current/Active  
Linkworker Cases**

**Reporting on behalf of Pendle East PCN**

**25**

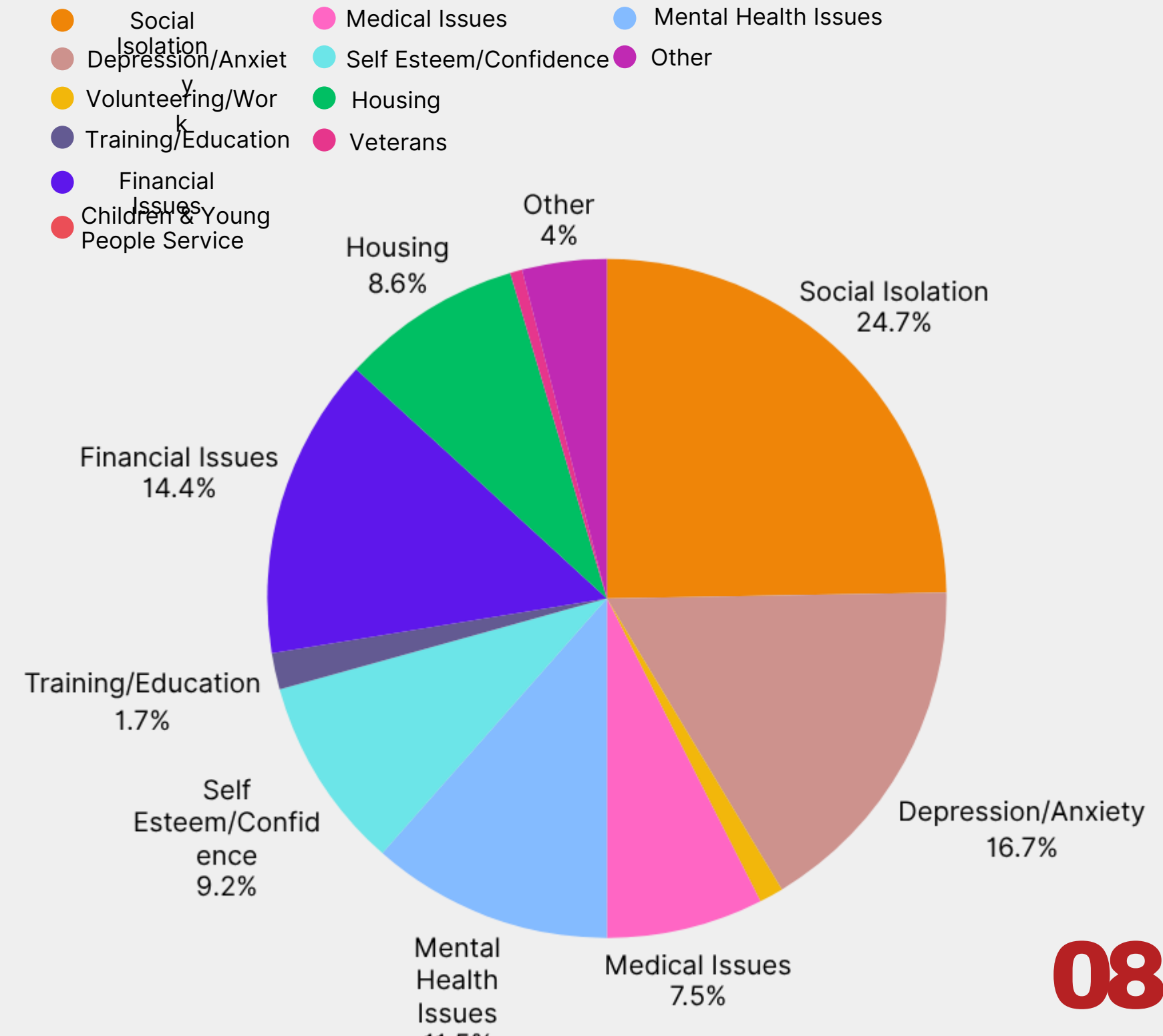
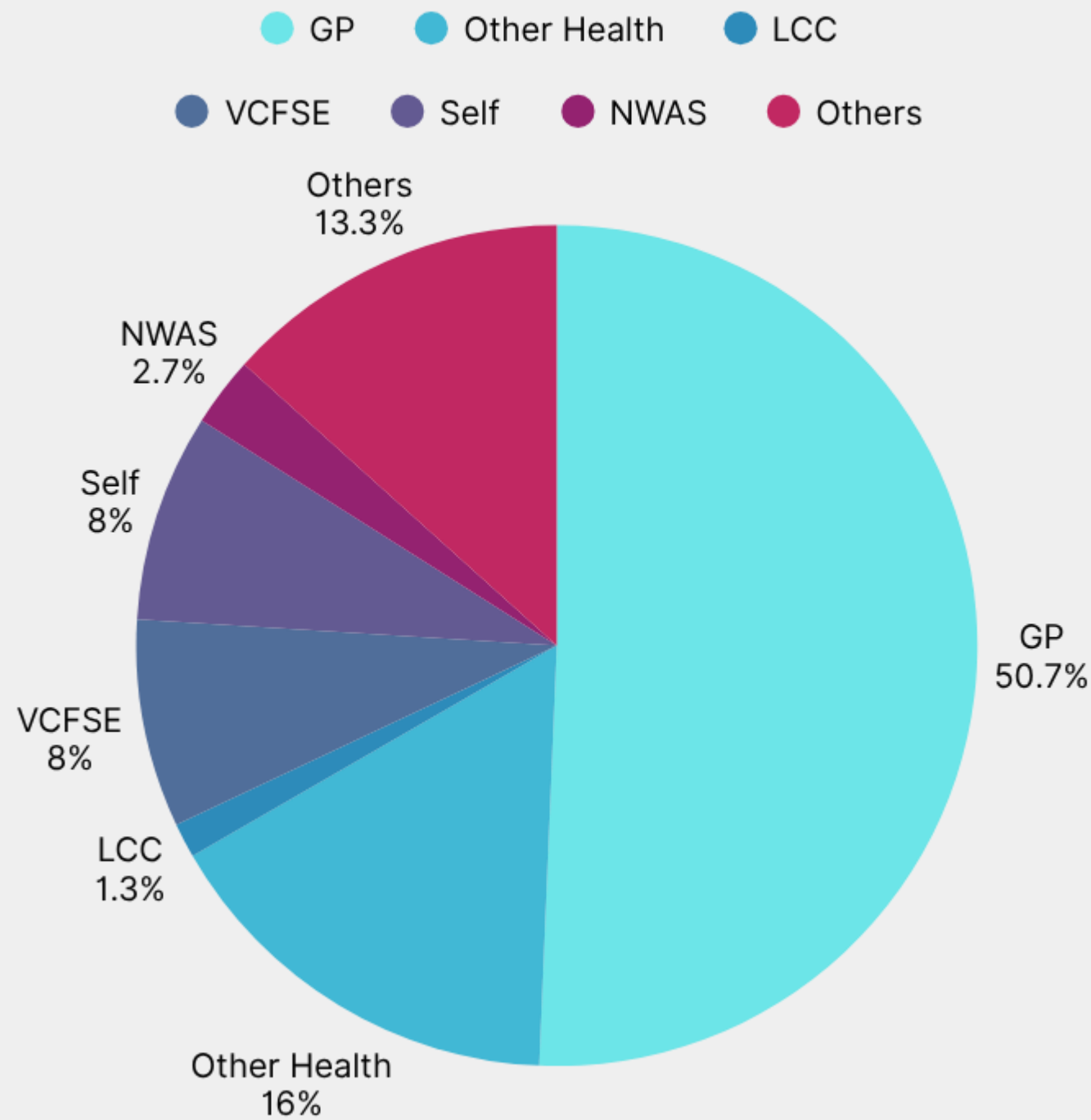
**New Linkworker  
Referrals**

**9**

**Closed Linkworker  
Cases**

# Pendle Referrals From

# Supporting People With



# Pendle Group & Volunteer Support Team

This Month In Pendle we have:		Group Support
Supported	<b>16</b>	Unique Groups
Given	<b>18</b>	Hours of Group Support
SP Team also attended	<b>18.5</b>	Hours of Meetings
	<b>7</b>	Hours of Learning
SP Team referred into	<b>46</b>	VCF Organisations
	<b>22</b>	Statutory Organisations
This Month In Burnley We Have:		Volunteering
Enquiries Recieved	<b>4</b>	Individuals
Signed Up For Training	<b>1</b>	Individuals
Currently Volunteering	<b>2</b>	Individuals

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# Pendle Case Study Marien

## Reasons Indicated on Initial Referral

The referral was from the GP practice to ask for support for the patient as they were suffering with low mood and sleep problems.

## Initial Assessment and Support Provided

Client felt that they wanted to cut down on drinking but did not want support from Inspire due to previous experience there. They wanted support to get out more and meet people, as felt the only reason their current friends wanted to spend time together was for alcohol.

They had several health concerns but struggled managing appointments and felt they could not get their point across when they had GP appointments, so had given up.

They also had poor diet due to alcohol use, lack of appetite and concern about cooking in case of a seizure.

They had come from a previous relationship that had been quite traumatic and felt they needed some therapy but had been closed to NHS therapies due to non-engagement.

Given information on local groups and activities. Referred to Red Rose recovery for support. Referred to PCN Counsellor. Given information on local organisations who do free or low-cost hot meals and referred to the food bank for free hot meal delivery on a temporary basis. Supported to attend GP appointment meaning subsequent referral to neurology, ADHD assessment, and investigations into other issues. Supported to attend Pendle Plant Craft, Park Social and Yoga for Wellbeing class. Supported with technology, particularly in using the calendar on their phone to manage appointment and alarm on phone to set for medication. Referral to IPS for employment support

## Client Comments

After initial assessment: "I'm grateful for your time today, you have really listened to me, and I am feeling much better already."

## Background of Client

They were struggling with alcohol and substance misuse but did not want to have support from Inspire at the time. They had previous opioid drug dependency and Epilepsy.

## Client Outcomes

The client has been attending sessions with the counsellor for several months; they are engaging much better with health and attending appointments independently and taking medication more consistently. They are regularly attending Curry on the Street for social contact and regular hot meals. They tried groups which were not for them but have now started local NHS funded yoga classes and are enjoying the sessions.

They are drinking much less and have shown an interest in getting into paid employment, so I referred to IPS who can support them.

# Rossendale

**42**

**Referrals So Far  
This Year**

**21**

**New Connector  
Referrals**

**40**

**Current/Active  
Connector Cases**

**11**

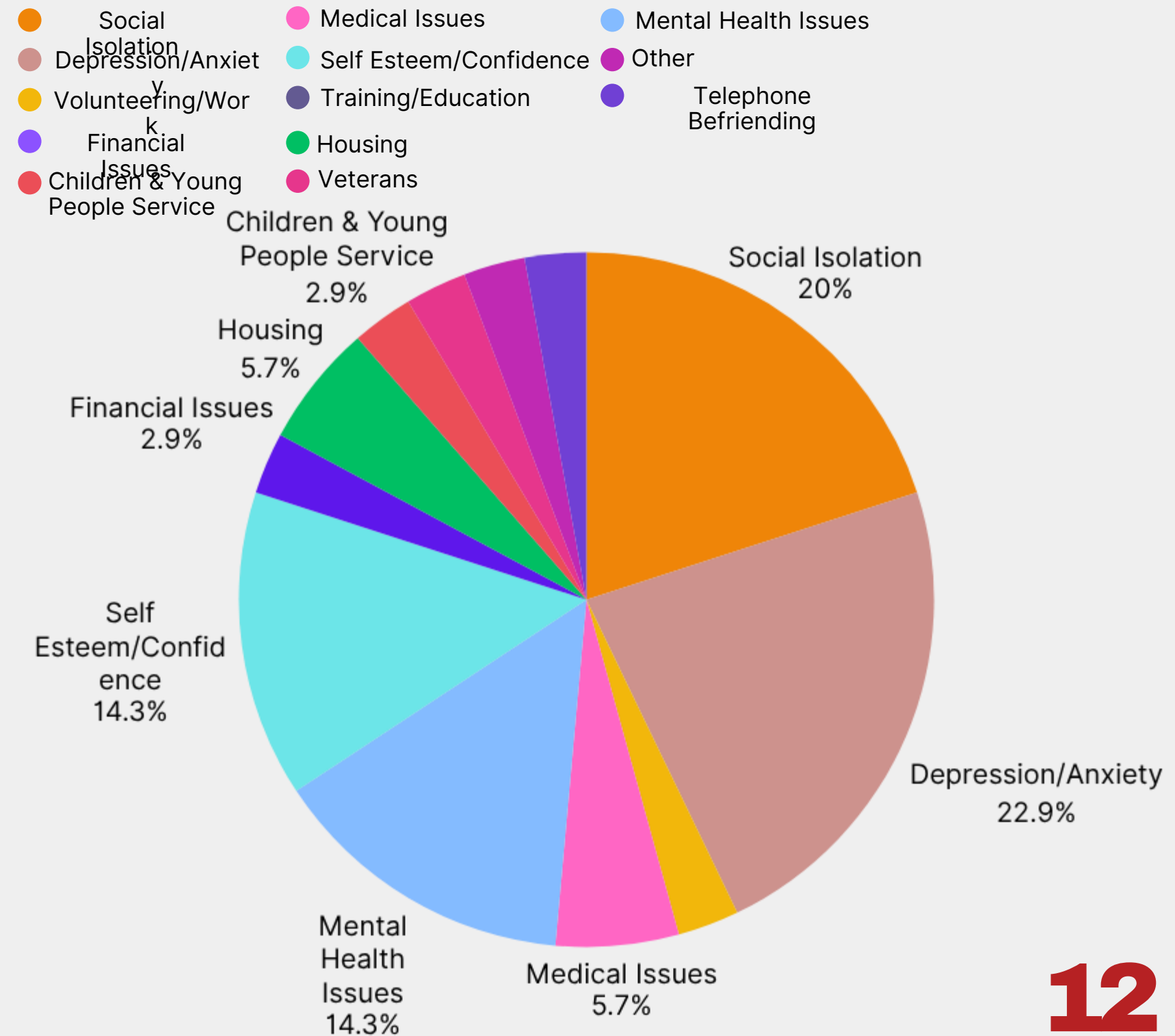
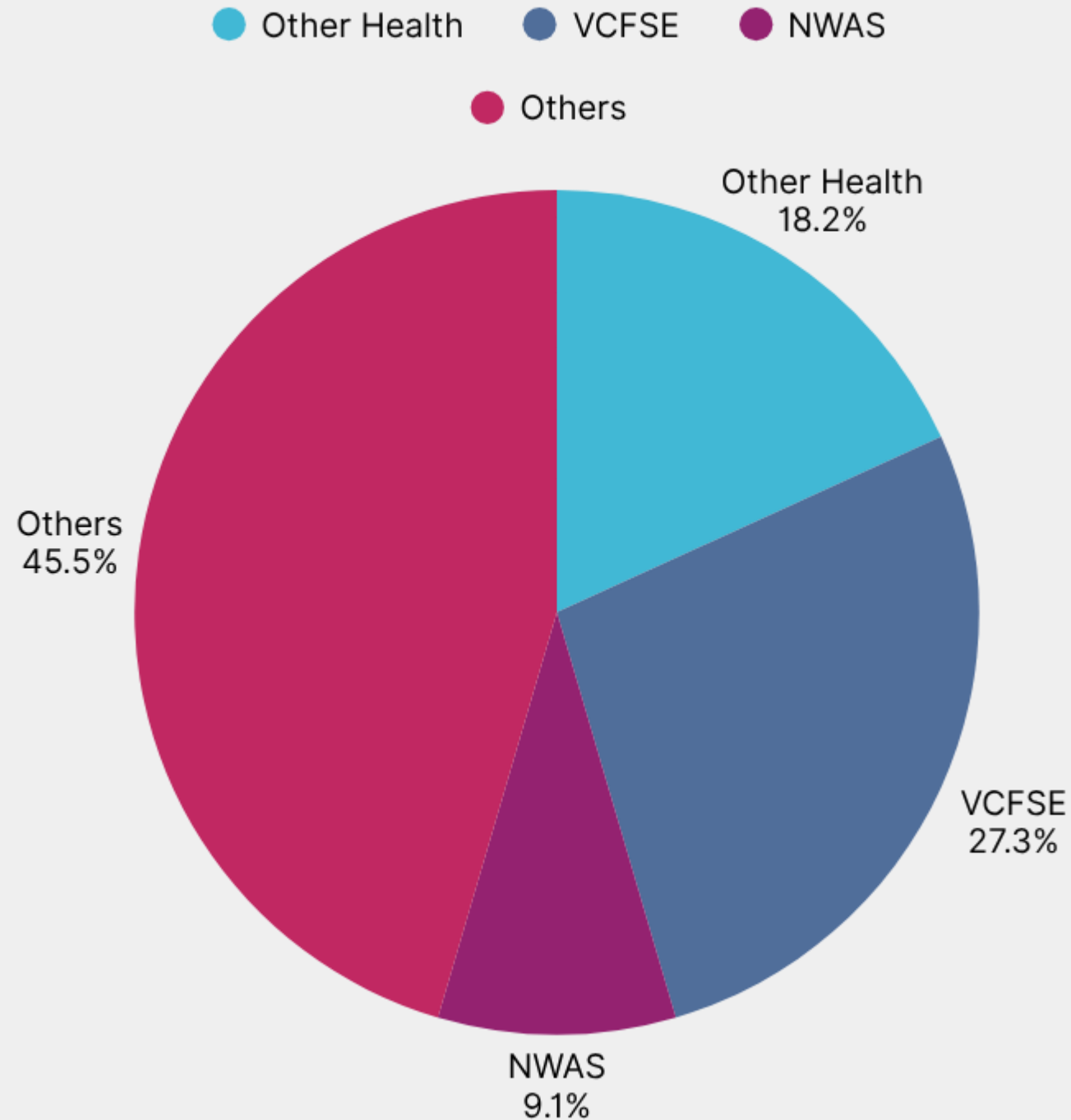
**Closed Connector  
Referrals**

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	<b>18</b>	Unique Groups
Given	<b>20</b>	Hours of Group Support
SP Team also attended	<b>1</b>	Hours of Meetings
SP Team referred into	<b>23</b>	VCF Organisations
	<b>9</b>	Statutory Organisations
This Month In Rossendale We Have:		Volunteering
Enquiries Recieved	<b>4</b>	Individuals
Signed Up For Training	<b>1</b>	Individuals
Currently Volunteering	<b>1</b>	Individuals
Volunteer Brokerage	<b>1</b>	

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# Rossendale Case Study Hilda

## Reasons Indicated on Initial Referral

The client was referred from the Older Adults Community Mental Health Team.

## Initial Assessment and Support Provided

Due to the client's mental illness, she was not initially contactable by phone. However, the use of email and face-to-face meetings has worked effectively.

Key actions:

- Reduce social isolation by identifying a local voluntary group that offers arts, craft and horticulture.
- Build confidence in attending a new group on a regular basis.
- To increase her satisfaction rate with the community mental health nurse at the GP practice; by empowering her to advocate her needs more coherently.

## Client Comments

“Sometimes you just need that additional support and encouragement outside of my family to get involved and keep going. Communication via email helped tremendously in terms of my accessibility needs – we get so many scam calls. Something is so simple. Staff are very supportive, approachable and knowledgeable.”

## Background of Client

Client (A) is a retired female in her seventies who lives alone. She is diagnosed with schizophrenia and during episodes of poor health can become paranoid. She has two grown up daughters that do not live locally; Dubai and Watford. She has two grandchildren that live in Manchester and Dubai. She drives and regularly and her grandson in Manchester. Four years ago, she relocated to Rossendale having lived her whole life in Salford. During this period her daughters have moved away from the Northwest. She is socially isolated, and bouts of hospitalization have eroded her confidence. She receives regular support from her daughters but via zoom/phone and email. The daughter that lives in the UK undertakes regular visits to her Mum. The daughters take an active role in her care, often taking part in medical meetings whenever possible.

The client would describe herself as ‘practical in nature.’ She enjoys arts/crafts and woodwork and is physically fit for her age. At the initial assessment meeting she was seeking to build her confidence and a bigger social network. Her daughter's moving away has meant she has become increasingly lonely.

## Client Outcomes

- 1.Improve social connection through art/craft or horticulture to integrate into a new friendship group and safe community space.
- 2.Attend and undertake the site tour for prospective volunteers at Stubby Lee Community Greenhouses.
- 3.Attend Stubby Lee Farm Therapeutic Art Groups on Wednesday and Thursday.
- 4.Advocate small changes to the format of the regular meetings with the GP Mental Health Worker; for example: regular inclusion of her daughters via Zoom and trying to go at quieter times so it is less overwhelming. Angela is also chaperoned to mental health nurse as he is male.
- 5.Joined and attends the ABD Centre in Bacup on Thursday Luncheon Club
- 6.Referral to Rossendale Energy – assessment undertaken leading to the installation of new boiler and other structural repairs in conjunction with Homewise.

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**

**22**  
**Referrals So Far This Year**

**4**  
**Closed**

**10**  
**New Referrals**

**23**  
**Current Active**

**Pendle East**

**2**  
**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 Morgan

## Background

Young person referred for struggles in educational setting.

## Actions Taken

Met with child and discussed what their interests are. Spoke with parent and developed action plan accordingly. Shared action plan with the family. Invited child to BPRCVS activities.

## Outcomes

Child has attended one of the activities on the action plan with family. Child has attended a BPRCVS activity and really enjoyed it. Educational setting say that child has been asking when worker is next coming in to school to see them and when are they going out on BPRCVS activities again. Child is engaged with service and with educational setting.

## Needs

There is a lot going on for the family at home. This is a lot for the child to understand. This then presents in educational setting by affecting behaviour, emotions and focus.

## Comments

"I like the activities they are fun; I want to go to more."



# Hyndburn

**113**

**Referrals So Far  
This Year**

**114**

**Current/Active  
Linkworker  
Referrals**

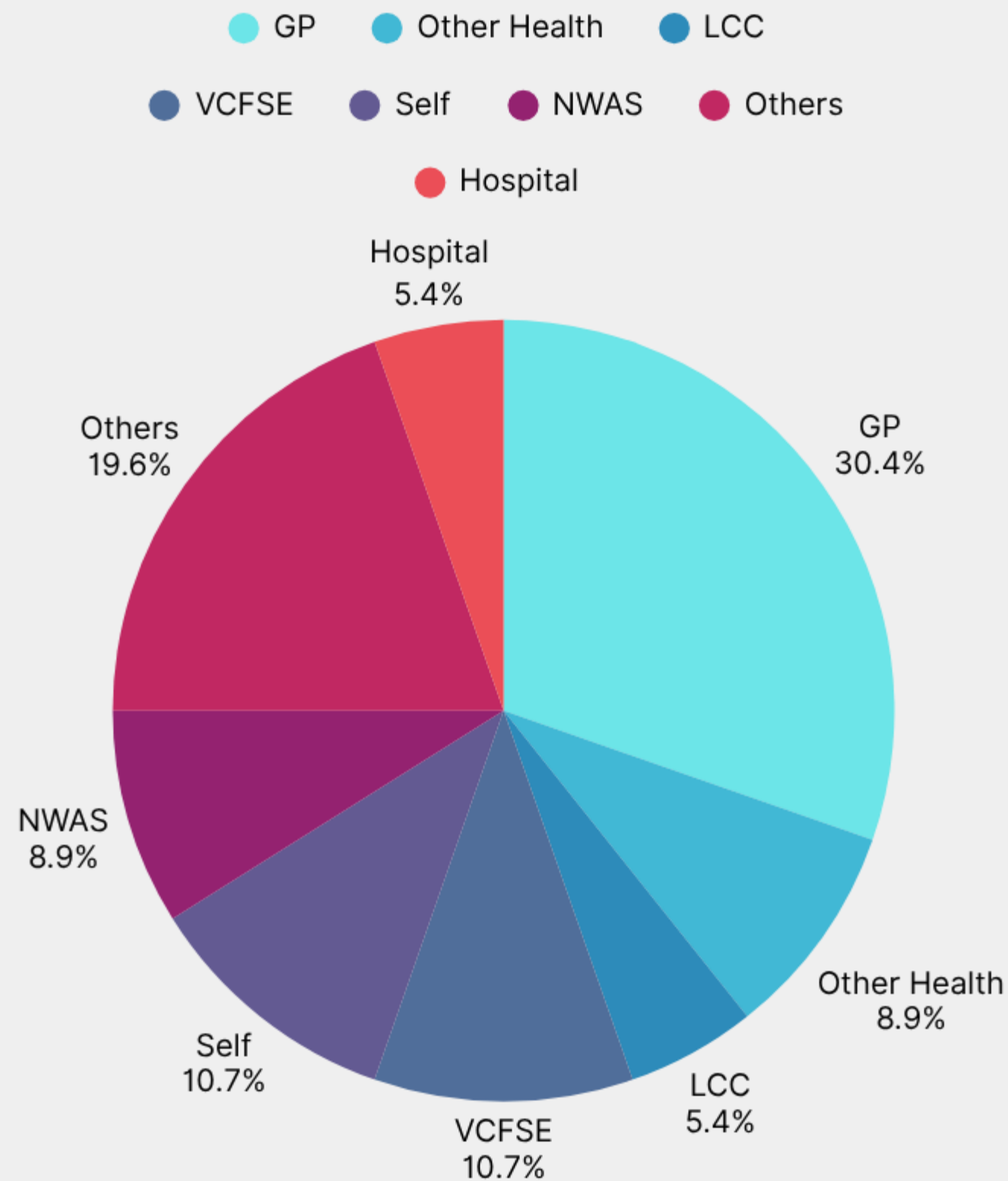
**56**

**New Linkworker  
Referrals**

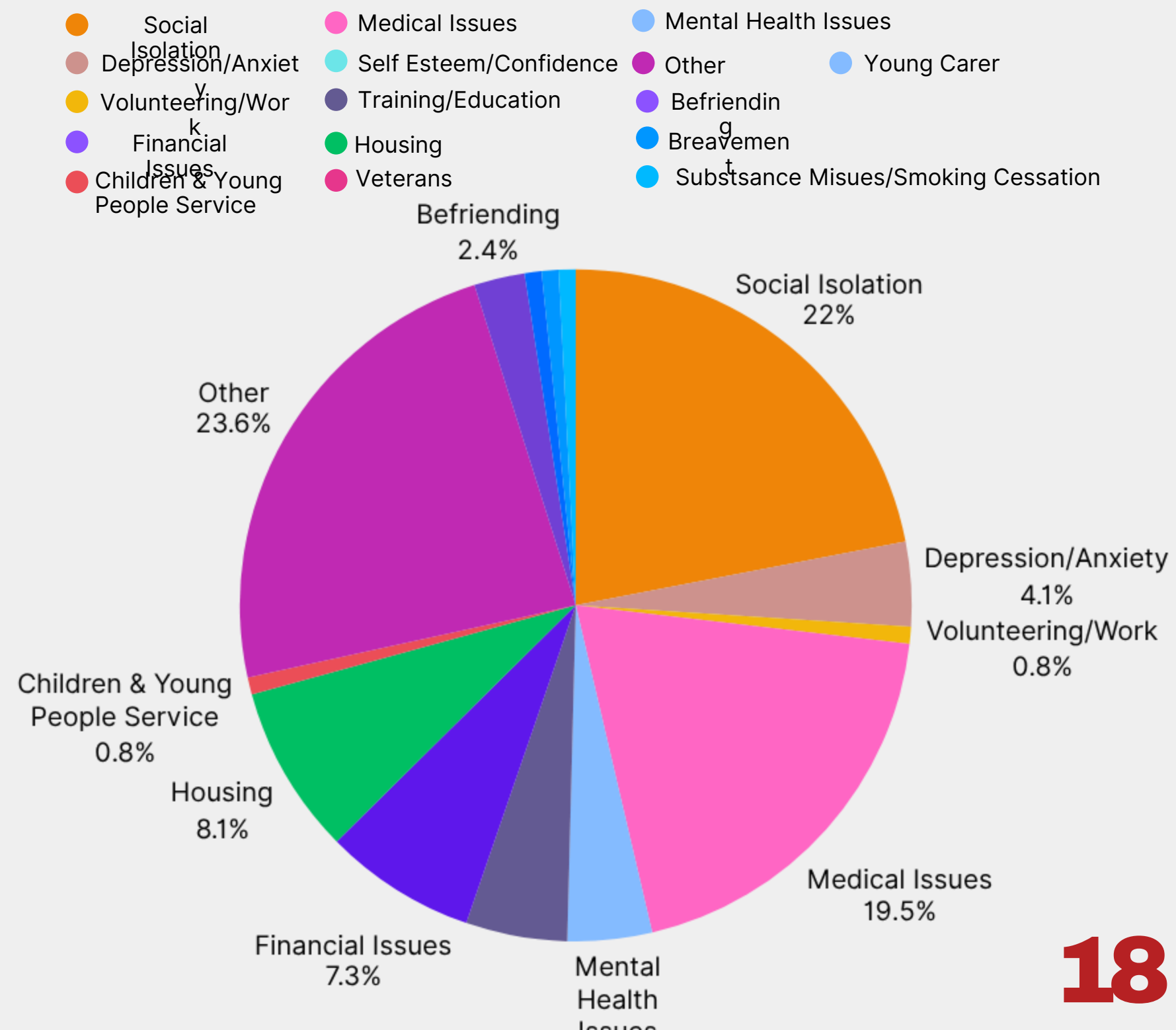
**51**

**Closed  
Linkworker Cases**

# Hyndburn Referrals From



# Supporting People With



# Hyndburn Group Support & Funding

**This Month In Hyndburn we have: Group Support**

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.

Supported	<b>21</b>	Unique Groups
Given	<b>42.5</b>	Hours of Group Support
SP Team also attended	<b>22.5</b>	Hours of Meetings
	<b>27</b>	Hours of Training
SP Team referred into	<b>24</b>	VCF Organisations
	<b>10</b>	Statutory Organisations
<b>This Month In Hyndburn we have:</b>		<b>Volunteering</b>
Volunteers	<b>42</b>	Seen or Supported
Volunteers Interviewed	<b>1</b>	



# Hyndburn Case Study Steven

## Group Support

A new evening social group has started recently at Ernest Street Baptist Church; we are helping them spread the word about it to all the groups we visit and the clients we support.

## Further Support Provided

Zoe, the social prescriber who supported him was attending the new evening social group with a couple of clients so arranged to meet him there. Even though he wasn't a current client, just knowing that Zoe would be there gave him the confidence to attend the new social group at Ernest Street. He talked to her about all the progress he had made since their work together. He had a good experience at the group playing pool, table tennis and table football. He engaged with other people attending the group and Zoe could see how much he had grown in confidence; he appeared comfortable at the group. He thanked Zoe for telling him about the group and said he had enjoyed it and would go again.

## Initial Support Provided to Client

One of our social prescribers attended a Ladies group at Accrington Stanley with a client and gave them the information about the new group. One of the ladies who attends the group took the details of it to give to her son who had previously been supported by the social prescribing service. She had referred her son into our service 15 months ago after meeting a social prescriber at the ladies group. Her son was 21 at that time and had experienced severe anxiety for several years which was stopping him being able to work. We supported him to work with Angel from IPS to help him into employment. This worked well for him; He managed to secure employment and learnt coping strategies to help manage his anxiety better with their support. He has maintained employment for a year which is a fantastic outcome, but he was still not engaging in many social activities outside of work.

## Client Outcomes

We don't always find out the long-term impact of the work our social prescribing service does with clients, so it was amazing to see what a difference our work made to a young man who had struggled with his mental health for many years. His family had tried many things and did not know what to do to help him. They had feared he would never be able to maintain employment or build a social network. Our connections with the groups and our relationship with services like IPS are what has helped this client access our service in the first place and continue to help him move forward.

# Ribble Valley

**88**

**Referrals So Far  
This Year**

**93**

**Current/Active  
Linkworker  
Referrals**

**38**

**New Linkworker  
Referrals**

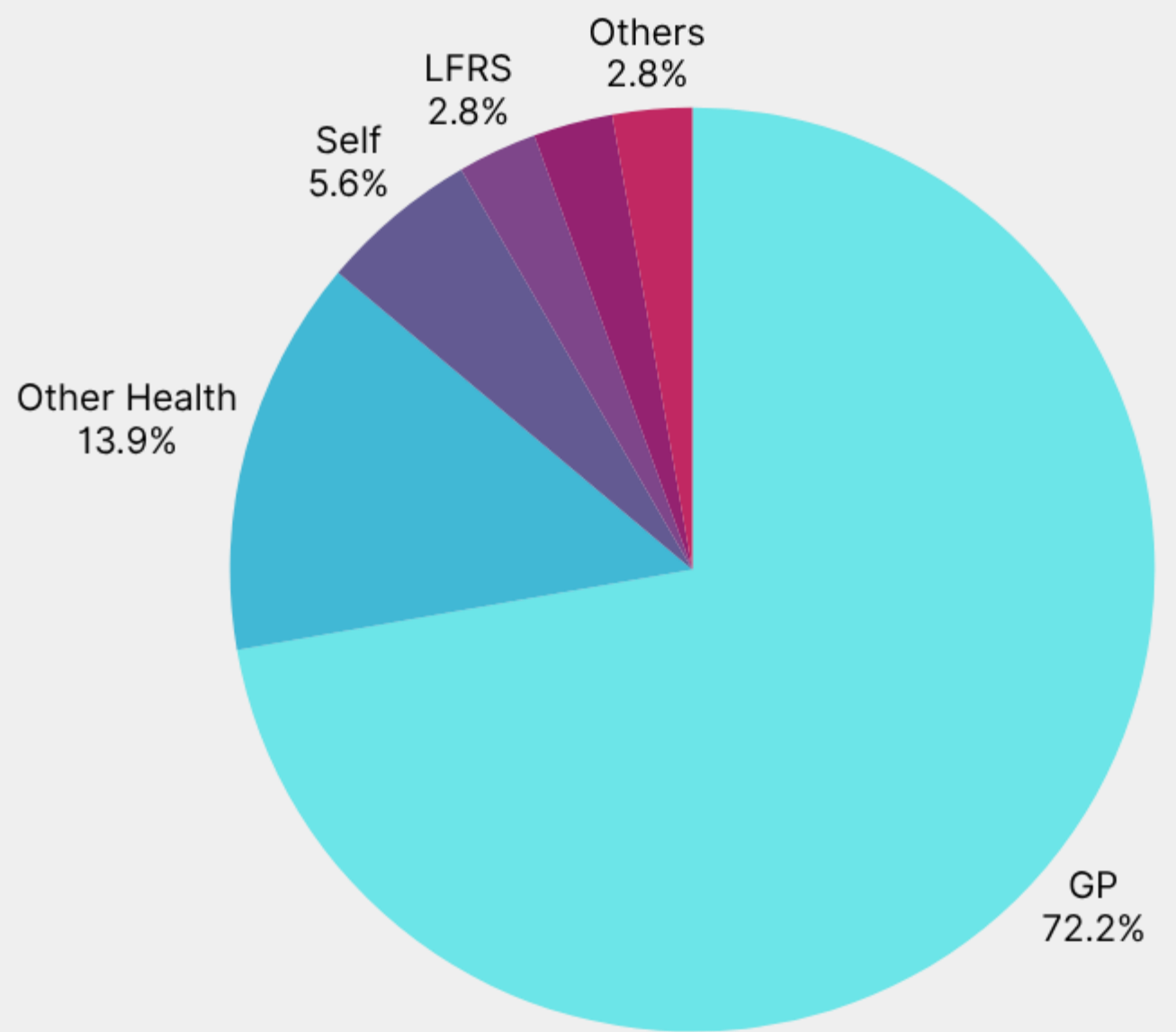
**23**

**Closed  
Linkworker Cases**

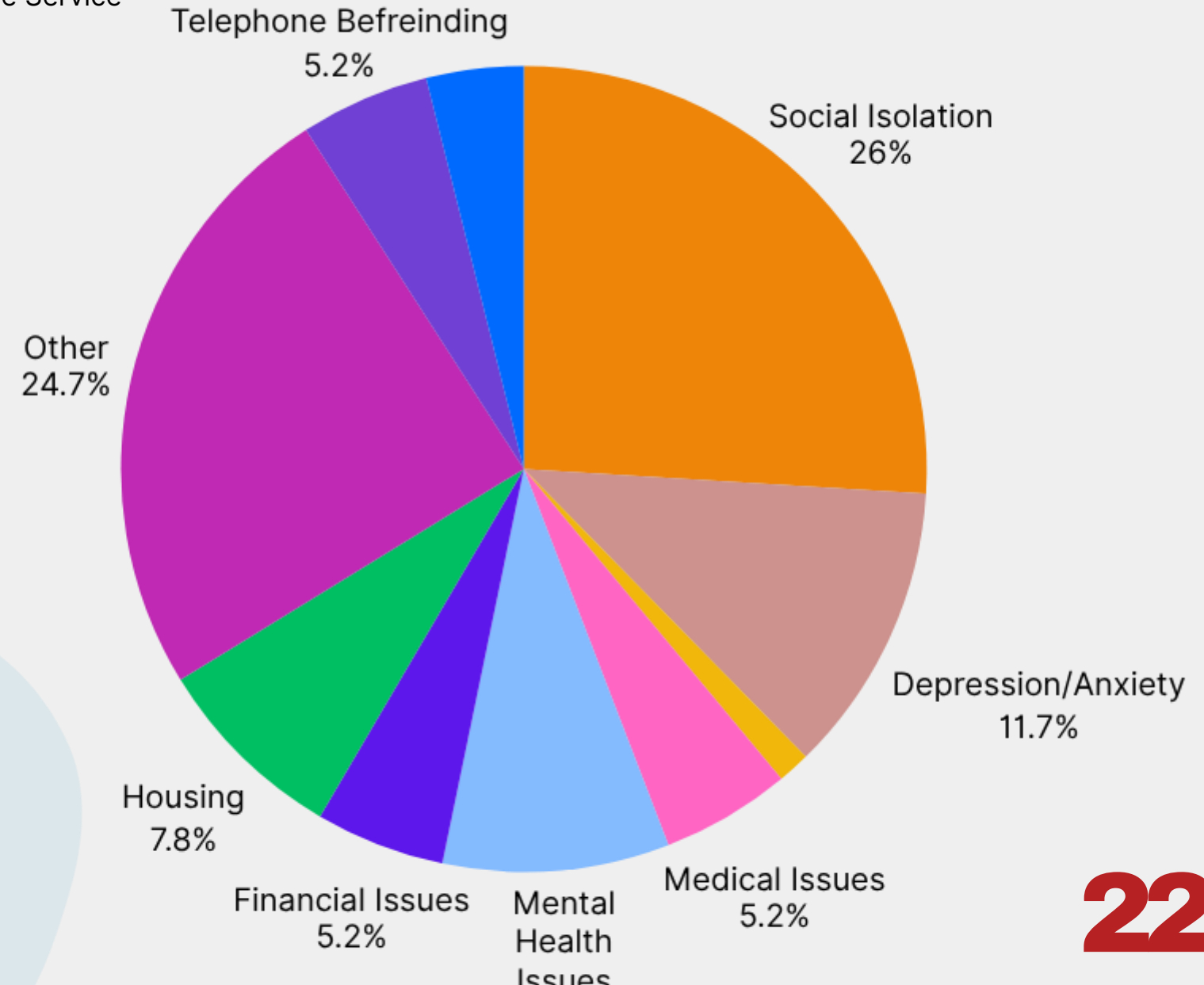
# Ribble Valley Referrals From

# Supporting People With

- GP
- Other Health
- Self
- LFRS
- NWAS
- Others



- 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



# Ribble Valley Group Support & Funding

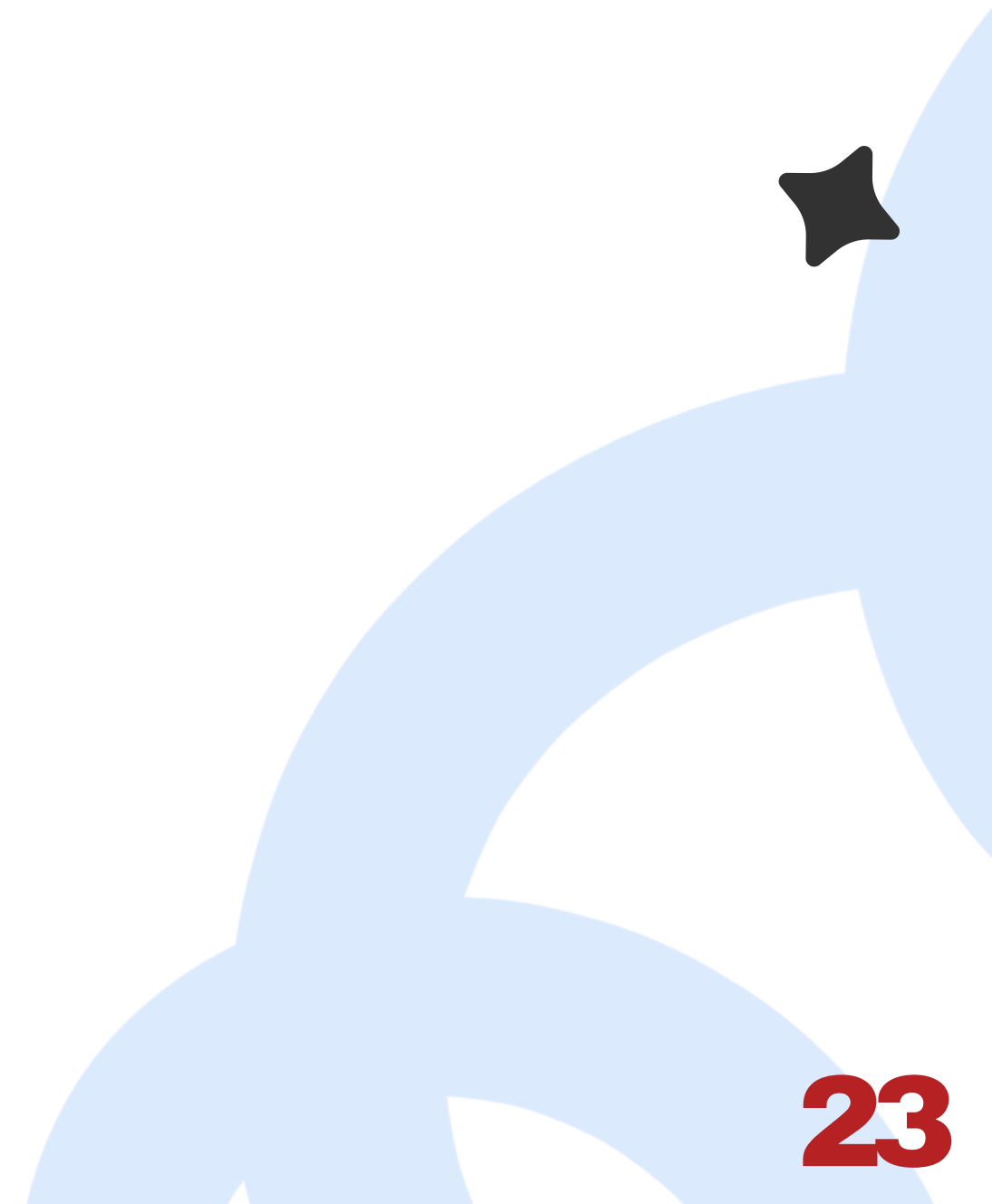
## This Month In Ribble Valley we have: Group Support

Supported	<b>15</b>	Unique Groups
Given	<b>27</b>	Hours of Group Support
SP Team also attended	<b>19</b>	Hours of Meetings
	<b>10</b>	Training
SP Team referred into	<b>12</b>	VCF Organisations
	<b>3</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.

## This Month In Ribble Valley we have: Volunteering

Volunteers referred to the volunteer Hub	<b>1</b>	Referred to an Organisation
Number of Volunteers	<b>30</b>	



# Ribble Valley Case Study Daisy

## Reasons Indicated on Initial Referral

We had a new referral for a 58-year-old female who used to work at a local mental health hospital as a domestic assistant.

## Initial Assessment and Support Provided

Julie gave her information about local community support services and organisations who could help her. She also gave her information about local groups and activities that might be of interest to her.

She decided she would like to try out the “Crafts for Hope” group at the “Shop of Hope” in Clitheroe. Julie attended with her for the first couple of sessions and since then she is enjoying the group and feels able to go on her own. She has built relationships with the organiser and the other people who go so feels she can independently maintain attending it.

They had a look at different options online to help her in her search for jobs as she felt that was the first step she would like to take to help her back into employment. She successfully managed to get an interview with a local company.

## Background of Client

She was referred in for help to look for jobs, anxiety and employment support. Client has sciatica and struggles with her mobility; she uses a stick to move around. The only group she was attending was a physiotherapy group. When Julie the social prescriber met with her and discussed her situation, the client said that the things that were most important to her that she feels she needs help and support with are:

- She is relying on her neighbour to drive her to appointments and to visit her disabled brother, she has stopped driving her car as it needs a new suspension and she can't afford to repair it.
- An upcoming appointment she had with DWP about her benefits and availability for work was causing her anxiety and worry. She was not engaging with anything socially and felt isolated.

## Client Outcomes

She felt like whatever happened with her work she would like to apply for PIP to support her with her long-term health and wellbeing. Julie has contacted her local agencies who can support her to do this and also give her information and benefits advice so she can ease her worry about it.

The work with Julie has helped her to develop her confidence and have an increased positive outlook towards her future. She is still experiencing pain but is keen to restart work and attend groups independently. She said she is grateful for the help she received and is going to continue to look at work and jobs she can apply for.

# Working in partnership using the whole system approach.

