

Hants & IoW Social Prescribing Network Webinar

‘Building Brighter Futures: Empowering People through Employment’

Wednesday 11 June 2025, 1-2pm



Hampshire and Isle of Wight

‘Building Brighter Futures: Empowering People through Employment’

- **Welcome and Programme Review** – Angela Gill (Hants & IoW Social Prescribing Network Facilitator)
- **Tim Houghton, Chief Executive, Community First**
- **Alison Dyer, Disability Employment Adviser Leader, Department for Work and Pensions**
- **Sue Mulcahy, Health and Employment Lead, NHS Hampshire and Isle of Wight**
- **Rob Nash, Skills Commissioning Manager, Skills and Employment, Hampshire County Council**
- **Dates for the 2025-26 Hants & IoW Social Prescribing Network and VS Health & Wellbeing Webinars**

A PERSPECTIVE FROM THE VOLUNTARY & COMMUNITY SECTOR

Tim Houghton

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Collaboration is critical - partnerships are powerful

- **Devolution and Local Government Reorganisation**

<https://www.hants.gov.uk/aboutthecouncil/governmentinhampshire/future-hampshire-solent>

- Devolution creates an opportunity to reset and refocus on early intervention and prevention. We need to be ready and have a plan
- LGR more challenging. Risks around capacity and resources in new unitary authorities and capability to focus on anything non-statutory. Opportunity for Social Prescribing and partnership between health and VCSE to offer cost-effective and impactful interventions - including support for employment and helping those who are economically inactive.

- **HIVCA** (Hampshire & IoW VCSE Health and Care Alliance) is strengthening the relationship between the voluntary sector and ICB. <https://actionhampshire.org.uk/get-involved/networks-and-forums/hivca/> A useful guide to HIVCA is available [here](#)

- **Funding challenges and pressures remain.** Some SP resources are being reallocated to other clinical priorities. Does this require a Hampshire-wide conversation? Can we identify and access new funding?

The Hants & IoW Social Prescribing Network Celebration Event - 12 March 2025



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Highlights from the Hants & IoW Social Prescribing Network Celebration Event Feedback

- **Networking** - the most valued aspect — attendees appreciated connecting with peers and sharing ideas
- **Workshops** - praised for being informative and relevant
- **Presenters** - commended for their expertise and engaging delivery
- **Well organised** - but more time needed!
- **Actions & Impact - Attendees Planned to:**
 - ✓ Follow up with new contacts
 - ✓ Implement new ideas into their work
 - ✓ Improve services and explore funding
 - ✓ Engage communities and promote social prescribing
 - ✓ Continue professional development...



“It was a privilege to be part of such a successful celebration event and have the opportunity to engage with those who are making social prescribing a reality on the ground.

I left feeling enthused about the strength of community that has come from this network and it was a joy to hear a little more about the success and innovations that this has led to, which is clearly making a difference to both individuals and communities.”

**Monica Boulton, Healthcare Integration Lead,
National Academy for Social Prescribing and Key Note Speaker**



Department
for Work &
Pensions



Alison Dyer

Disability Employment Adviser Leader,

Department for Work and Pensions

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**HEALTH
DISABILITY EMPLOYMENT ADVISOR
(DEA)**

JOBCENTRE PLUS

THE DEA ROLE

- ▶ Individual peer-to-peer coaching and up-skilling work coaches in areas of health and disability in relation to work
- ▶ Where required by the work coach to help progress an individual case, including supporting them in three-way conversations with the claimant
- ▶ We can also carry out face to face appts with more complex customers, offering DEA Direct Support where appropriate
- ▶ Proactively sharing knowledge and information about health and disability local provision, services, training and employment opportunities
- ▶ DEAs link in with work that is happening in the local community to drive the disability employment agenda, and in collaboration with colleagues, are actively promoting DWP services such as Access to Work and Disability Confident to external organisations and providers.
- ▶ Build networks of health and disability provision to support work coaches and customers.
- ▶ We undertake outreach work in GP surgeries
- ▶ We liaise with support workers, social workers, recovery workers, mental health teams and DWP work psychologists etc.
- ▶ The DEA promotes the Disability Agenda

WHAT IS DEA DIRECT SUPPORT?

DEA Direct Support:

- **Strengthened Role:**
 - The DWP has strengthened the DEA role to provide direct support to customers with disabilities, including those who need additional support beyond core benefits.
- **Work-Focused Support:**
 - DEA Direct Support delivers work-focused, bespoke support to move individuals with disabilities closer to employment.
- **Expertise and Training:**
 - DEAs are trained to understand how disabilities can affect a person's ability to work and provide advice based on individual needs.

WHAT IS A CLAIMANT COMMITMENT ON UNIVERSAL CREDIT?

- ▶ The claimant commitment records and documents all accepted and tailored work-related activities that give claimants the best prospects of getting work, moving closer to work or increasing their earnings.
- ▶ It can include reducing hours of availability and expected work related activity
- ▶ It can include reducing the time that the claimant can be expected to travel to work
- ▶ It can include tailoring the amount of time they need before attending a job interview or job start to allow them time to make alternative arrangements, including childcare

WHY DO WE REQUIRE A FIT NOTE?

- ▶ Claimant declares health condition that affects the number of hours they are capable of working. WC should ask claimant for medical evidence from GP to confirm this.
- ▶ We update their claimant commitment and agree maximum number of hours of availability which should match number of hours of activities
- ▶ If the claimant already working some hours, difference between their hours worked and maximum number of hours of availability should now be available hours of activities
- ▶ Once WC accepts that claimant is working maximum hours, an override can be input to Working Enough - adding notes to justify this decision

WORK CAPABILITY ASSESSMENT PROCESS

- ▶ When a customer declares a health condition, they should be advised to talk to their GP about obtaining a fit note (SOFFW)
- ▶ They should then report this on their account using the Report a Fit Note tab. This will start the health journey.
- ▶ Check Medical Evidence to-do: Work coaches complete these and check for any obvious errors
- ▶ When an assessment has been completed, a decision maker will update the UC account with the result, which could be:
 - ▶ Found fit for work
 - ▶ Limited Capability for Work (LCW)
 - ▶ Limited Capability for Work- and Work-Related Activity (LCWRA) – additional element of £416.19 per month

HEALTH ADJUSTMENT PASSPORT

If a claimant has a disability or health condition that makes it harder for them to move closer to, move into, or stay in a job they can use this passport:

- ▶ to support them to identify what extra support and changes (known as reasonable adjustments) they might need when they are ready to move closer to, move into or stay in a job.
- ▶ to apply for extra support from Access to Work. This could include funding for specialist equipment to support them to do their job, support getting to and from work and/or support when they are in work, such as job coaching support.
- ▶ to support them to talk to an employer about adjustments and in-work support they may need when they are ready to move into a job. A job could also include, self-employment, an apprenticeship, work experience or a Supported Internship.
- ▶ The passport belongs to the claimant, and it cannot be shared with others without their permission.
- ▶ These can be found on the direct.gov website and there are completion notes [Health Adjustment Passport - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-adjustment-passport)

ACCESS TO WORK

To receive support from Access to Work you must have a disability or health condition that means you need an aid, adaptation or financial or human support to do a job.

Access to Work can help pay for support you may need because of your disability or health condition, for example:

- ▶ aid and equipment in your workplace
- ▶ adapting equipment to make it easier for you to use
- ▶ money towards any travel costs to and from work
- ▶ an interpreter or other support at a job interview
- ▶ other practical help at work, such as a job coach or a note taker or lip speaker

ACCESS TO WORK ELIGIBILITY

You can apply for Access to Work if you:

- ▶ are normally resident in, and working in, Great Britain
- ▶ have a disability or health condition that means you need an aid, adaptation or financial or human support to do your job
- ▶ have a mental health condition and need support in work
- ▶ are aged 16 or over

You must also:

- ▶ already be doing paid work
- ▶ be about to start work or become self-employed
- ▶ have an interview for a job
- ▶ be about to begin a work trial or start work experience arranged through Jobcentre Plus

ACCESS TO WORK MENTAL HEALTH SUPPORT SERVICE

Access to Work Mental Health Support Service

Access confidential advice and support if an employee is struggling with a mental health condition which affects them at work.

Experienced advisers, trained in supporting mental health at work, can:

- ▶ provide tailored workplace mental wellbeing support and advice for up to nine months
- ▶ help identify successful coping strategies that help people succeed in work
- ▶ develop a step-by-step support plan; to help people get back on track
- ▶ provide advice on any adjustments that could be made to make the job easier
- ▶ help employers to fully understand a person's condition.

RETENTION

We can support an employee to stay in employment if their health condition has put their job in jeopardy.

▶ **DWP does not...**

- ▶ Provide guidance on the Equality Act
- ▶ Provide a risk assessment for the employer, review safety, fitness for work, fitness for the job or suggest output targets
- ▶ Assist the organisation to dismiss the employee or to provide guidance for medical retirement
- ▶ Diagnose disability or give guidance on whether the employee is covered by the Equality Act
- ▶ Offer legal advice

▶ **DWP does...**

- ▶ Provide advice about Access to Work and how to apply
- ▶ Signpost to other organisations who may be able to support the employee to remain in their job
- ▶ Offer suggestions about reasonable adjustments
- ▶ Carry out an employment intervention

If you speak to a customer in this situation then speak to your EA's and DEA's

ADAPTIVE EQUIPMENT



- ▶ The current cap on an award is £66,000
- ▶ Covers self-employment but not for business start-up costs
- ▶ No claim can be made if the claimant is joining the civil service as all adjustments and equipment are made in-house
- ▶ Access to Work can support at interview by, for example, providing a sign language interpreter
- ▶ If you change employers, your equipment is transferred with you.
- ▶ The employer is expected to pay a percentage of the cost for equipment / adaptation dependent on the size of the organisation. This only applies for claimants who have been working for the employer for more than 6 weeks.
- ▶ How do I apply? Call 0800121 7479 or apply online at www.gov.uk/access-to-work

ACCESSIBILITY

DWP has a legal duty to make sure all services are accessible to disabled customers

What alternative formats are available in DWP?

- ▶ Audio
- ▶ Audio recording of interview
- ▶ Braille
- ▶ British Sign Language (BSL)
- ▶ Easy read format
- ▶ Hands on Signing
- ▶ Large print
- ▶ Lipspeaking
- ▶ Paper Variation
- ▶ Relay UK
- ▶ Sign supported English
- ▶ Telephone
- ▶ Texting via mobile phones
- ▶ Textphone
- ▶ Video Relay Service

Health and Employment

Sue Mulcahy
NHS Hampshire and Isle of Wight



Importance of employment as a therapeutic pathway

‘Wellbeing’ is a broad concept described in the Care Act 2014 as relating to:

1. personal dignity (including treatment of the individual with respect)
2. physical and mental health and emotional wellbeing
3. protection from abuse and neglect
4. control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
5. **participation in work, education, training or recreation**
6. social and **economic wellbeing**
7. domestic, family and personal domains
8. suitability of the individual’s living accommodation
9. **the individual’s contribution to society**

Employment gap*: disability/long-term health condition

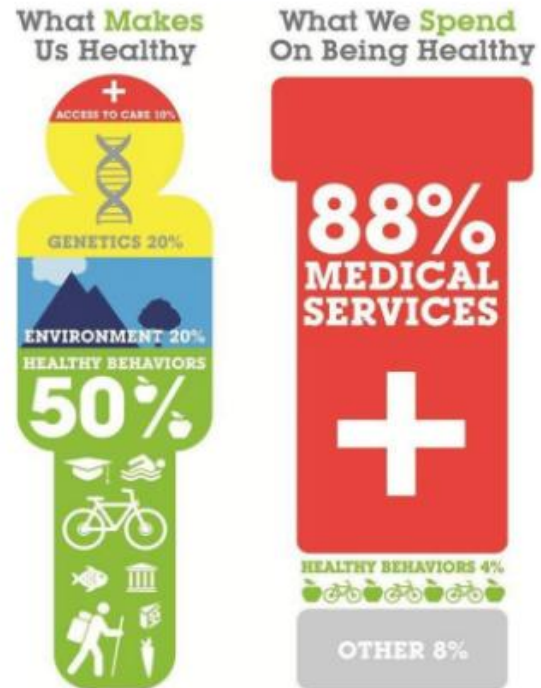
* Difference in the employment rate of a particular group and the overall employment rate

	Isle of Wight (%)	Portsmouth (%)	Southampton (%)	Hampshire (%)	England (%)
People (16-64) with long-term health condition	15	8.7	10.2	7.8	10.4
People (16-64) with learning disability in receipt long- term support	57.8	75.8	72.6	72.7	70.9

Healthy life expectancy

- 10-15 years less in most deprived communities
- This means in more affluent areas people may be already retired when become ill but in deprives areas multiple long terms conditions may impact the last 15 years of their expected working life
- Burden of multiple appointments and treatment linked to ill-health impacts on ability to work and health benefits of working

Importance of employment for health and healthcare



Public Health Outcomes Framework

Aims to:

- improve and protect the nation's health
- improve the health of the poorest fastest

Target outcomes:

- 1.Increased healthy life expectancy.
- 2.Reduced differences in life expectancy and healthy life expectancy between communities.

Focus is on reducing differences between people and communities from different backgrounds. This is not only life expectancy, but healthy life expectancy.

Get Britain Working White Paper

Work, health and skills integration

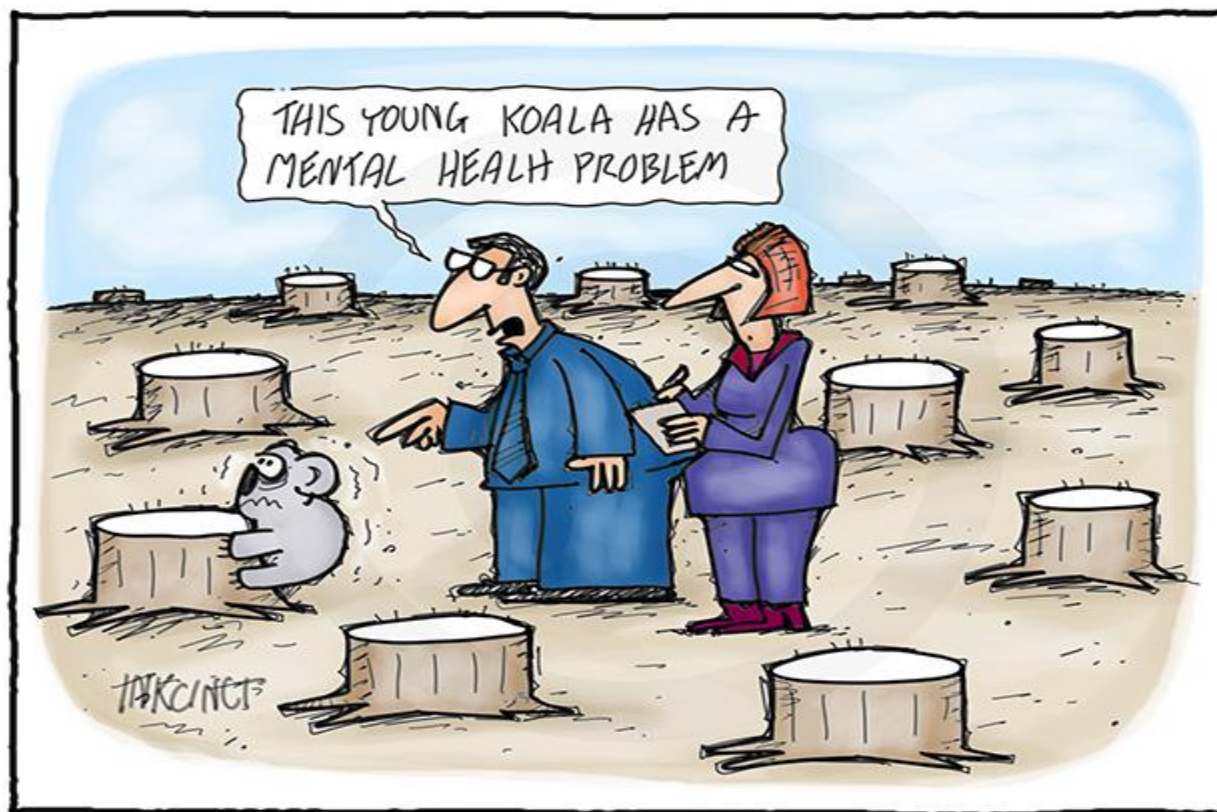
- More employment specialists in community mental health and MSK services

DWP-funded employment support programmes

- Connect to Work – intensive support based on IPS*/SEQF model for people most distanced from the workplace
 - Delivery in FY25/26 across HLOW by all 4 LAs (2 in-house and 2 contracted out)
 - IOWC and HCC (both contracting out), PCC and SCC (delivering in-house)
 - Pilot currently running in one Portsmouth PCN and one Community MSK service
- WorkWell – low-intensity support to keep people with health conditions in work or to get them back into the workforce quickly

* Individualised Placement and Support as delivered for many years as part of NHS Community mental health services

We invite you to complete our very short questionnaire on Fit Notes and employment support – average completion time 2 mins 47 secs - using this [link](#)
Your input will help inform our work to integrate employment support into NHS healthcare settings



Sue. Mulcahy@nhs.net

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2050

CONNECT TO WORK

Funded by **UK Government**

Rob Nash, Economy & Skills

Overview of Connect to Work

- Key pillar in the Government's 'Get Britain Working' plan & ties into one of the missions – to kickstart **economic growth**
- The Government aims to take a more collaborative and locally led approach to tackling '**Hidden Unemployment**'
- Approx. 2M people who would like to work but are not engaged in the labour market – in Hampshire this is approximately **23,000** who would like to work, **17% of inactive** population
- Connect to Work will support up to 100,000 individuals nationally **who have disabilities**, long-term health conditions or other complex barriers across England & Wales to **secure work**
- Primarily focused on those who are **inactive or unemployed**, there will also be retention support for those who are employed and at **risk of falling out of work**
- Connect to Work must be delivered via **Supported Employment models**, and adhere to the [IPS](#) and [SEQF](#) frameworks, which will be quality-assured by HCC.
 - **'place, train and maintain'** competitive employment



Overview: Eligibility & Suitability

- are of working age, **aged 18** or more in **England**
- **have the right to work** in the United Kingdom
- have the right to live in the United Kingdom and are resident in England or Wales
- do not belong to a group which has no entitlement to public funds
- is **not** on a DWP employment programme
- Eligible participants must be a **disabled** person **or** belong to one of the specified **disadvantaged** groups:
 - have a disability as defined in section 6 of the Equality Act 2010 or the Social Model of Disability - physical or mental impairment - including those with learning difficulties, people with emotional, mental health or behavioural difficulties, and others.
 - meet the definition of one of the specified disadvantaged groups with additional multiple and complex barriers that would benefit from support.



Overview: Who else may access Connect to Work?

- Disadvantaged groups that could be eligible & suitable:
 - a military veteran
 - a victim/survivor of domestic abuse
 - a carer or ex-carer
 - a person for whom a drug or alcohol dependency, presents a significant barrier to employment
 - care experienced young person or care leaver
 - a refugee, a resettled Afghan
 - an offender or ex-offender
 - a homeless person
 - a person on the Ukrainian scheme
 - young people identified as being involved or at risk of being involved in *serious violence*
 - a victim of modern slavery



Overview: IPS (Individual Placement & Support)

IPS is based on **eight simple, evidence-based principles**



1. It aims to get people into competitive employment... volunteering or sheltered work are not counted as outcomes



2. It is open to all those who want to work... with no exclusions based on diagnosis, health condition or benefits claim



3. It tries to find jobs consistent with people's preferences



4. It works quickly... job search starts within four weeks, even if a client has been off work for years



5. It brings employment specialists into clinical teams... so that employment becomes a core part of mental health treatment and recovery



6. Employment specialists develop relationships with employers based on a person's work preferences... not based on who happens to have jobs going



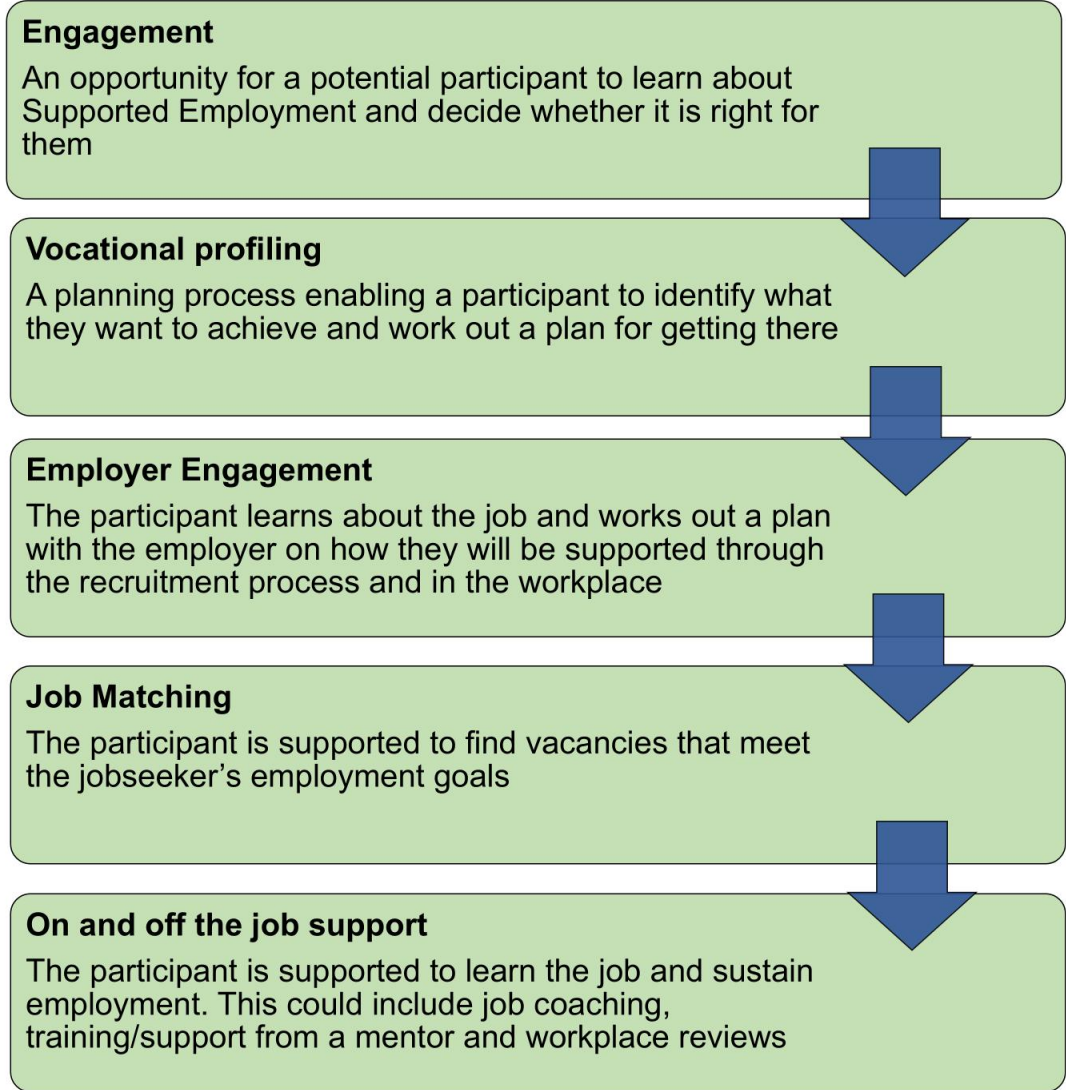
7. It provides ongoing, individualised support for the person and their employer... helping people to keep their jobs at difficult times



8. Benefits counselling is included... so no one is made worse off by participating



Overview: SEQF (Supported Employment Quality Framework)



Overview of Connect to Work

- **Out-of-Work** participants (85%) must not be doing any paid work and be available to start a suitable job (**12 months support**):
 - 50% of total programme starts to achieve first earnings
 - 40% to achieve lower earnings threshold - £1,339*
 - 29% to achieve higher earnings threshold - £5,335*
- **In-Work** Retention participants (15%) must be employed for approximately 3 months and be at risk of losing work (**4 months support**):
 - 80% of IWR to achieve higher earnings threshold - £5,335*
- **Participation is voluntary** and will be via multiple referral routes



HCC's Proposed Approach

- All **subject to DWP approval** of the Delivery Plan
- 5-year programme until 2030, *subject to spending reviews*
- Supporting 1,700 Hampshire participants in our peak year (2027/28), with a total of **4,800** participants during the programme's life

Year 1	Year 2	Year 3	Year 4	Year 5
200	800	1,700	1,500	600

- The programme will be initially 100% commissioned-out, with possibly up to 4 or 5 delivery providers being awarded contracts



Next Steps



- Can the HIOWSPN be an **advocate** for Connect to Work?
- Can the HIOWSPN help secure the **commitment** of referrers?
- What other **support** can the HIOWSPN provide?

Q&A

Enquiries to skills@hants.gov.uk





Thank You

- **Thank you** to all presenters, Debbie Grace and you the audience too!
- **If** you didn't have time to ask a question or make a comment via Chat, please email the presenter or Jane Bray

This **Webinar**, the **PowerPoint** and any corresponding documents, will be available via the **Community First website** within a week.



Hants & IoW Social Prescribing Network and VS Health & Wellbeing Webinar Dates 2025-26

- **1-2pm Wednesday 9 July** – Voluntary Sector Health & Wellbeing **Webinar** – ‘**Who’s Caring for the Carers?**’
- **1-2pm Thursday 2 October** - Hampshire and Isle of Wight Social Prescribing Network **Webinar** – ‘**Wellbeing in the Wild: Natural Approaches to Blue and Green Social Prescribing**’
- **1-2pm Tuesday 9 December** - Hampshire and Isle of Wight Social Prescribing Network **Webinar** – ‘**Addressing Frailty and Social Isolation: Integrated Approaches to Ageing Well**’



- **1-2pm Tuesday 10 February 2026** - Voluntary Sector Health & Wellbeing **Webinar** – ‘**Weight Management in the 21st Century: Nutrition Innovation and Medical Intervention**’
- **9.30am-2.30pm (tbc) Wednesday 11 March 2026** - Hampshire and Isle of Wight Social Prescribing Network – ‘**Networking and Showcase Celebration Event**’ - Vineyard Church, Winchester

The recording will now stop. Thank you everyone and **have a good afternoon.**

Wishing you all a Happy and Healthy Summer too!

Website Address: Community First:- www.cfirst.org.uk

If you have any information to share, please contact **Jane Bray:-** healthforums@cfirst.org.uk