The way we live well
With SYHA you can settle at home, live well & realise your potential
The power of communities and community solutions

Well-connected communities are good for health. Those with strong social relationships have a 50% higher survival rate than those with poor social relationships.

District councils are close to their communities, parish and town councils, and actively support volunteering, local voluntary groups and the development of community hubs.
Healthy life expectancy
People living south and west of London have a far higher healthy life expectancy than people in the north, Midlands and parts of east London. In 2010-12, the healthy life expectancy for women ranged from 52.6 years within Bradford Clinical Commissioning Group to 71.3 years within Guildford and Waverley Clinical Commissioning Group.
Nearly one in three social housing residents is over the age of 65.

Helping people to stay well and maintain independence as they grow older is critical for health and helps to reduce pressure on the NHS. Good housing and preventive services can make a fundamental difference to health and wellbeing. Housing associations can support older people through:

- falls prevention
- dementia-champion training
- programmes that reduce social isolation
- programmes that encourage healthy eating and exercise.

The King’s Fund

National Housing Federation

LiveWell
One in two social housing residents have a long-term condition or disability, compared to around one in four in other types of housing.

Housing associations have a key role to play in the management of long-term conditions. They can support:

- people with hearing, sight and physical mobility problems to maintain their independence, dignity, security and safety through adaptations
- people with learning or physical disabilities through extra care, supportive housing (including schemes with communal dining and social areas) and support with personal care.
SYHA: Social Prescribing Principles

• We believe in having a community based staff team who know the area

• We believe that everyone has strengths: “what's wrong to what's right”

• We believe a home visit is important to understand where and how people are living and a ‘house’ is not always a ‘home’

• We use the NEF 5 Ways to Wellbeing to structure our conversations with customers.

• We monitoring impact 3, 6, 9 months after our direct work has ended.
Doncaster Social Prescribing - Background

- 2015: Originally ‘Seed’ funding to test the concept in Doncaster to look at the central and rural area
- 2016: Jointly commissioned by the Better Care Fund (BCF) strong commissioner relationships
- The service is delivered Borough Wide and accessed by all GP practices – no risk stratification
- Year 2&3 referrals c1200 and the cost of the service is approximately £150 per customer
- 40% onward referral statutory agencies and 60% Community Voluntary sector
- 2000 volunteer hours – led to work
Customer outcomes

• 68% of customers reduced their GP visits

• Significant (25% points) impact on anxiety and depression

• 81% of customers feel more confident in managing their own health condition(s)

• 80% feel better supported to manage their health

• For every £1 spent, the Social Prescribing Service produced more than £10 of benefits in terms of better health

(Independent evaluation by CRESR, Sheffield Hallam University, 2016)
"I think a lot of patients end up being diagnosed with anxiety...when in actual fact what they have is a fairly normal response to a fairly, you know, grotty social situation. So address the social situation and then I think it has a knock-on effect into their physical and mental health as well."

(GP Interview: Evaluation of Doncaster Social Prescribing Service, Sheffield Hallam University, September 2016)
Reframing what makes people ill

We set up fixers for these:

- Smoking
- Alcohol abuse
- Inactivity
- Obesity
When the problem is this....

- Hopelessness
- Powerlessness
- Disconnectedness
- Passivity
“Doing a good job but doing the wrong job”
And finally – the power of listening

“You see what the environmental issues are, you see the housing conditions, the social area. I think they feel comfortable to discuss, you know, what's brought them to that point. I think being listened to, and the time that is allowed for that interaction. We have 10 minutes, 15 minutes at a push.”

Doncaster GP

(Evaluation of Doncaster Social Prescribing Service, Sheffield Hallam University, September 2016)