

**Borders NHS Board**

## **CONSULTATION RESPONSES TO THE DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2011/12**

### **Aim**

This report brings together the consultation responses to the Director of Public Health's Annual Report 2011/12 ("Fact or Fantasy? Your Health 2020?" and outlines the further work planned.

### **Background**

The Director of Public Health's Annual Report for 2011/12 was written to consult on a description of what health might be like in the Borders in 2020. The report describes methods used to consult including workshops, an electronic survey, and presentations to various committees and groups. The majority of respondents thought that the report was well written and agreed with the vision of future health in the Borders. One interesting comment was that the vision of what we want to achieve is clear but the route to take to get was less clear.

The key issue is the need to develop this document into a meaningful planning tool. It needs to take account of consultation responses and further developments since its publication. The aim is to produce a vision of the state of health and well-being of the population of the Borders is likely to achieve over the next decade or so to provide guidance as to what interventions partner agencies should take and how the likely future burden of disease will impact on services. This should help plan appropriately in terms of measures to improve and protect health as well as the type and capacity of the services to treat ill health and provide care.

It is proposed that the Director of Public Health leads the development of this consultation document taking account not only the consultation responses but further developments in this field since its publication. This will include a consideration of the revised strategic assessment, refreshed and new local and national policy and strategy as well as forecasting models.

### **Summary**

"Fact or Fantasy? Your Health 2020" represents the first stage in consulting and including the population of the Scottish Borders in the planning process for early intervention and prevention as a means of reducing health inequalities and improving population health long-term. The report's main aim is to co-create a vision for health which requires a cognitive and cultural shift in the way we view health (in particular in the most disadvantaged areas). The report reviews current interventions and services across the lifestages and makes a prediction about the key challenges at each stage, from early years to middle years to older people. The contextual factors influencing this shift include a widening gap in the health outcomes between the most and least deprived communities, the continued recession and welfare reform. An ageing population with the potential for

multiple long term conditions equates to an increase in demand on health and social care services.

Overall, this report has presented the backdrop, acknowledged the social determinants of health which recognises the importance of partnership working, and has offered sustainable public health solutions that involve and enable communities to take responsibility for their own health. Practical examples have been used to translate theory into practice for example, the Healthy Living Network, to enable people responding to think about the effectiveness of what is already in place and comment on these. Case studies have been used to demonstrate the current impact of health inequalities on individuals across the life stages and to motivate discussions around what could be different by adopting an asset based, co-production approach.

## Recommendation

The Board is asked to: -

- **Note** the consultation on the Director of Public Health's Annual Report for 2011/12;
- **Endorse** the planned forward work.

<b>Policy/Strategy Implications</b>	The intention is to develop the consultation document into a strategy for Health for the Borders
<b>Consultation</b>	As described in report.
<b>Consultation with Professional Committees</b>	As described in report.
<b>Risk Assessment</b>	The report fully describes all the elements of risk that have been identified in relation to this project and no specific additional concerns need to be addressed.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	An Equalities Impact Assessment is to be carried out on this proposal; it is anticipated that there are no adverse equality implications.
<b>Resource/Staffing Implications</b>	A number of recommendations in this report have already been initiated; others require assessment as to their financial feasibility.

## Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Dr Eric Baijal	Joint Director of Public Health		

## Author(s)

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## **Consultation Responses to the Director of Public Health's Annual Report 2011/12**

### **Background**

The Director of Public Health's Annual Report for 2011/12 was written as a description of what health might be like in the Borders in 2020. This was based on what health in the Borders has been like in the past, what it is like now and changes that are happening, planned, or likely. The intention was to consult on this description to see if the public, professionals, and politicians identified with what was described, could develop this scenario further, or had alternative ideas. The document was approved by NHS Borders Board on 7th March 2013 and Scottish Borders Council on 28th March 2013.

### **Methods**

Press releases after the Board and Council meetings were used to raise local communities' awareness of the report and the intention to consult on it. The consultation was launched with an event on 22 April 2013, publicised through existing networks and in the local press. This involved presentation of the Director of Public Health's Annual Report followed by workshop discussions on consultation questions. The workshops were based on the Community Planning themes in the report – early intervention in children, the middle years, and older people; place and community; welfare reform; health protection. To encourage comment the report was widely distributed as detailed in Appendix 1. A response form was provided (Appendix 2). The Annual Report was also presented at each of Scottish Borders Council's Area Forums and note made of the feedback given.

An electronic survey was conducted using "survey monkey" from the NHS Borders and Scottish Borders Council websites.

The consultation concluded with an event on reducing inequalities on 30 August 2013 engaging Scottish Borders – Analysis, Information Research and Engagement (SB-AIRE) members from NHS Borders, Scottish Borders Council and the Third Sector alongside practitioners working in Healthy Living Network areas. This comprised an introductory presentation followed by a first workshop on understanding the two most deprived geographic communities in the Borders and then a second workshop on how to work better together in these communities to reduce inequalities.

Table 1 summarises the key consultation events.

Table 1: Key consultation events

<b>Date</b>	<b>Event</b>	<b>Audience</b>
22 April 2013	Launch Event	Primary School Children
22 April 2013	Launch Event	Senior Managers, Elected Members, NHS Board Non-Executives, Voluntary Sector
7 May 2013 to 28 August 2013	Presentations to Area Forums	Elected Members, Community Councillors
26 July 2013	Borders Union Show	Community
30 August 2013	SB-AIRE: Reducing Inequalities Workshop	Practitioners from the Community Planning Partnership
11 December 2013	Lauder Community Consultation	Lauder Community Council in partnership with Health, SBC and the community.

### **On-line Survey**

A disappointingly small number of people (45) took part in the online survey to ascertain views as to how the report was written and whether people agreed with the proposed vision for health in the Borders in 2020. However, in relative terms, it was a much better response than in previous years, when only two or three people responded to the invitation to contribute to an evaluation of the report, however brief.

Of the participants 91% either agreed or strongly agreed that the report was clear and informative. The majority of individual supplementary comments were very positive and validated that response. While 60% agreed or strongly agreed that the report demonstrated best use of resources to improve the health of the borders population, 22% did not know and the remaining minority disagreed or strongly disagreed. There were comments about more effective ways of using resources such as more practical support. It was also noted that public health activities affected a very small section of the community. Interestingly one comment was that we have used resource well to support the vulnerable but that there was insufficient provision. There was also interesting comment about health promoting work being reactive rather than proactive. Almost 67% of respondents agreed or strongly agreed that the vision for health in the Borders in 2020 in the report was clear. One interesting comment was that "our vision of what we want to achieve is clear but I'm not sure how clear the route we are going to take is". There was concern that carers had been omitted. Again the majority (71%) agreed or

strongly agreed that the report demonstrated planning to do the best things possible to improve the health of the Borders population. As to whether the things we are doing in the Borders to protect and improve health are working, 53% thought so, but 33% did not know; 51% thought there were other things we should be doing. Interestingly, almost 27% thought that there were things that we should stop doing. Comments on other things we should be doing included subsidising fruit and vegetables, investment in sport, and provision of appropriate housing.

In summary, individual comments gave a wealth of useful detail and are available separately from this report. Those from respondents with more negative views gave a useful insight into a number of issues about the production and promulgation of the report and the vision and interventions it describes. The majority of respondents thought that the report was well written and shared the vision of health for the Borders.

### **Launch Consultation Event**

The Launch Consultation Event took the form of two participatory sessions, one in the morning targeting Primary Seven children and another in the afternoon for adults, from a cross section of existing contacts including NHS and SBC employees, community planning partners including third sector and elected members. Community food staff worked with children over lunchtime to produce a healthy "fast food" lunch for participants, including, for example, homemade "noodle pots".

The inclusion of children and young people was central to the event, with over fifty children from local primary schools involved in the consultation process. Children were invited to participate in a prioritisation exercise using electronic voting buttons. This fun, interactive activity aimed to stimulate their thinking around health in its broadest sense.

A further activity invited pupils to create a body map of the physical, emotional and social influences on their health. Pupils identified key sources of support in their community, from their perspective. Issues identified as important for health were having someone to talk to about worries, time with friends, doing things they enjoy and being listened to. These sessions were followed up with opportunities to translate theory into practise and take part in health improving activities including Zumba and a cooking skills workshop, facilitated in partnership with local organisations.

Children were invited to display their body maps for strategic partners and community representatives to view. Children then took part in a feedback session which naturally evolved into a question and answer session between children and strategic partners on issues such as TV in the bedroom, opportunities for playing outside and eating with family.

Resources across locality partnerships were used to provide a positive experience of health for children and young people at the event in order to co-create a vision of health for children and young people. They also informed the basis for co-production of health improving work in communities and contributed to realising a shared vision of health for 2020 as detailed in the tables below:

Table 2: Positive Influences on Health

Food	Healthy Diet including: breakfast, water, fruit & veg, eating with family, less convenience food/fast food
Physical Activity	Organised activity and Outdoors including: Sports- Football, Swimming, Running, Tennis, Hockey, Walking the dog, Walking, Gym, Cycling, Jogging, Zumba, Netball, Kickboxing, Skipping, Push Ups, Hiking, Dance Classes, Bungee Jumping
Active Travel	Walking, Cycling, Running, Less Driving
Hygiene	Washing your hair, not wearing make-up, moisturising, bath/shower, skin, keeping clean
Education	Longer school days, Communication, Learning to Read, Time to ourselves, Playgrounds, Healthier School Dinners, School work, Sitting up Straight
Environment	Fresh Air, Water, Drills for emergencies, Taking care of facilities, Picking up dog litter, Less litter
Relationships	Parents, Family/friends, School, Doctors/nurses, Midi youth club, Safe places to play, Neighbours/Helping Hand, Less Violence, Less Bullying and Less Vandalism, No Damaging Property
Emotional Wellbeing	Respect, Self-Confidence, Happiness, Emotions -
Social	More social opportunities, Holidays/trips, More clubs,
Access to Services	More shops, Train Service (Extended to Carlisle)
Finance	Money
Housing	Keeping Warm/Heating

Table 3: Negative Influences on Health

Food	Overeating, Additives – Sweeteners, Fast food, Salt
Physical Activity	Inactivity, Too much TV, Being Indoors
Active Travel	
Hygiene	Poor Hygiene, Poor Oral Health
Education	
Environment	Pollution, Too much light, Loud music, Unhealthy
Relationships	No-one to talk to, Bullies
Emotional Wellbeing	Moods – Anger, Sadness, Unhappiness, Being Bad, Hyper, Hesitation/Stress, Things building up, Crying, Feeling Unsafe, Being Alone, Worried
Social	Poor social skills, Breaking the Law
Access to Services	
Finance	Lack of Money, Poverty,
Health Behaviours	Smoking, Drugs, Alcohol,
Physical Ailments	Tummy ache, Weak legs,
Technology	Facebook, Video Games, Texting
Housing	Homelessness

Table 4: Solutions

Food	Not too much sugar/salt, Vegetable Gardens, Pupils Cook School Dinners, Eating 5-a-day
Physical Activity	Sports, Outdoor activities, Be active, Boxing
Active Travel	
Hygiene	Bath/Shower
Education	Provide a good education, Learning, Pupils teach pupils
Environment	Fresh Air, Recycle,
Relationships	Listen to young people, Give young people a say, Talking to family/friends, Teachers/helpers, People around us
Emotional Wellbeing	Don't get stressed, Laugh, Sleep, Rest, Respect, Something to Wake Up To, Love, Alone time, Getting to high places, Laughing
Social	Active Clubs, Concerts, Park, Guides, Boys Brigade
Access to Services	Youth Club, Express Feelings Group, School Nurse, Dentist,
Finance	
Health Behaviours	Healthy Lifestyle, Routine,
Physical Ailments	
Technology	Fire Alarm,
Housing	Living Under Shelter

The children's responses demonstrate a wealth of knowledge and awareness of the broader factors influencing health. The important factors to consider are their ideas for solutions which fit well with the 2020 vision of health. These include focusing on early intervention and prevention, building relationships and social support and developing new opportunities for health and wellbeing across the lifestages.

The solutions cut across Maslow's (1943) Hierarchy of Needs and this is in keeping with work in communities to address poverty and inequality alongside the Curriculum for Excellence Health and Wellbeing Outcomes. Taking Emotional Wellbeing as an example, there are a range of responses detailed within the negative impact and solutions categories. This could provoke a variety of interpretations e.g. 'something to get up to' – is this an alarm clock, a parent/family member or something meaningful/a sense of purpose? This will require further exploration with children and young people. However, what is clear is the importance of these less tangible, negative impacts and solutions which can be supported by building relationships, working in partnership and building community capacity by listening to what it is that children and young people actually need and developing their skills and capability. Children are very aware of what helps and what hinders their development. Working with them, taking this consultation further will provide us with a lead from the bottom-up.

The afternoon session with adults was made up of two workshops, one on the health of older people and the other on health in the early years of life.



In the workshop on the health of older people a number of interlinked themes emerged from suggestions for action to improve the health and well-being of this age group in the future.

These included:

- Person centred planning – promoting independence – this would reduce social isolation
- Community action - the theme threading through these comments was co-production - developing a culture with a sense of "community" with intergenerational collaboration. This would provide significant benefits including informal support for carers. The value of volunteers in such collaboration was stressed – "they are there because they want to be, not because they are paid to be there".
- Access – issues were access to information including awareness of what was available, support, primary care (cancer was flagged as a long term condition) as well as speed of access.

The expectation was that such activity would improve the mental and physical health of older people and reduce the need for formal services such as day and residential care.

Table 5 summarises responses from the older people's workshops.

Table 5: Older People

Approach	Person Centred, Co-Production, Partnership Working, Capacity Building, Inter-Generational, Maximise Independence & Minimise Residential Care, Asset Mapping, Roll Out Good Experiences, Cultural Change (for staff to work with changes in population), Public sector & voluntary working together, Anticipatory Care, Consider Long-Term Conditions, Liaison with families – partnership working.
Support	Personal Alarm System, Community Listening Project, Volunteering & Befriending, Church, Family support, Ensure consistency re: what is available and increase communications to raise awareness, wider family needs,
Care	Less Hospital care, increase community care and support, improve residential care experience, transform day care facilities – involve young people
Resources	Library Service, Prescription Service (flexible ways of obtaining repeat prescriptions),
Skills	Volunteering, Sharing of skills, Two way exchange between older people and young people, Training for carers/neighbours/informal carers to care at home
Food	Better Access to Outlets, More healthy options, Tasty & nutritious options
Physical Activity	Exercise & walking groups
Education	Form Filling
Relationships	Build Communities, resilient communities
Emotional Wellbeing	Good Mental Health, Rational life decisions earlier in life in preparation for older life, Allow people a degree of risk – make informed choices
Social	Lunch Clubs
Access to Services	Good access to services, support & advice, CAB, Community Listening Project, Better ways to access G.P.'s e.g. telephone consultations, Healthy Living Hubs, widen services to meet needs in the home, support for carers who need more than just health care – Total Health Care, who is the lead – Health/Social/Volunteer, Lifestyle Adviser Service – consider older people, care for staff to support others, value workforce
Technology	Not always the best method of improving things
Housing	Changes in social housing
Future Planning	Early Intervention & forward planning. Iron out strategic Issues by 2020. Joint Strategy & budgets. Safety Measures in place. Realism & Identify what will not be provided. Consider Definition – Older people, younger old/older old. Encourage inter-generational work. Co-Production & planning. Re-value caring as a profession trained and paid appropriately.

Again, in the workshop on health in the early years of life, priorities for action were identified, particularly working between partners, (communication, sharing of resources, including accommodation and networking) and parental support.

The group saw a healthy community in 2020 as one in which there was secure employment with the level of income that prevented poverty, with support for the unemployed. A diet of local healthy produce, from local allotments,

would be promoted with healthy eating in schools as standard, rather than allowing schoolchildren access to convenience food. Parenting classes would be standard for all teenagers in schools. The culture and attitudes of parents would have changed. There would be a playspace in all communities and universal appropriate support for mothers and toddlers. Part of these initiatives would include targeting missed ethnic minority and other potentially vulnerable groups.

To make the best use of resources to achieve this vision there would need to be no double working. "Lost" collaborative working would need to be regained but with a focus on "doing" not "meeting" and on engaging with hard to reach groups. In terms of what individuals and organisations could do to help this process, a significant suggestion was to "give communities a voice and ownership". The importance of monitoring trends was noted.

Figure 1 summarises the findings from the Launch Consultation Event in relation to Early Years.

Figure1: Early Years – Workshop Consultation Responses



- Mixing age groups within communities, sharing knowledge/skills from early/middle/older groups
- One System for all agencies
- Opportunities for all areas in the Borders, not just selected deprived
- Signposting!
- Improve joint working Educate partners - no double working!
- CLD will continue to support community action to make peoples voices heard
- Support for mums with more than 1 child (if there is a space between having children) as
- Ensuring that what we do actually makes a difference - stop chasing the high profile work and concentrate on the
- Strengthening partnerships, some partners are limited in terms of the work they can do - free them up to develop joint/partner working (health visitors in particular)
- Break barriers/attitudes in the Borders
- Target resources - ensure they make a difference
- Regular Opportunities to discuss issues that affect us all as a geographical area
- Prove good practices and making a difference by evaluation previous work
>
- Reviewing roles - what works or doesn't - Doing not meeting!
- Reducing/supporting socio-economic parental impact to reduce: Poverty, Alcoholism, Drug Abuse, Housing, Parental Knowledge, Family Networks, Groups
- Attract and pull in hard to reach groups
- All schools to have a healthy snack policy (which they do not at present) with support from parents
- Utilise other services
- Share/mix workspace between partner agencies
- Every community has a play space available to adults & Children to play as a family
- Make better use of resources we already have
- Share information between partners - work together - share best practice
- All teenagers to attend the 'Introduction to Childcare Course' (6 week block) could be done in school?
- Disseminate information between organisation
- Organise parent & teenager groups, somewhere for them to strengthen relationships in an neutral healthy territory
- Compatible IT systems
- Give the community a voice and ownership in services

**1 - What for you would a healthy community look like for early years in 2020?**

**2 - How can we make best use of the resources we have to get there?**

**3 - What could you or your organisation do to help?**

## Scottish Borders – Analysis, Information Research and Engagement Event

The SB-AIRE workshop was the concluding consultation event and a starting point for developing a strategy for reducing inequalities in the Scottish Borders. The Scottish Borders community planning strategic vision is that "by 2023, quality-of-life will have improved for those who are currently living within our most deprived communities, through a stronger economy and through targeted partnership action". One of the three priorities identified by the Scottish Borders community planning partnership in the 2013 single outcome agreement is to reduce inequalities. The workshop focused on the two geographic areas of greatest deprivation in the Scottish Borders, Burnfoot in Hawick and Langlee in Galashiels. The participants were divided into two groups, one focusing on understanding Langlee and the other on understanding Burnfoot.

Both groups then considered how partners could better work together to reduce inequalities. The specific issues discussed were, firstly, what universal services were being delivered in each area and how they were meeting the needs of the community. Secondly, what activity there was in each area in addition to the Healthy Living Network.

There was general agreement that residents found it difficult to access many services; a key challenge was the cost of transport whether public or private. Primary schools were viewed very positively but access to health services was limited in the immediate area people lived in. The local retail options were more expensive than the main supermarkets and both communities, are located near industrial areas.

The second workshop was focused on how partners could work better together to reduce inequalities. A number of practical suggestions were made; these focused around co-production and local intervention. There was concern that the focus on Burnfoot and Langlee might further "ghettoise" these communities, that they might be seen to have a disproportionate share of resource and that the work on inequalities was too inward focused and not holistic. There was also recognition that there was a clear "mindset barrier" for these communities and that they and the individuals within them need to want to help themselves.

In conclusion the workshop demonstrated that there is a great deal of activity in both Burnfoot and Langlee but that the challenge was to show how that was working to reduce inequalities and how that can be better organised. There was specific recognition of the need to identify ways in which to "roll out" good practice to other areas.

Individuals commented that the part of the report dealing with welfare reform was not balanced in that it did not present what the aims of the reform were but focused on negative consequences.

## **Lauder Community Consultation**

The Lauder community consultation was a community response to the Annual Report. The Community Council took a lead on the planning of a local event in partnership with NHS Border's Joint Health Improvement Team and SBC's Capacity Building Team. A total of 27 Lauder residents aged between 10 and 70 years, including health professionals, participated in the local consultation they called "Thinking Together".

The residents were asked to think about what form of health provision they would like to see across Lauderdale by 2020. To do so, they were invited to think about health in its broadest sense on an individual level, to consider what strengths in terms of services are available in Lauder and to think about how they could make Lauder a healthier community. These questions initiated great discussion and a range of responses that related to personal health, the health of their community and resources and opportunities for development. Of particular interest are the aspirations to increase community spirit, build on the traditional volunteer ethic that exists amongst locals and break down some of the barriers between the two communities that exist including the Lauder local community and the commuter community.

The Lauder response demonstrates the positive impact of local relationships and partnership working. The community council were able to reach out to 27 individuals as a result of their ideas to integrate this response into their local planning process for health and wellbeing. These are the first steps towards further action at a local level to create a system of social support in the community, across the lifestages.

## **Conclusions**

Empirically, from the process of consultation on this report, specific events involving participation have produced the best engagement as did discussion with established groups and forums. This is a lesson for the future in terms of achieving wide involvement in the discussion and use of future Director of Public Health Annual Reports. Further, the use of social media to publicise the Director of Public's Health Annual Report and conduct future surveys related to it may yield a far greater response and should be trialled.

## **Next steps**

The next steps are for the Public Health Team to develop this consultation document published as the Director of Public Health's Annual Report for 2011/12 taking account not only of the consultation responses but further developments in the field since then. These include a consideration of the revised Strategic Assessment, refreshed and new local and national policy and strategy and forecasting models.

## Appendix 1

Distribution of the Director of Public Health's Annual Report for 2011/12.

All consultants, NHS Borders  
All GPs, NHS Borders  
Andrew Lyon, Converger, International Futures Forum – did we actually sent a copy of the report to him?  
Area Forums, Scottish Borders  
Area Nursing and Midwifery Committee  
Association of Directors of Education (Scotland)  
Association of Directors of Social Work  
Borders Voluntary Community Care Forum  
Chief Medical Officer, Scottish Government  
Clinical Executive Operational Group, NHS Borders  
Clinical Executive Strategy Group, NHS Borders  
Community Councils, Scottish Borders  
COSLA  
Council Management Teams  
Deputy Chief Medical Officers, Scottish Government  
Elder Voice  
Elected members  
GP Sub-Committee, NHS Borders  
Health Promotion Managers  
Housing Associations in the Scottish Borders  
Improvement Service  
Margaret Hannah, Deputy Director of Public Health, NHS Fife, Health Lead, International Futures Forum  
Joint Community Planning Steering Group  
NHS Board members  
NHS Borders Public Governance Committee  
NHS Borders Staff Governance Committee  
Phil Hanlon, Professor of Public Health, University of Glasgow Institute of Health and Wellbeing  
Scottish Directors of Public Health  
Scottish Public Health Network  
Senior Hospital Medical Staff Committee, Borders General Hospital

**Fact or Fantasy? Your Health 2020; Annual Report of the Joint Director of Public Health 2011-2012**

**Consultation Response Form**

**The 2020 vision**

Summary of plans for 2020

**What do you think?**

The Joint Director of Public Health for the Scottish Borders wants your feedback on his 2011-2012 Annual Report and our plans for the next 10 years. Please let us know what you think by completing the response form below.

**1. The 2011-2012 Public Health Annual Report is clear and informative.**

*Please circle one response which most closely represents your view on this statement.*

Strongly agree    Agree                      Don't know                      Disagree                      Strongly disagree

*We would appreciate further comments on your response if you have any please write them in this box.*

**2. The 2011-2012 Public Health Annual Report shows that we have made the best use of our resources to improve the health of the Borders population.**

*Please circle one response which most closely represents your view on this statement.*

Strongly agree    Agree                      Don't know                      Disagree                      Strongly disagree

*We would appreciate further comments on your response if you have any please write*



*them in this box.*

**3. Having read the 2011-2012 Public Health Annual Report, do you have any ideas on things that we should be doing that we are currently not? Please indicate if possible how your ideas could be put into practice.**

*Please write your ideas in this box.*

**4. Our vision for 2020 is clear.**

*Please circle one response which most closely represents your view on this statement.*

Strongly agree    Agree                      Don't know            Disagree            Strongly disagree

*We would appreciate further comments on your response if you have any please write them in this box.*

**5. The annual report shows we are planning on doing the best things possible to improve the health of the Borders populations.**

*Please circle one response which most closely represents your view on this statement.*

Strongly agree    Agree                      Don't know            Disagree            Strongly disagree

*We would appreciate further comments on your response if you have any please write*

*them in this box.*

**6. The description in the annual report accurately reflects public health in the Borders both now and in the future.**

*Please circle one response which most closely represents your view on this statement.*

Strongly agree    Agree                      Don't know            Disagree            Strongly disagree

*We would appreciate further comments on your response if you have any please write them in this box.*

**7. The things we are doing to protect and improve health in the Borders are working.**

*Please circle one response which most closely represents your view on this statement.*

Strongly agree    Agree                      Don't know            Disagree            Strongly disagree

*We would appreciate further comments on your response if you have any please write them in this box.*

**8. Are there other things we should be doing?**

*Please circle one response which most closely represents your view on this statement.*

Yes    No    Don't know

*We would appreciate further comments on your response if you have any please write them in this box.*

**9. Are there things we should stop doing?**

*Please circle one response which most closely represents your view on this statement.*

Yes

No

Don't know

*We would appreciate further comments on your response if you have any please write them in this box.*

**10. How would you like to be involved in improving well-being in your community?**

*If you have any ideas please write them in this box.*

**11. Any other comments, ideas or suggestions?**

*If you have any other comments, ideas or suggestions please write them in this box.*

If you want to receive updates from public health and feedback from this consultation please provide your contact details in the boxes below.

Your name

Organisation (if applicable)

Postal address

Telephone number	
Email address	

If you need this report in large print, audio, Braille, alternative format or in a different language please contact Jill Murray on 01896 825522 or email [jill.murray2@borders.scot.nhs.uk](mailto:jill.murray2@borders.scot.nhs.uk) and we will do our best to help.

***Thank you for taking part in this consultation***

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